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New Graduate Nurses' Experiences of Burnout as They Transition to Practice

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This is to certify that the doctoral dissertation by

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Abstract

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Abstract

Transitioning from nursing school to professional practice is a critical and challenging period for newly graduated nurses. Transition to professional nursing practice is particularly stressful in the first 3 years as new graduates adapt to the high acuity of patient care, which can result in burnout. The purpose of this qualitative study, guided by the conservation of resource theory, was to understand how new graduate nurses describe their experiences of burnout as novice nurses transition in the first 3 years of nursing practice. Fourteen nurses were interviewed using a semi-structured interviews, and Saldana's two-cycle analysis was used for data interpretation, which revealed six major themes: (a) educational preparedness and gaps, (b) unrealistic expectations, (c) navigating workplace realities, (d) holistic support for transitioning nurses, (e) personal and professional well-being, and (f) being sustained by a purpose: the nurses' drive. These findings underscore the need for targeted education and interventions addressing burnout to support new nurses in their educational journey and within healthcare organizations, enhancing mental health, nurse retention, and work-life balance. Future research should explore longitudinal studies on burnout prevention, as well as qualitative and mixed-methods research, to provide a more holistic view of burnout in new graduate nurses. This study contributes to positive social change by highlighting the experiences of new graduate nurses with burnout, offering insights into strategies that can improve their transition into professional practice, ultimately supporting retention and improving healthcare outcomes.

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Chapter 1: Introduction to the Study

The transition from nursing school to professional practice is a pivotal and challenging period for newly graduated nurses. Burnout, characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, is a well-documented phenomenon in healthcare professions, particularly nursing (Maslach & Jackson, 1981). The World Health Organization (WHO, 2019) has recognized burnout as an occupational phenomenon, underscoring its relevance and the need for targeted research and intervention. The American Nurses Association (ANA, 2024) reported that approximately two-thirds of nurses' experience burnout, with 69% being under the age of 25. This issue has been exacerbated by the Covid-19 pandemic, which has placed additional stress, anxiety, and psychological strain on healthcare workers, further heightening the risk of burnout among new graduate nurses (Edu-Valsania et al., 2022; Gilbert, 2019; The Joint Commission, 2021).

The demand for nurses is growing, with the International Council of Nurses (2021) estimating that up to 13 million more nurses will be needed by 2030 to meet global healthcare demands. In the United States alone, the Bureau of Labor Statistics (2018) projected that an additional 1.13 million nurses will be required to avoid further shortages. These projections underscore the urgency of addressing the factors contributed to nurse burnout in the subsequent high turnover rates of new graduate nurses (Halter et al., 2017; Kovner et al., 2016). Burnout affects nurses' mental and physical health and leads to increased errors, poor patient outcomes, and significant financial implications for healthcare organizations (Galletta et al., 2016; Jun et al., 2021; McNulty et al., 2022).

New graduate nurses are particularly vulnerable to burnout as they transition from students to practicing professionals (Cao et al., 2021; Halpin et al., 2017; Kox et al., 2020). This is because of a steep learning curve, high patient acuity, and heavy workloads, which can contribute to early career burnout and turnover intentions (Alsalamah & Fawaz, 2023; Cao et al, 2020; Hussein et al., 2017; Jun et al., 2021; Kim & Shin, 2020; Kox et al., 2020; Spence Laschinger et al., 2019; Suzuki et al., 2021). This turnover represents a significant loss of valuable human resources and poses a risk to patient safety and continuity of care (National Academies of Sciences, Engineering, and Medicine, 2021). The sustainability of the nursing workforce heavily relies on the retention of new graduate nurses, who are essential in addressing the growing shortage (National Academies of Sciences, Engineering, and Medicine, 2021; Xie et al., 2021). Understanding their experiences with burnout is crucial for developing targeted interventions and support systems to enhance their well-being and retention.

In Chapter 1, I present content on the topic of burnout among new graduate nurses by examining past research and identifying gaps in the literature. I outlined the problem, stated the purpose of the study, and present the primary research question. Additionally, I outlined the theoretical and conceptual frameworks that I used to explore burnout in new graduate nurses. I also present the nature of the study, defined key terms, and discussed the assumptions, scope, limitations, and significance of the research. This foundational overview sets the stage for a detailed exploration of the challenges new graduate nurses face and the impact of burnout on their transition to professional practice.

Background

Burnout has long been a significant concern in the nursing profession, with studies indicating that 35-45% of nurses in the United States experience burnout related to the stress and demands of their work (Gayol & Lookingbill, 2022). Newly graduated nurses, in particular, are at high risk for burnout (Kim et al., 2023; Zhao et al., 2023). Studies have found that burnout may begin to develop during their educational programs, beginning in their early education and increase throughout the years, and can continue into their transition from student to professional (Cinar et al., 2023; Quina Galdino et al.,2020; Vasconcelos et al., 2020). Burnout in new graduate nurses has been associated with the challenges of transitioning from the academic environment to clinical practice (Cao et al., 2020; Kim & Shin, 2020; Park & Kim, 2013). This transition is challenging due to high stress, workloads, and the need to develop clinical judgment and decision-making skills rapidly (Cao et al., 2020; Kim & Khin, 2020; Park & Kim, 2013).

The Covid-19 pandemic has exacerbated the issue of burnout among nurses, including new graduates, due to increased workloads and emotional stress (Catarelli et al., 2023; Church et al., 2023; McNulty et al., 2022). Many new graduate nurses feel overwhelmed and consider leaving the profession (Irwin et al., 2021; Stephens et al., 2017). The height and risk of burnout during the pandemic underscores the need to effectively provide support systems and interventions to help new nurses cope with the additional stressors they face (Catarelli et al.,2023; Church et al., 2023; McNulty et al., 2022).

The transition from student to nurse involves not only the acquisition of clinical skills but also the development of professional identity and confidence (Hussein et al., 2017; Kim & Shin, 2020). Newly graduated nurses often report feeling unprepared for the realities of clinical practice, including high patient loads, making critical decisions, and dealing with complex and emotional charge situations (Blanco et al., 2022; Hussien et al., 2017). The gap between theoretical knowledge and practical skill can be a significant source of stress, leading to feelings of inadequacy and burnout (Cao et al., 2021). This period is also marked by the need to navigate workplace dynamics, establish professional relationships, and find a balance between work and personal life (Cao et al., 2021). Burnout of new graduate nurses has significant implications for patient care, team dynamics, and organizational performance, leading to reduced attention to detail, impaired judgment, and decreased motivation (Boamah & Laschinger, 2016).

Nursing educators play a crucial role in preparing students for the transition to professional practice. There are significant gaps in how nursing programs address mental health and coping strategies essential for mitigating burnout. Integrating curriculum content on burnout, stress management, resiliency building, and self-care practices can help prepare students for the challenges they will face in clinical practice (Cline et al., 2022; Kim & Yang, 2023; McNulty et al., 2022; Oneal et al., 2019; Ren & Kim, 2023).

Despite the extensive body of research on burnout in nursing, there is a lack of qualitative studies focusing on the experiences of new graduate nurses in the United States. Most studies have been conducted in other countries or have used a quantitative methodology that does not capture the personal and contextual factors contributing to

burnout. While quantitative studies have documented the prevalence and factors contributing to burnout, they often fail to capture the personal and contextual factors that influence how new graduate nurses experience and cope with burnout. I aimed to fill this gap by exploring the experiences of new graduate nurses in the United States, providing a deeper understanding of how they describe and cope with burnout during their transition to professional practice. By gaining insights into the perspective of new graduate nurses, the findings from my research can contribute to the development of targeted strategies to support new graduate nurses and enhance their well-being and retention in the profession.

Problem Statement

The nursing profession is characterized by complex, mental, and physical demanding work, significantly impacting those who choose it as their career. Approximately 35% to 45% of nurses in the United States experience burnout related to the stress and toll of work (Gayol & Lookingbill, 2022). Newly graduated nurses are particularly vulnerable, experiencing burnout that results in mental, physical, and emotional exhaustion (Blanco et al., 2022; Catarelli et al., 2023; Kim & Yang, 2023). Burnout, defined as a state of emotional, physical, and mental exhaustion caused by prolonged stress and overwork, not only affects individuals but also impacts patient care, team dynamics, and overall organizational performance (Maslach et al., 2001). Burnout can manifest as emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach et al., 2001). Emotional exhaustion occurs when an individual feels emotionally drained, is overwhelmed by the demands of their career, dealing with emotional situations, and balancing their personal lives (Maslach et al., 2001).

Depersonalization occurs when an individual becomes detached or cynical towards their career, colleagues, and the organization (Maslach et al., 2001). Reduced personal accomplishment occurs when individuals experience a sense of incompetence or ineffectiveness in their roles, even if they are performing well (Maslach et al., 2001).

Transitioning from nursing school to professional practice is a critical and challenging period for new graduate nurses (Catarelli et al., 2023; Kim et al., 2023; McMillan et al., 2023). It is estimated that 30% of newly graduated nurses leave the profession within 1 year of graduating in the United States, leading to an even higher nursing shortage (Gayol & Lookingbill, 2022). This transition is particularly stressful in the first 3 years as new graduates adapt to the high acuity of patient care, heavy workloads, and growing level of clinical judgment (Blanco et al., 2022; Brown et al., 2018; Catarelli et al., 2023; Ohue & Menta, 2024; Spence Laschinger et al., 2019). Burnout during this period can compromise patient safety, strain team relationships, and contribute to a toxic work environment (Hussein et al., 2017; Kim et al., 2023; Ma et al., 2021a; Ma et al., 2021b; Ohue & Menta, 2024).

Nurse educators have the job of preparing and helping students learn nursing skills and knowledge, yet gaps remain in addressing the transition to practice, particularly regarding mental health and coping strategies for mitigating burnout (Barrow et al., 2022; Dames, 2019). Adding curricula related to content on burnout and mental health to nursing schools can aid students in their mental health and decrease burnout in the nursing profession (Barrow et al., 2022; Dames, 2019). Some research has indicated that burnout begins in nursing schools, and working to understand burnout in new graduates is

essential in working on education and interventions that can aid educators and medical organizations in assisting new graduate nurses transition to medical practice (Cinar et al., 2023; Quina Galdino et al., 2020; Vasconcelos et al., 2020).

Despite extensive research on burnout in nursing, few studies have explored the subjective experiences of new graduate nurses and how burnout affects their careers and lives, particularly in the United States. The Covid-19 pandemic has further exacerbated burnout levels, highlighting the urgency for targeted research in this area (Catarelli et al., 2023; McMillan et al., 2023; Serafin et al., 2022). Understanding these experiences can inform strategies to support new graduates' well-being and professional success, particularly in the Unites States context, where research is lacking compared to other countries.

I addressed the gap in the literature regarding the qualitative exploration of burnout among new graduate nurses in the United States. Which provided insights for educators and health care organizations to develop interventions and further understand burnout.

Purpose of the Study

The purpose of this study was to understand how new graduate nurses describe their experiences of burnout as they transition in the first three years of nursing practice. Qualitative research focuses on understanding phenomena from the perspectives of those experiencing them (Patton, 2015; Ravitch & Carl, 2021). In my study, qualitative methods enabled me to capture the multifaceted nature of burnout among new graduate nurses as they transition into professional practice.

My central concept of interest was burnout among new graduate nurses. This purpose was driven by the recommendations of the National Academy of Medicine (NAM, 2019, 2021) and the National Academies of Sciences, Engineering, and Medicine (NASEM, 2019, 2021). Both NAM (2019, 2021) and NASEM (2019, 2021) acknowledged that burnout poses a significant challenge across various nursing roles, and it is crucial to examine this phenomenon within the context of newly graduated nurses. Burnout is a complex phenomenon characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach et al., 2001).

Research Question

How do new graduate nurses describe their experiences of burnout as they transition in the first three years of nursing practice?

Theoretical Framework for the Study

I used the conservation of resources (COR) theory, developed by Hobfoll, to guide my study. The foundational work for COR theory was published in 1989 (Hobfoll, 1989). The theory was further elaborated on by Wright and Hobfoll (2004). COR theory was examined in the context of job burnout, demonstrating its applicability and understanding and addressing burnout phenomena. This further application of COR theory underscores its versatility and utility in research exploring burnout.

The COR theory encompasses several key concepts, which include resource conservation, resource loss, resource gain, resource investment, and adaptation (Hobfoll, 1989). Resource conservation refers to individuals' efforts to obtain, retain, and protect their resources, which are essential for their well-being. These resources are identified as

objects, conditions, personal characteristics, and energies where losses and gains are attributed to stress or well-being . Resource loss pertains to the stress experienced when there is a threat to, actual loss of, or insufficient gain following investment of a resource. Resource gains involve acquiring resources that help buffer against future losses, thereby fostering resilience and well-being. Resource investment encompasses allocating of resources to protect against loss, recover from setbacks, and procure additional resources. Finally, adaptation involves the individuals' ability to adapt to resource losses by adjusting their goals and behaviors and seeking out new resources (Hobfoll, 2004). These concepts collectively form the foundation of COR theory, providing insights into how individuals manage and respond to resource-related stressors.

COR theory offers a comprehensive lens through which to understand the experiences of new graduate nurses as they navigate the transition to nursing practice and encounter burnout. I explored how new graduates perceive, acquire, and invest resources critical for their well-being during transitions within the COR framework. Drawing on COR theory's concepts of resource conservation, loss, gain, investment, and adaptation, I investigated the specific resources valued by new graduate nurses, the impact of resource availability on burnout experiences, and the strategies employed to manage stress and prevent burnout. By aligning the study approach and research questions with COR theory, my findings provided valuable insights into the inner play between resources and burnout among new graduate nurses, informing targeted interventions to support their successful transition into nursing practice. I present the COR theory in more detail in Chapter 2.

Conceptual Framework for the Study

The concept central to this study was burnout. Burnout was first described by Freudenberger (1974) among individuals working in human services and healthcare. Freudenberger identified emotional depletion and a loss of motivation and commitment in works, coining the term burnout. Maslach (1976) expanded on this by interviewing human services professionals about emotional stress, discovering that coping strategies were essential for professional identity and job behavior. From these interviews, burnout is defined as a state of emotional, physical, and mental exhaustion caused by prolonged and excessive stress, characterized by three main dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981).

The conceptual framework of burnout was grounded in Freudenberger's (1974) work and further developed by Maslach and Jackson (1981) through the development of the Maslach Burnout Inventory (MBI). The burnout framework provides a comprehensive lens for understanding the experiences of new graduate nurses as they face the demands of nursing practice. The three dimensions of burnout include emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981).

These dimensions of burnout are interrelated and often reinforce each other (Maslach et al., 2001). Emotional exhaustion is burnout’s most widely reported and recognized aspect. This exhaustion can lead to depersonalization as individuals attempt to distance themselves from their jobs, making their work more manageable. Further, this exhaustion and depersonalization affect effectiveness, making it difficult for individuals

to gain a sense of accomplishment when they feel indifferent toward their jobs (Maslach et al., 2001). More detail on the conceptual framework of burnout is presented in Chapter 2.

Nature of the Study

I used a qualitative design to explore the phenomenon of burnout among new graduate nurses as they transition from nursing school to professional practice. I chose a qualitative approach because it allowed me to gain an in-depth understanding of personal experiences and contextual factors, essential for capturing burnout's complex and multifaceted nature. The qualitative methodology, particularly through semi structured interviews, helped me facilitate a detailed exploration of the subjective experiences of new graduate nurses, providing rich, descriptive data that quantitative methods might overlook (see Patton, 2015; Ravitch & Carl, 2021).

The central concept under investigation in my study was burnout, which is defined as a state of emotional, physical, and mental exhaustion caused by prolonged and excessive stress, with dimensions of emotional exhaustion, depersonalization, and reduced personal accomplishment (see Maslach et al., 2001). The phenomenon of interest was how burnout manifests in new graduate nurses during their transition to professional practice which is characterized by high stress, heavy workloads, and the need to develop clinical judgment and decision-making skills rapidly, making new graduates particularly vulnerable to burnout (see Alsalamah & Fawaz, 2023; Cao et al., 2020; Halpin et al., 2017; Hussein et al., 2017; Jun et al., 2021; Kim & Shin, 2020; Kox et al., 2020; Spence Laschinger et al., 2019; Suzuki et al., 2021).

I conducted semi-structured interviews to collect data from new graduate nurses with less than 3 years of experience. I chose this method to allow participants to share their experiences in their own words while providing the researchers with the flexibility to probe deeper into specific areas of interest (themes) within qualitative data. This approach helped to elucidate the key themes related to burnout experiences, coping strategies, and the impact of these experiences on the professional practice of new graduate nurses.

Definitions

Acute care setting: Any inpatient hospital setting that cares for inpatient patients for a short-term stay with patients that have an acute illness, injury, or recovering from surgery (for instance, general hospitals; Center for Disease Control, n.d.; Medical Dictionary, n.d.).

Burnout: A state of emotional, physical, and mental exhaustion caused by prolonged and excessive stress, characterized by three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981).

Depersonalization (cynicism): Involves a negative, cynical attitude and feelings of detachment from one's job and colleagues (Maslach & Jackson, 1981).

Emotional exhaustion: Refers to the feelings of being emotionally overextended and depleted of emotional resources (Maslach & Jackson, 1981).

Inappropriate assertiveness: The acceptance of improper evaluations, non-assertive, and being unresponsive or aggressive (Suzuki et al., 2021).

Life satisfaction: Use of the satisfaction of life scale by Diener that measures ones' own life satisfaction from a cognitive aspect rather than an emotional state (Kim et al., 2023).

New graduate nurse: Nurses with less than 3 years of nursing experience from the time they received their nursing license. (Dwyer et al., 2019; Kim et al., 2023; Ma et al., 2021a; Ren & Kim, 2023; Serafin et al., 2022; Xie et al., 2021; Zeng et al., 2023; Zhao et al., 2023).

Professional values: The aspects of the job that are related to providing care, professional characteristics, reliance, and behaviorism in a professional setting that shape priorities and ethical standards (Xie et al., 2021).

Psychological flexibility: The ability to adapt to a situation that includes a questionnaire that measures cognitive fusion (becomes a true reality itself, rather than just a product of our minds), experiential avoidance (attempt to avoid thoughts, feeling, memories, or other experiences), perceived stress (the degree to which situation in ones' life are apprised as stressful), and burnout (Zhao et al., 2023).

Reduced personal accomplishment (or reduced professional efficacy): Entails a decline in feelings of competence and successful achievement in one's work (Maslach & Jackson, 1981).

Self-Efficacy: A person's belief in their own ability to succeed or accomplish a task (Chen et al., 2015; Kim & Shin, 2020; Xie et al., 2021).

Transition to practice: The process by which new graduate nurses move from the educational environment to the clinical setting, involving the development of clinical

skill, professional identity, and coping mechanism for the demand into nursing practice (Cao et al., 2020; Kim & Shin, 2020).

Work procrastination: The act of delaying or postponing work-related tasks that need to be completed (Ma et al., 2021b).

Work-life interferences: *C*onflicts between work demands and personal life, where responsibilities from one domain negatively affect the ability to fulfill roles in the other (Barrow et al., 2022; Cline et al., 2022).

Assumptions

In my qualitative study, several vital assumptions underpinned the research process and are critical to its meaningfulness. First, I assumed that the experiences and perceptions of burnout among new graduate nurses were inherently subjective and vary significantly from individual to individual. This assumption was essential because it allowed me to acknowledge the multifaceted nature of reality as seen through the participants' eyes, allowing for a richer, more nuanced understanding of burnout (see Patton, 2015; Ravitch & Carl, 2021). Another fundamental assumption was that the researcher and participant interaction influences the data collection and interpretation process (Patton, 2015; Ravitch & Carl, 2021). I played an active role in engaging with the participants, and in this interaction it can shape the responses and overall findings (see Patton, 2015; Ravitch & Carl, 2021). Recognizing this dynamic is crucial for capturing the depth and complexity of the participants' experiences (Patton, 2015; Ravitch & Carl, 2021).

The study design and research decisions were assumed to be emergent and evolving based on the data collected and ongoing analysis (see Patton, 2015; Ravitch & Carl, 2021). This assumption was necessary because qualitative research is an inductive process that relies on data to guide the research direction (Patton, 2015; Ravitch & Carl, 2021). Any emergent design allows a study to remain flexible and responsive to new insights, ensuring the research remains relevant and grounded in the participants' experiences (Patton, 2015; Ravitch & Carl, 2021). Additionally, I assumed that the personal and contextual factors influencing burnout are unique to each new graduate nurse and are shaped in their individual experiences and specific work environments (see Patton, 2015; Ravitch & Carl, 2021). This assumption supports the context-bound nature of qualitative research, emphasizing that burnout cannot be understood in isolation but must be examined within the broader context of each nurse's life and work circumstances.

The next assumption was that new graduate nurses desire to be successful in the transition experience to nursing practice and not experience burnout. This assumption underscored the inherent motivation among novice nurses to seek a smooth and successful integration into their roles within the healthcare setting. Their desire for success is often driven by a commitment to providing high-quality patient care and achieving personal and professional growth. Moreover, new graduate nurses are acutely aware of the challenges associated with the transition phase. Consequently, these nurses are likely to pursue strategies and support systems that facilitate their adjustments and resilience, ensuring a balanced and sustainable approach to their careers in nursing.

Finally, I assumed that the personal voice of the new graduate nurse is critical for understanding and interpreting their experiences with burnout. This assumption emphasized the importance of allowing participants to share their stories and perspectives in their own words, which is fundamental to the goals of qualitative research. By including these personal narratives, my goal was to understand the meanings individuals assign to their experiences, providing a comprehensive view of burnout.

Scope and Delimitations

In my study, I focused specifically on understanding the experiences of burnout among new graduate nurses as they transition from nursing school to professional practice. This decision to concentrate on this group was driven by the recognition that new graduate nurses face unique challenges, including high stress, heavy workloads, and the rapid development of clinical judgment and decision-making skills (see Alsalamah & Fawaz, 2023; Cao et al., 2020; Hussein et al., 2017; Jun et al., 2021; Kim & Shin, 2020; Kox et al., 2020; Spence Laschinger et al., 2019; Suzuki et al., 2021). These factors make them particularly vulnerable to burnout, and understanding their experiences is crucial for developing targeted interventions to support their well-being and professional retention (see Cao et al., 2020; Halpin et al., 2017; Kox et al., 2020).

I recruited new graduate nurses with less than 3 years of nursing experience, as this first 3-year period is critical for new graduate's transition and professional development, as supported by the literature (e.g., Dwyer et al., 2019; Kim et al., 2023; Ma et al., 2021a; Ren & Kim, 2023; Serafin et al., 2022; Xie et al., 2021; Zeng et al., 2023; Zhao et al., 2023). I excluded nurses with more than 3 years of nursing experience

to maintain a focused examination of early career challenges. I did not investigate other healthcare professionals or nursing students who have yet to graduate. This exclusion was intentional to ensure that the research remains concentrated on the specific experiences and challenges new graduate nurses face in their initial years of practice.

I chose to conduct a qualitative study because it offers unique insights into personal experiences, which are crucial for understanding the nuance and subjective aspects of the transition from graduate nursing to professional practice. Qualitative research allows for a deeper exploration of the emotions, perceptions, and individual narratives that quantitative methods may overlook (Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). A qualitative approach is particularly valuable in capturing the complexities of new graduate nurses' experiences, challenges, and coping mechanisms during this phase. Furthermore, the majority of existing studies on the topic of burnout are quantitative, focusing primarily on numerical data and statistical analysis. While these studies provide valuable information on patterns and correlations, they often fail to delve into the rich, detailed accounts of personal experiences that can illuminate the underlying reasons behind the observed trends. By choosing a qualitative study, I could provide a more comprehensive understanding of the transition experiences.

I used COR theory to understand burnout. However, I also integrated aspects of Maslach's burnout theory to provide a more comprehensive understanding of the phenomenon. While there are other theoretical frameworks, models, and other stress related frameworks are acknowledged, they are not the primary focus of this study. My choice of COR theory was driven by its comprehensive approach to understanding stress

and burnout through resource management, which was particularly relevant for new graduate nurses (see Hobfoll, 1989). Additionally, Maslach's burnout theory offered valuable insights into the dimensions of burnout, such as emotional exhaustion, depersonalization, and reduced personal accomplishment, enriching the study's analysis. (Maslach & Jackson, 1981).

The potential for transferability of the study's findings was an important consideration. While qualitative studies provide rich, detailed insights, the subjective nature of personal experiences means that findings may not be easily generalized to other contexts. The experiences of new graduate nurses in my study may differ from those in other regions or healthcare settings. Therefore, while the insights gained can inform strategies and interventions in similar contexts, they should be applied cautiously, considering the specific contextual factors of each setting.

Limitations

My study had several limitations related to its design and methodology which could have affected my findings and their transferability and dependability. The personal and context-specific nature of qualitative data means that the experiences captured may not fully represent those of all new graduate nurses in different regions and health care settings. Additionally, I relied on self-reported data collected through semi-structured interviews. Self-reported data can introduce biases such as recall bias, where participants may not accurately remember or may selectively recall their experiences (Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). Social desirability bias may also occur, where participants may present themselves in a more favorable light or downplay

negative experiences to align with the perceived expectations of the researcher (Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012).

My interaction with participants was another potential source of bias. I was an active participant in the data collection process; my presence and behavior could have influenced participants' responses (see Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). Interaction with participants can introduce research bias, where my beliefs, values, and experiences may inadvertently shape the data collection and analysis (see Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012).

To address these limitations, I implemented several measures. I used purposeful sampling to select a diverse range of new graduate nurses from various healthcare settings to capture a broad spectrum of experiences. Purposive sampling helps to mitigate some of the limitations related to transferability by ensuring that the sample includes a variety of perspectives (Patton, 2015; Ravitch & Carl, 2021). To reduce recall and social desirability bias, I ensured that interviews were conducted in a comfortable and confidential setting, encouraging participants to speak openly and honestly about their experiences (see Patton, 2015; Ravitch & Carl, 2021). I also used neutral and nonleading questions to minimize the influence on participants' responses.

The research process may also be inherently biased by the researchers' perspectives (Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). I acknowledged that my values, beliefs, and experiences inevitably influence the study (see Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). By recognizing this, I implemented strategies to mitigate biases and ensure that the findings are credible and

trustworthy. Reflexivity, or the continuous self-awareness of the researcher, is a critical component of addressing this bias (Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). I kept a reflexive journal throughout the research process to help to maintain awareness of potential biases and their effects on data collection and analysis. Additionally, I used member checking, where participants were given the opportunity to review and verify the accuracy of their interview transcripts, ensuring that their experiences were accurately represented (see Patton, 2015; Ravitch & Carl, 2021). Triangulation is another strategy employed to enhance the study's dependability; by using multiple data sources, such as literature reviews and field notes, in addition to interviews, the study cross-verified the information collected, reducing the impact of any single source of bias (Patton, 2015; Ravitch & Carl, 2021).

Despite these measures, my findings were interpreted with caution, considering the context-specific nature of qualitative research. While the insights gained provide valuable information for understanding burnout among new graduate nurses, their applicability to other contexts may be limited. I acknowledged this limitation and strived to provide a thorough and transparent account of the research process, enhancing the credibility and dependability of the findings.

Significance

The findings of my study contribute to the existing body of knowledge on burnout among new graduate nurses by providing a detailed qualitative exploration of their experiences during the transition from student to professional practice. By employing COR theory and integrating aspects of Maslach’s burnout theory, my findings offered a

comprehensive understanding of the factors that contribute to burnout in this critical period. My findings contributed to the literature, particularly within the context of the United States, while most research studies have been quantitative and enhanced understanding of how graduate nurses perceive and cope with burnout, thus advancing theoretical knowledge in the fields of nursing and occupational health.

The implications for this study were significant for health care organizations, nursing educators, and policy makers. For health care organizations, the findings inform the development of targeted support systems and interventions designed to mitigate burnout among new graduate nurses. By understanding the specific stressors and challenges these nurses face, organizations may implement strategies such as mentorship programs, resiliency training, and adequate staffing levels to support their well-being and professional development.

For nursing education, my study highlighted the need to integrate comprehensive training on burnout prevention and stress management into nursing curricula. Educators can use the insights from this research to better prepare students for the realities of clinical practice, equipping them with the skills and strategies needed to manage stress and avoid burnout. Nursing associations can leverage the findings to advocate for better support for new graduate nurses. These associations can promote policies and programs that ensure safe nurse-to-patient ratios, provide funding for mental health resources for nurses, and develop national standards for new graduate nurses' transition programs. By supporting these initiatives, nursing associations play a crucial role in enhancing nurses’ work environment and overall well-being.

By addressing burnout among new graduate nurses, my study contributes to improving nurse retention and reducing turnover rates. This, in turn, helps to alleviate the nursing shortage, ensuring that healthcare systems have the necessary workforce to provide high-quality patient care. For nursing as a profession, my study's findings can lead to a more supportive and substantial work environment, promoting nurses' mental and physical health. Not only enhances the quality of care provided to patients and fosters a more positive and productive workplace culture.

In a broader context of health care, reducing burnout among new graduate nurses can lead to improved patient outcomes, as nurses experiencing lower levels of stress and exhaustion are better able to perform their duties effectively. Reducing burnout among new graduate nurses contributes to the overall quality of healthcare delivery, benefiting patients, families, and communities. By informing educational practices and organizational policies, my study findings support the development of a resilient nursing workforce capable of meeting the demands of modern health care. A resilient nursing workforce contributes to a more stable and effective healthcare system, ultimately promoting public health and well-being, which affects positive social change.

Summary

In Chapter 1, I introduced the study's focus on understanding burnout among new graduate nurses during their transition from nursing school to professional practice. I discussed the rationale for selecting a qualitative design, employing semi-structured interviews, and using COR theory alongside Maslach's burnout theory. Key concepts

such as burnout, emotional exhaustion, depersonalization, and reduced personal accomplishment were defined to provide a clear framework for this study.

The assumptions underpinning the research, such as the subjective nature of reality and the potential for biases and qualitative research, work knowledge and address through measures like reflexivity, purposive sampling, and triangulation. The scope and eliminations of the study were outlined, highlighting the focus on new graduate nurses and the exclusion of other populations to main a concentrated examination of early career challenges. I explained the significance of the study, detailing its potential contributions to advancing knowledge, improving practice and policy through healthcare organizations, nursing educators, and nursing associations, and promoting positive social change.

In Chapter 2, I examine the literature review of key concepts and provide a comprehensive overview of existing research on burnout among new graduate nurses. I explore the theoretical and conceptual foundations, key findings, and gaps in the current literature, setting the stage for a deeper understanding of the study's context and the need for further qualitative exploration.

Chapter 2: Literature Review

Burnout among new graduate nurses is an escalating concern within the healthcare sector. Burnout is a problem that new graduate nurses experience as they transition from student to professional nurse. The purpose of this research was to explore the experiences of burnout among new graduate nurses transitioning to professional practice. Current research illustrates the prevalence of burnout among this group, highlighting various contributing factors such as personal and psychological attributes, workplace and organizational environments, and impersonal relationships (see Cao et al., 2021; Edwards-Maddox, 2023; Kim et al., 2023; Kim & Yang, 2023, La & Yun, 2019; Sugawara et al., 2023; Suzuki et al., 2021; Tsukamoto et al., 2021; Zeng et al., 2023). Additionally, there is research on the correlations between burnout and turnover intentions, its long-term effects, and interventions aimed at mitigating its impact.

In Chapter 2, I present the literature search strategy section, which details the methods used to identify relevant studies, including the databases and search terms employed. I also present the theoretical foundation section, which discusses the COR theory and the conceptual framework on the concepts of burnout, its dimensions, and its relevance to new graduate nurses. I provide an exhaustive review of the literature on burnout and new graduate nurses.

Literature Search Strategy

I conducted a search of the literature to identify relevant literature for research on burnout in new graduate nurses; a systematic approach using various library databases and search engines was employed. A multidata base search strategy was implemented,

and comprehensive searches in PubMed, APA PsycINFO, and Google Scholar. Citations searching was also conducted to ensure the inclusion of pertinent literature. The key search terms and combinations used in each search were *exhaustion AND attrition AND burnout OR burnout-out OR burn out OR stress AND new graduate nurse OR new nurse OR novice nurse OR beginner nurse OR early career nurse OR new qualified nurse OR newly qualified nurse*. Searches were limited to articles published between 2019 and 2024, full-text available, peer-reviewed articles, and written in English to ensure a comprehensive coverage of relevant literature. Abstracts of the identified articles were reviewed, and those relevant to the study of burnout in new graduate nurses were selected for inclusion.

Theoretical Foundation

The COR theory, developed by Hobfoll, served as the theoretical framework for this study on burnout in new graduate nurses. Hobfoll introduced COR theory in 1989 and has since been elaborated upon and applied in various contexts, including workplace stress, resilience, and burnout (Chen et al., 2015; Wright & Hobfoll, 2004).

COR theory encompasses several key concepts: resource conservation, resource loss, resource gain, resource investment, and adaptation. The four kinds of resources whose loss and gain will result in stress or well-being are objects, conditions, personal characteristics, and energies (Hobfoll, 1989). These resources are personal, social, and structural, and refer to internal characteristics (skills, knowledge, and self-esteem), external resources (social support, mentoring, positive relationships), and tangible resources (financial resources, equipment, and facilities; Hobfoll, 1989). Resource

conservation involves individuals' efforts to obtain, retain, and protect resources, including objects, personal characteristics, conditions, and energies. Resource loss is associated with stress arising from the threat of a resource loss, actual loss of the resources, or insufficient return on resource investment. Resource gain refers to the acquisition of resources that buffer against future losses, fostering resilience and well-being. Resource investment involves allocating resources to protect against loss, recover from setbacks, and acquire additional resources. Finally, adaptation involves the individuals' ability to adapt to resource losses by adjusting their goals and behaviors and seeking out new resources. These concepts of resource loss, gain, conservation, investment, and adaptions are based on the assumption that resources are critical for coping with stress and that effective resource management is essential for individual well-being and performance (Hobfoll, 1989).

Figure 1 illustrates COR theory, emphasizing the importance of resources in managing stress and well-being. The diagram highlights key concepts such as well-being, burnout, resource gains, and resource losses, showcasing their interconnected relationship (see Hobfoll, 1989). The central aspects of resources -- objects, personal experiences, conditions, and energy-- are crucial for individuals transitioning into professional nursing. The outer ring represents the continuous cycle of interaction individuals have with their resources, including loss, gains, investments, adaptation, and conservation. This is a constant cycle for new nurses to maintain and grow their central resources. The total resources that new graduate nurses gain or lose directly impact their likelihood of experiencing burnout or well-being. Positive total resource gains lead to the well-being of

new graduate nurses, enhancing their mental and physical health. This well-being positively affects their patients and strengthens their commitment to their careers. Conversely, a negative total loss of resources increases the risk of burnout due to continuous losses and stressors. Burnout can lead to a decreased investment in their careers and, ultimately, leaving the profession after sustained losses. This is illustrated in Figure 2.

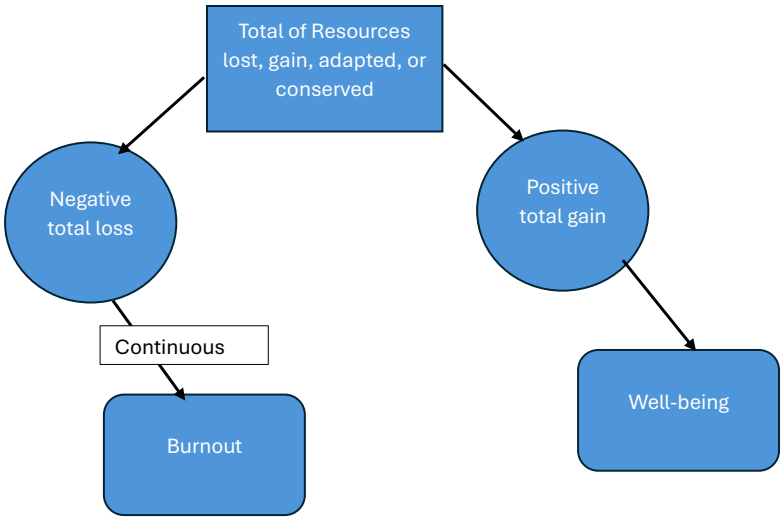
Figure 1

Conservation of Resource Theory

Note: Adapted from "Conservation of Resources: A New Attempt at Conceptualizing Stress" by S.E. Hobfoll, 1989, *American Psychologist, 44*(3), 513-524. https://doi.org/10.1037/0003-066X.44.3.513

Figure 2

Effects of Resource Loss and Gain



Note: : Adapted from "Conservation of Resources: A New Attempt at Conceptualizing Stress" by S.E. Hobfoll, 1989, *American Psychologist, 44*(3), 513-524. https://doi.org/10.1037/0003-066X.44.3.513

COR theory has been applied in research that examined stress and burnout. For instance, Wright and Hobfoll (2004) investigated the relationship between organizational commitment, psychological wellbeing, job performance, and burnouts three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment, as described by Maslach et al. (2001). They explored how individuals' commitment to resource conservation influences psychological well-being and job performance, emphasizing the critical role of resource conservation in mitigating burnout (Wright & Hobfoll, 2004).

Wright and Hobfoll (2004) found that changes in one of the variables— psychological well-being, organizational commitment, and job burnout— are associated with changes in the others, highlighting the interconnected nature of these factors within the context of COR theory. Specifically, psychological well-being and job burnout are negatively correlated, indicating that higher levels of psychological well-being are associated with lower levels of emotional exhaustion (Wright & Hobfoll, 2004). However, psychological well-being does not correlate with depersonalization or diminished personal accomplishment. Emotional exhaustion has a negative impact on job performance, whereas psychological well-being enhances job performance. Job performance is not significantly affected by depersonalization, personal accomplishment, or organizational commitment. Furthermore, each dimension of burnout is negatively related to organizational commitment. Moreover, the results suggested that psychological well-being is a significant predictor of all dimensions of burnout, including emotional exhaustion, depersonalization, and diminished personal accomplishment. This study underscored the relevance of COR theory in understanding the relationship among psychological well-being, organizational commitment, and job burnout, demonstrating that psychological well-being is a crucial predictor of burnout dimensions and overall job performance (Wright & Hobfoll, 2004).

Wang et al. (2024) examined the relationships between the practice environment, personal growth initiative, occupational self-efficacy, and job impacts on newly graduated nurses using COR theory. Results showed that supportive practice environments significantly benefited new nurses by reducing job stress and turnover

intentions while enhancing job satisfaction and quality patient care (Wang et al., 2024). Resource-rich environments help new graduates can serve their resources, promoting resilience and facilitating a smoother transition from student to professional practice. (Wang, et al., 2024). This supportive environment, in conjunction with high levels of personal growth initiative, help mitigate burnout and improve job performance among new graduate nurses.

Chen et al. (2015) explored COR theory and its role in building resilience, highlighting that resource conservation is pivotal in building resilience against stress. They focused on the dynamics of resource exchange and transfer of resources between individuals, emphasizing how resources are traded, shared, and transferred between individuals and groups to foster resilience against stress and burnout (Chen et al., 2015). Paustian-Underdahl et al. (2023) tested the core tenets of COR theory, which focuses on the dynamic cycles of resource gain and loss, to examine emotional exhaustion, from burnout and work engagement among nurses over a long-term trajectory. Results revealed engagement and exhaustion are not static but a dynamic process that is influenced by previous experiences, and that those who have experiences high levels of emotional exhaustion in the past not only need to focus on current levels but on preventing future levels (Paustian-Underdahl et al., 2023). Additionally, the findings suggested that regulatory focus and individual characteristics are key in helping nurses control their resource gain and loss cycles (Paustian-Underdahl et al., 2023). Similarly, Prapanjaroensin et al. (2017) examined the relationship between nurse burnout and COR theory, and if resources are threatened or lost will the results be burnout. They found that

COR theory is useful for its use in examining burnout in nurses, and that an increase or decrease in resources either increases or reduces nurse burnout (Prapanjaroensin et al., 2017).

I chose COR theory for this study due to its comprehensive approach to understanding stress and burnout through resource management. COR theory has an emphasis on conserving and enhancing resources provides critical insights into the experiences of new graduate nurses, who face significant resource challenges during their transition from students to the nursing profession (Cao et al., 2020; Kim & Shin, 2020; Park & Kim, 2013). Applying COR theory helps identify key resources that need protection, strategies to enhance resource conservation, and the impact of resource loss on burnout in new graduate nurses.

COR theory guided my study as I investigated the resources new graduate nurses rely on during their transition, the impact of resource availability on their experiences of burnout, and strategies to aid in resource conservation and reduce burnout. COR theory provided a lens to examine the dynamics of resource gain and loss during this critical period and how new graduate nurses describe burnout on their transition from student to professional practice.

Conceptual Framework

The concept that I used in this research project was burnout. Burnout is defined as a state of emotional, physical, and mental exhaustion caused by prolonged and excessive stress, characterized by three main dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981). The term burnout was

first introduced by Freudenberger in 1974. Freudenberger (1974) provided insights into burnout through the experiences of human service and healthcare workers, offering direct accounts of emotional depletion and a loss of motivation and commitment.

Maslach et al. (2001) also started her work on burnout in the mid-1970s, first writing about it in 1976. In 1981, Maslach and Jackson expanded on the definition of burnout to include the dimensions of emotional exhaustion, depersonalization, and reduced personal accomplishment. Additionally, they developed the MBI, which is widely used to measure burnout in individuals (Maslach & Jackson, 1981). The MBI has been adapted for use in various countries, cultures, and professions (Maslach & Jackson, 1981). The MBI has been used in numerous quantitative studies to examine burnout's prevalence and to identify factors and interventions that may influence burnout levels. Maslach and Jackson's (1981) definition of burnout is the most frequently cited in the research literature, and their MBI has been modified to study the effects of burnout across different work environments.

Burnout comprises three key dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment, all of which are interrelated (Maslach & Jackson, 1981). Emotional exhaustion is the most widely analyzed and reported aspect of burnout, defined as the feeling of being emotionally overextended and depleted of emotional resources due to work demands (Maslach & Jackson, 1981). When individuals experience emotional exhaustion, they may begin to distance themselves from the work environment leading to depersonalization (Maslach & Jackson, 1981). Depersonalization involves a negative, cynical attitude and behavior towards clients,

colleagues, and the work environment, resulting in a sense of detachment and impersonal interactions (Maslach & Jackson, 1981). The final dimension, reduced personal accomplishment, refers to a decline in feelings of competence and successful achievement in one's work role (Maslach & Jackson, 1981). Reduced personal accomplishment is linked to the other dimensions, as emotional exhaustion and depersonalization can lead individuals to feel less competent and successful within their work environment (Maslach & Jackson, 1981). Burnout can be assessed across these dimensions, with individuals experiencing varying degrees of burnout in one or more areas (Maslach & Jackson, 1981).

Previous research has extensively applied the MBI and its dimensions to various professional contexts, including nursing. In nursing research, the MBI has been used to assess burnout among different nursing populations, such as experienced nurses, nurse managers, new graduate nurses, and nursing educators (Ashton Glover et al., 2022; Cao et al., 2021; Dall'Ora et al., 2020; La & Yun, 2019; Liu et al., 2020). The framework provided by Maslach and Jackson (1981) has facilitated an understanding of burnout in nursing practice. Studies have demonstrated the prevalence of burnout among nurses and its negative impacts on turnover, patient care, nurse well-being, and organizational outcomes (Dwyer et al., 2019; Kim et al., 2023; Ma et al., 2021a; Ohue & Menta, 2024; Ren & Kim, 2023; Sugawara et al., 2023; Suzuki et al., 2021)The literature review will discuss these studies in more detail, focusing on burnout in the new graduate nurse population.

Previous research on burnout among new graduate nurses has explored its prevalence, long-term impacts, interventions, relationships between various contributing factors, and the impact of transitioning from student to nursing practice. Studies have identified that low self-compassion, poor work-life balance, high workloads, long shifts, insufficient staffing, and lack of leadership support significantly contribute to burnout (Cao et al., 2021; Edwards-Maddox, 2023; Frogli et al., 2019; Jarden et al., 2021; Sugawara et al., 2023; Suzuki et al., 2021; Tsukamoto et al., 2021; Zeng et al., 2023). In contrast, psychological flexibility, resilience, effective leadership, and social support reduce burnout (Cao et al., 2021; Frogli et al., 2019; Gong et al., 2022 et al., 2020; Jarden et al., 2021; Kim et al., 2023; Suzuki et al., 2021; Tsukamoto et al., 2021).

Interpersonal relationships, particularly those with preceptors and colleagues, play a pivotal role in influencing burnout risk (Kim et al., 2023; Kim & Yang, 2023; La & Yun, 2019; Sugawara et al., 2023). Positive relationships have been found to reduce burnout, while conflicts tend to increase it (Kim et al., 2023; Kim & Yang, 2023; La & Yun, 2019; Sugawara et al., 2023). Interventions such as resilience training, empathy training, and mindfulness programs have shown effectiveness in reducing burnout, although their long-term sustainability varies (Barrow et al., 2022; Cao et al., 2021; Jarden et al., 2021; McNulty et al., 2022). Overall, research has provided a comprehensive understating of burnout in new graduate nurses, highlighting its complexity and the need for multifaceted intervention strategies.

The transition from nursing student to professional practice is a critical period marked by high stress and the potential for burnout (Cao et al., 2020; Halpin et al., 2017;

Kox et al., 2020). Research indicates that new graduate nurses are particularly vulnerable due to the sudden increase in responsibility, the high-pressure healthcare environment, and the gap between theoretical knowledge and practical skills (Cao et al., 2021). I sought to fill the gap in the literature by providing qualitative insights into how new graduate nurses describe their experiences with burnout during this transition. By using the conceptual framework of burnout, I aimed to assess burnout in new graduate nurses by understanding their experiences and the key dimensions of burnout.

Literature Review Related to Key Variables and/or Concepts

The literature on new graduate nurses has extensively examined burnout from multiple perspectives. These include interventions to mitigate burnout, relationships between various factors and burnout, the transition from student to nurse, the prevalence of burnout in new graduate nurses, and the long-term impacts of burnout on new graduate nurses. Numerous countries, including China, Turkey, United States, Japan, Brazil, United Kingdom, Canada, Poland, Sweden, South Korea, and Australia, have conducted studies to identify factors influencing burnout in new graduate nurses. The transition from student to professional nurse represents a particularly stressful period, significantly increasing the risk of burnout (Cao et al., 2020; Halpin et al., 2017; Kox et al., 2020). This heightened risk underscored the critical importance of research to gain a deeper understanding of this phenomenon.

The selection of burnout and new graduate nurses as key concepts in my study is well justified by the literature. Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, significantly impacts new

graduate nurses' well-being and patient care (Maslach & Jackson, 1981). Studies consistently show that burnout is highly prevalent among new graduate nurses (Cao et al., 2021; Dwyer et al., 2019; Edward-Maddox, 2023; Jarden et al., 2021; Ma et al., 2021a; Ma et al., 2021b; Zeng et al., 2023). Various factors, including work environment, personal and psychological factors, interpersonal relationships, and the transition itself, affect burnout. A deeper understanding from the perspectives of new graduate nurses is needed to mitigate the effects of burnout in the future. By addressing these factors and further understanding burnout from the new graduates' perspectives, researchers and healthcare institutions can develop more effective interventions to support new graduate nurses. Burnout syndrome is particularly relevant to new graduate nurses, who are at a heightened risk due to the significant stressors associated with transitioning from student to professional practice (Cao et al., 2020; Halpin et al., 2017; Kox et al., 2020).

Long-Term Impacts of Burnout on New Graduate Nurses

Burnout has been studied for its long-term effects on new graduate nurses and how various factors can impact burnout overtime. Rudman et al. (2020) investigated whether burnout had long-term effects on cognitive function, symptoms of depression, and insomnia. They found that those experiencing high levels of burnout early in their careers had more frequent issues with cognitive function, depression, and insomnia (Rudman et al., 2020). Similarly, Spence-Laschinger et al. (2019) examined the effects of burnout on a new graduates' health over a period of a year, discovering that emotional exhaustion and cynicism were negatively correlated with good mental health and positively correlated with post-traumatic stress disorder. Cynicism was a significant

predictor of both mental health and overall health, highlighting the effects of burnout over time on mental and physical health on new graduate nurses (Spence-Laschinger et al., 2019).

Frogli et al. (2019) investigated whether developing task mastery, role clarity, and social acceptance could help prevent burnout, showing that those who had more role clarity and support from coworkers and leadership experienced lower levels of burnout symptoms. Gillet et al. (2023) examined work engagement and burnout levels, finding that these varied over time. There was a notable decrease in high engagement and low burnout, alongside an increase in moderately high engagement with moderately low burnout and a decrease in low engagement with high burnout throughout the course of the study (Gillet et al., 2023). These findings underscore the profound and enduring impact of burnout on new graduate nurses. Burnout can have long-lasting effects on their mental health, physical health, and cognitive function, while role clarity and support for new graduates significantly impact burnout levels (Frogli et al., 2019; Rudman et al., 2020; Spence-Laschinger et al., 2019).

Prevalence of Burnout in New Graduate Nurses

Many studies have examined the prevalence of burnout among new graduate nurses, both prior and during the pandemic. These studies consistently highlight that burnout is a significant issue among new graduate nurses, with some evidence indicating an increase in burnout since the pandemic. Burnout has been reported in various ways: some studies quantify total burnout, other categorize it by severity (mild, moderate,

severe), and some focus on specific dimensions of burnout, such as emotional exhaustion, depersonalization, and reduced personal accomplishment.

Recent studies have found that burnout can begin during the education phase for new graduate nurses. Cinar et al. (2023) reported that 73.7% of nursing students exhibited burnout symptoms, with 23% experiencing serious burnout and 28% requiring immediate professional support. Similarly, Barrow et al. (2022) conducted a literature review, concluding that burnout begins in nursing school.

The onset of the pandemic provided a unique opportunity to compare burnout prevalence before and during this period. Before the pandemic, burnout affected new graduates in varying degrees. Literature reviews by Edward-Maddox (2023) and Jarden et al. (2021) synthesized findings on burnout, with Edwards Maddox (2023) reporting burnout rates ranging from 12.3% to 46%, and Jarden et al. (2021) finding moderate levels of burnout, with 40-60% experiencing severe emotional exhaustion and 20% facing extreme burnout. Notably, new graduates had the highest levels of burnout between their first and second years (Edwards-Maddox, 2023). Between two to four years post-graduation, they had higher levels of depersonalization and significantly increased emotional exhaustion (Tsukamoto et al. 2021).

During the first three years of their career, new graduates showed a statistically significant increase in burnout symptoms (Frogli et al., 2019). Reports of high burnout levels varied, with Rudman et al. (2020) reporting a 12.3% incidence of severe burnout over the first three years, whereas Dwyer et al. (2019) found that 51.5% of new nurses met the criteria for severe burnout. Research consistently noted average levels of

emotional exhaustion and depersonalization, along with low levels of personal accomplishment in new graduate nurses (Rainbow & Steege, 2019; Theodosius et al., 2021; Xie et al., 2021). Gillet et al. (2023) found that burnout levels varied significantly within the first year of their careers, illustrating a broad range of burnout experiences prior to the pandemic.

Recent post-pandemic has revealed higher rates of burnout among new graduate nurses. Ma et al. (2021b) reported a burnout rate of 60.9%, Zeng et al. (2023) found that 85.3% of new graduate nurses experienced moderate to high rates of burnout, and Gong et al. (2022) found 43.2% had average levels of burnout. Conversely, Cao et al. (2021) reported that 61.8% of new nurses had low levels, and 38.2% had average burnout levels. Other studies found moderate levels of burnout (Catarelli et al., 2023; Kim & Yang, 2023), while Blanco et al. (2022) reported low to moderate levels of burnout, and Cline et al. (2022) noted mild burnout at the study onset.

Specific dimensions of burnout have also been extensively studied. Ma et al. (2021a) found that 60.9% of new graduate nurses had high emotional exhaustion, 74% had high depersonalization, and 95.4% had a low sense of personal accomplishment. Zhao et al. (2023) similarly reported high levels of emotional exhaustion, depersonalization, and low levels of personal achievement. Kim et al. (2023) found that depersonalization was significantly higher in nurses with one to two years post-graduation compared to those with less than one year, and those with two years post-graduation experienced greater burnout than those with longer tenure.

McNulty et al. (2022) and Serafin et al. (2022) compared burnout levels before and after the pandemic. McNulty et al. (2022) found a significant increase in burnout scores in the post-pandemic group, attributed to starting their careers during the pandemic. Serafin et al. (2022) reported that pre-pandemic group had a higher overall percentage of burnout. However, the post-pandemic group had higher level of exhaustion and disengagement, with more new graduates meeting the criteria for burnout in two dimensions (Serafin et al., 2022). The prevalence of burnout varies greatly, but burnout is a pervasive issue among new graduate nurses, warranting further studies to address this critical concern.

Transition From Student to Nurse

Ashton-Glover et al. (2022) investigated the perspectives of experienced emergency room nurses regarding new graduates transitioning during the Covid-19 pandemic. They found that new graduates were unprepared for the clinical setting, often feeling overwhelmed, stressed, and prone to burnout within 6 to 8 months, yet they were also resilient and eager to learn (Ashton-Glover et al., 2022). Rainbow and Steege (2019) compared burnout between first and second-career nurses, discovering that burnout was prevalent in both groups and was influenced more by the hospital unit than by prior career status. Bani et al. (2023) studied the transition to professional practice during the pandemic, comparing pre-pandemic and post-pandemic groups, and found no statistical significance and burnout levels between the groups. Brook et al. (2023) described how new graduates working during the pandemic used terms such as burnout, stress, anxiety, and panic to characterize their transition. Cao et al. (2021) identified the phenomenon of

transition shock in new graduates as significantly associated with burnout, which demonstrates that the transition from student to practice is often challenging and that burnout is prevalent during this time.

Interventions and Their Effects on Burnout

Barrow et al. (2022) found that providing students with resilience training helps overcome burnout and stress during school and can be beneficial in professional practice. Similarly, Jarden et al. (2021) identified resilience as a protective factor against burnout and noted that well-designed preceptor models and transition-to-practice programs reduce burnout in new graduate nurses. Cao et al. (2021) found that empathy training significantly lowered burnout levels compared to those without such training.

Cline et al. (2024) and McNulty et al. (2022) investigated interventions within the nurse residency programs and their effects on new graduate nurses. Cline et al. (2024) had new graduates focus on three positive experiences over a 14-day period, resulting in a significant decrease in burnout during the intervention, though the effect was not sustained at the six-month mark. McNulty et al. (2022) integrated mindfulness training into nurse residency programs, which reduces stress and burnout for newly graduated nurses.

Ohue and Menta (2024) trained mentors in cognitive behavior theory (CBT) for burnout to assist mentees in their transition to practice. Their results indicated significant reduction in burnout by decreasing stress, staff conflict, role conflict, and workload (Ohue & Menta, 2024). Frogeli et al. (2019) studied the effect of acceptance and commitment theory/training (ACT), finding that while there were no long-term effects on

burnout, stress was reduced during the first year for the intervention group compared to the control group. These studies illustrate the various interventions have differing levels of effectiveness in reducing burnout, with some having longer lasting impact than others.

Relationships with Factors and Burnout

Burnout in new graduate nurses has been extensively studied, with research identifying various factors that can influence its onset and severity. These factors include turnover rates, specific various factors, personal and psychological attributes, work or organizational factors, and interpersonal dynamics. By examining these diverse influences, the literature highlights the complexity and significance of burnout as a pervasive issue among new graduate nurses.

Burnout and Turnover Intention

Turnover is a significant consequence of burnout that is extensively examined in the literature due to its impact on individuals and on healthcare organizations, the nursing shortage, and communities. The current nursing shortage underscores the importance of retaining new graduates in practice to mitigate this global issue. Church et al. (2023) found that 48.1% of new graduates considered leaving their positions in the past year, with burnout cited as a major reason by 37.8% of respondents. Similarly, Coyne et al. (2020), Gong et al. (2022), Theodosius et al. (2021), Sugawara et al. (2023), Ren and Kim (2023), and Catarelli et al. (2023) all identified burnout as a key factor associated with turnover. Studies by Kim and Yang (2023) and Ren and Kim (2023) further revealed that turnover intentions were positively correlated with job burnout. Bae (2023) reviewed the literature and found that turnover intention was influenced by two dimensions of

burnout: emotional exhaustion and depersonalization, with turnover rates among new graduates averaging 46.3% within three years of graduation. Additionally, those two to four years post-graduation are at the highest risk of leaving their positions (Tsukamoto et al., 2021). Turnover resulting from burnout in new graduates poses a significant risk to healthcare organizations and communities, potentially compromising patient care.

Specific Factors and Their Impact on Burnout

Several studies have investigated specific factors and their influence on burnout among new graduate nurses. Factors contributing to burnout include hospital level, gender, age, marital status, educational background, income, mobile phone usage, sleep patterns, surface acting, and core competence (Cao et al., 2021; Dwyer et al., 2019; Gillet et al., 2023; Liu et al., 2020; Ma et al., 2021a; Ma et al., 2021b; Theodosius et al., 2021; Xie et al., 2021; Zeng et al., 2023). Xie et al. (2021) found that females are more likely to suffer from burnout, whereas Ma et al. (2021b) reported that males are more susceptible. Zeng et al. (2023) and Ma et al. (2021b) found that being single increases the risk of burnout. Dwyer et al. (2019) and Ma et al. (2021b) identified age as a factor, with Ma et al. (2021b) specifying that those aged 20 to 25 are more prone to burnout.

Ma et al. (2021a) and Ma et al. (2021b) noted a positive relationship between mobile phone addiction and emotional exhaustion and cynicism attributed to withdrawal and anxiety from not having their phone while working. Theodosius et al. (2021) and Liu et al. (2020) found that surface acting while working, which involved displaying emotions that are not genuinely felt, is positively correlated with burnout. Cao et al. (2021) reported that those with a bachelor’s degree experienced significantly higher

burnout than those with other degrees, while Ma et al. (2021b) found that those with an associate's degree had higher levels of burnout. Zeng et al. (2023) found that sleeping less than 7 hours a day led to increased burnout, and Ma et al. (2021b) identified lower monthly income as a contributing factor. These studies demonstrate a range of factors influencing burnout in new graduate nurses, some findings are contradictory, but they highlighting the complexity of this phenomenon.

Personal Factors and Psychological Attributes on Burnout

There are also personal and psychological factors that contribute to burnout in new graduate nurses, including self-compassion, work-life interferences, emotions, professional values, self-efficacy, work procrastination, work-life fit, coping mechanisms, psychological flexibility, inappropriate assertiveness, resilience, empathy, and life satisfaction (Barrow et al., 2022; Cao et al., 2021; Cline et al., 2022; Edwards-Madox, 2023; Jarden et al., 2021; Kim et al., 2023; Ma et al., 2021b; Sugawara et al., 2023; Suzuki et al., 2021; Xie et al., 2021; Zhao et al., 2023).

A lack of self-compassion was associated with higher burnout levels (Edwards-Madox, 2023; Sugawara et al., 2023). Greater burnout was linked to new graduates experiencing work-life interferences, or a conflict between work demands and personal life, and poor work fit (Barrow et al., 2022; Cline et al., 2022Edwards-Maddox, 2023; Jarden et al., 2021). Zhao et al. (2023) found that new nurses lack psychological flexibility, the ability to adapt to a situation, had higher stress and burnout, and inappropriate assertiveness, or the acceptance of improper evaluation, non-assertive, and being unresponsive or aggressive, was also linked to increased burnout. Emotions and

control over those emotions significantly affected burnout risk, with negative emotions increasing the likelihood of burnout (Kim et al., 2023; Suzuki et al., 2021; Xie et al., 2021). Work procrastination, delaying or postponing work-related tasks, correlated positively with emotional exhaustion and cynicism, thereby increasing the risk for burnout (Ma et al., 2021b). Additionally, inappropriate and passive coping strategies were found to elevate burnout levels (Cao et al., 2021; Suzuki et al., 2021).

Conversely, certain factors were found to decrease burnout in new graduate nurses. Higher life satisfaction, one's satisfaction with life, and empathy were associated with a lower risk of burnout (Cao et al., 2021; Kim et al., 2023). Furthermore, greater resilience was identified as a protective factor against burnout (Cao et al., 2021; Jarden et al., 2021). Various personal and psychological factors influence burnout in new graduate nurses. Some factors increase the risk, while others serve as a protective measure, reducing the likelihood of burnout.

Work Environment and Organizational Factors on Burnout

The work environment and organizational factors are crucial in affecting burnout in new graduate nurses. Various work-related factors contribute to burnout, including socialization, job satisfaction, leadership styles and support, workload, staffing levels, hours worked per day, workplace violence, and shift work (Catarelli et al., 2023; Dwyer et al., 2019; Edwards-Maddox, 2023; Frogli et al., 2019; Gong et al., 2022; Jarden et al., 2021; Sugawara et al., 2023; Suzuki et al., 2021; Tsukamoto et al., 2021; Xie et al., 2021; Zeng et al., 2023). Lower job satisfaction was associated with a greater risk of burnout among new graduate nurses (Catarelli et al., 2023; Xie et al., 2021; Zeng et al., 2023).

Specific factors related to the work environment significantly impact burnout. Heavy workloads increase the risk of burnout (Jarden et al., 2021; Sugawara et al., 2023; Suzuki et al., 2021). Nurses working long shifts, particularly those longer than eight hours, also face a higher risk of burnout (Jarden et al., 2021; Zeng et al., 2023). Low staffing levels further exacerbate burnout among new graduates (Jarden et al., 2021). Night shifts and exposure to workplace violence and bullying were additional factors that increased burnout levels (Zeng et al., 2023). Furthermore, when new graduates felt they had little control over their environment, their risk of burnout increased (Jarden et al., 2021).

Leadership also plays a crucial role in influencing burnout in new graduate nurses. A lack of consideration from the head nurse was linked to increased burnout (Tsukamoto et al., 2021). Insufficient socialization during the transition to practice environment heighten burnout risk (Edward-Maddox, 2023). Conversely, social support and acceptance from colleagues and leaders, as well as group cohesion, helped reduce burnout (Frogli et al., 2019; Gong et al. 2022; Jarden et al., 2021). Leadership style was also significant, with authentic leadership negatively affecting burnout (Dwyer et al., 2019; Frogli et al., 2019). Overall, numerous organizational factors influence burnout in new graduate nurses. Factors can either increase or decrease burnout and play a critical role in helping new graduates transition to practice.

Interpersonal Relationships on Burnout

Interpersonal relationships are another set of factors related to burnout in new graduate nurses. These factors include relationships with preceptor, empathy, social

support, conflict with other staff, anger in preceptor/preceptee relationships, and group membership (Gong et al., 2022; Kim et al., 2023; Kim & Yang, 2023; La & Yun, 2019; Sugawara et al., 2023; Tsukamoto et al., 2021; Zhao et al., 2023). Support from colleagues and preceptors is important in affecting burnout. Positive interpersonal relationships at work are crucial in mitigating burnout, while poor relationships increase the risk (Tsukamoto et al., 2021; Zhao et al., 2023). Kim and Yang (2023) found that having a positive exchange relationship with a preceptor can prevent burnout in new nurses. La and Yun (2019) identified that managing anger in preceptor/preceptee relationship is vital, as greater anger in this relationship correlates with a higher risk of burnout. Additionally, preceptors' burnout positively correlates with new graduates' burnout, indicating that burnout in preceptors can affect their preceptees (La & Yun, 2019).

Gong et al. (2022) found that empathy and social support from the nursing environment significantly predicted burnout, with support from coworkers decreasing burnout risk (Sugawara et al., 2023). Conflicts with other nursing staff were also found to predict burnout negatively (Sugawara et al., 2023). Furthermore, burnout was associated with social group membership; nurses belonging to multiple social groups both inside and outside the work environment were less likely to experience burnout (Kim et al., 2023). Strong interpersonal relationships with colleagues, preceptors, and social groups both within and outside the workplace reduce the risk of burnout in new graduate nurses.

Qualitative Methodologies Used in Burnout Studies

Ashton-Glover et al. (2022) used a qualitative survey with questions to examine new graduate nurses through the lens of experienced emergency room nurses, identifying challenges and entail health safety concerns. One of the themes of the study found that new graduate nurses are quick to burnout within 6-8 months and want to leave (Ashton-Glover et al., 2022). Oneal et al. (2019) conducted a descriptive qualitative study examining the transition experiences of new graduate nurses, where burnout emerged as a theme. Both articles found burnout to be an answer to some of their insights, but neither explicitly examined burnout from the experiences of new graduate nurses and their descriptions of that phenomenon.

Blanco et al. (2022), Brook et al. (2021), Brook et al. (2023), Cinar et al. (2023), and Rainbow & Steege (2019) were mixed methods studies and reported burnout quantitatively but do not extensively explore personal experiences of burnout qualitatively. Blanco et al. (2022) reported low to moderate levels of burnout in their quantitative aspect but did not ask qualitative questions specifically about burnout. Brook et al. (2021) evaluated interventions to decrease burnout without focusing on qualitative findings specific to burnout experiences. Brook et al. (2023) investigated the mental well-being of new graduate nurses during the Cvoid-19 pandemic, noting burnout occurs but did not provide qualitative findings.

Cinar et al. (2023) studied burnout in nursing students prior to their graduation, highlighting the presence of burnout but not addressing their subsequent experiences as new graduate nurses. Rainbow and Steege (2019) examined both first and second career

new graduate nurses, finding burnout in both groups, but their qualitative analysis focused more on the presence of burnout among coworkers rather than detailed personal experiences. Therefore, further studies were needed for new graduate nurses to describe their experiences with burnout from their personal experiences to gain a further understanding of burnout from their perspective.

Summary and Conclusions

The literature on burnout among new graduate nurses reveals several recurring themes. Major factors contributing to burnout include high workloads, inadequate staffing, and stressful transitions from student to professional practice. Studies indicated that burnout could have long-term effects on mental health, physical health, and job performance (Frogli et al., 2019; Rudman et al., 2020; Spence-Laschinger et al., 2019). There is a consensus that a supportive work environment and effective leadership can significantly mitigate burnout.

However, there are gaps in the literature, particularly regarding qualitative insights into the personal experiences of new graduate nurses with burnout. Most studies have focused on quantitative measures of burnout prevalence and its correlations with various factors, but fewer have explored the nuance of personal experiences of these nurses. My study addressed the gap by providing qualitative insights into how new graduate nurses describe their experiences with burnout, thereby extending the knowledge in this phenomenon.

In Chapter 3, I present the research design and rationale, detail the researcher's role within the study, and outline the methodology. I describe participant selection,

instrumentation, procedures for recruitment, participation, and data collection. Additionally, I present a data analysis plan and address issues of trustworthiness and considerations.

Chapter 3: Research Method

The transition from nursing school to professional practice is a pivotal and challenging period for new graduate nurses, often characterized by high stress and burnout. In this study, I explored the understanding of subjective experiences of burnout among new graduate nurses during this critical transition. By gaining deeper insights into their experiences, I informed the development of targeted interventions and support systems to enhance the well-being and retention of new graduate nurses.

In Chapter 3, I provide a comprehensive overview of the research design and rationale, emphasizing the importance of a qualitative approach to explore the nuanced experiences of new graduate nurses. I discuss my role as the researcher, potential biases, and strategies to ensure the study's integrity and credibility. The methodology section covers participant selection, instrumentation, and procedures for data collection and analysis, highlighting the systematic and ethical methods I use. I address issues of trustworthiness, including credibility, transferability, dependability, and comparability, are addressed, along with ethical procedures to protect participants' rights. Through this comprehensive methodology, I contributed valuable insights that can drive positive changes in nursing education and practice.

Research Design and Rationale

The primary research question guiding my study was "How do new graduate nurses describe their experiences of burnout as they transition in the first three years of nursing practice?"

The central phenomenon of this study was burnout among new graduate nurses. Burnout is defined as a state of emotional, physical, and mental exhaustion caused by prolonged and excessive stress, characterized by three main dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981). I used a qualitative research methodology, specifically using a basic qualitative methodology. I chose this approach to capture the rich, detailed, and personal experiences of new graduate nurses as they navigated the transition from student to professional nurse.

A qualitative research design was particularly well suited for this study because it allowed for an in-depth exploration of the complex and multifaceted nature of burnout. Unlike quantitative approaches that may overlook the nuances of personal experiences, qualitative methods provided the flexibility to examine the participants' subjective realities. By using semi-structured interviews, I gathered comprehensive data reflecting new graduate nurses' lived experiences. This approach enabled me to capture the emotional and contextual dimensions of burnout, providing a holistic understanding that can inform targeted interventions and support systems. The qualitative tradition aligned with my aim to explore how new graduate nurses perceived, described, and coped with burnout, offering valuable insights that can drive improvements in nursing practice and education.

Role of the Researcher

As the researcher in this study, I adopted the role of an observer-participant. This meant that while I was actively engaged in the research process, I maintained a degree of

detachment to observe and record the participants' experiences without influencing them unduly. I did not have any personal or professional relationships with the participants in the study. Specifically, there were no supervisory or instructor relationships that could result in power differentials. All participants were volunteers, and there was no prior acquaintance between myself and the participants to ensure that the study remained free from potential biases stemming from preexisting relationships.

To manage potential biases, I employed several strategies. First, I practiced reflexivity by keeping a reflective journal throughout the research process to continuously monitor and reflect on my own biases and how they might influence the study. This journal helped me to be conscious of preconceptions and to actively mitigate their impact. Additionally, I used neutral, nonleading questions during the interviews to avoid steering participants' responses. Since there were no preexisting power relationships, the issue of power differential was minimized. However, to further ensure fairness and ethical conduct, all participants were informed that their involvement was voluntary and they could withdraw from the study at any time without any consequence.

To address the ethical concern of time commitment, participants received a gift card as an incentive for their time and participation. This incentive was justified as it compensated participants for their time and effort, recognizing their valuable contributions to this study. Offering a gift card helps to ensure that participants feel appreciated and that their time and effort are respected. This approach intended to enhance the participants' willingness to engage fully and honestly in the study, thereby enriching the quality and depth of the data collected. All details regarding compensation

were clearly communicated during the informed consent process, ensuring transparency and ethical practice throughout the research.

Methodology

In this section, I outline the methodology employed in the study to explore and understand the experiences of burnout among new graduate nurses. I detail the participant selection logic, instrumentation, procedures for recruitment, participation, data collection, and data analysis plan. This approach ensured the systematic and ethical process to gather comprehensive data that will provide valuable insights into the phenomenon of burnout.

Participant Selection Logic

The population targeted in my study consists of new graduate nurses who have worked for 6 months or more but less than 3 years in an acute care setting and have been off orientation for at least four weeks. To recruit these participants, I used a purposeful sampling technique. I chose this strategy because it allowed for the selection of individuals who were most likely to provide rich and relevant data regarding their experiences with burnout. I selected participants based on specific criteria: they had to be new graduate nurses with less than 3 years of experience, had worked for at least 6 months in an acute care setting, and had been off orientation for a minimum of 4 weeks.

Additionally, participants needed to self-identify as experiencing burnout based on the defined criteria, which include the dimensions of emotional exhaustion, depersonalization, and reduced personal accomplishment (see Maslach & Jackson, 1981). I provided these definitions in the recruitment materials. To ensure participants met these criteria, they underwent an initial screening process, during which I reconfirmed their

eligibility by discussing the definitions of burnout and its dimensions prior to starting the interview.

I recruited participants through several channels, including online announcements, social media, and snowball sampling. I placed an online announcement on Walden's research studies page to attract potential participants. I also advertised on social media platforms, allowing for sharing and broader dissemination of the recruitment announcement. Initial participants were encouraged to send information to other eligible new graduate nurses who might be interested in participating. These recruitment methods were designed to reach a broad and diverse group of new graduate nurses who meet the study's criteria. Interested individuals were invited to contact me for more information and undergo an initial screening process to confirm their eligibility.

In qualitative research, data saturation occurred when no new themes or insights emerged from the data (Patton, 2015; Ravitch & Carl, 2021). Achieving data saturation was crucial to ensuring a comprehensive understanding of the research topic. The expected sample size of eight to 15 participants was supported by previous studies where data saturation was reached within this range. For example, Dames (2019) and McMillan et al. (2023) reached saturation with eight participants, while Brown et al. (2018) reached saturation with 12 participants. Including a few additional participants in this study ensured that saturation was thoroughly met, providing a robust and detailed understanding of burnout experiences among new graduate nurses. The final number of participants was determined at the point at which no new information was elicited in the

interviews, ensuring that the sample size was adequate to capture the full range of experiences and insights.

Instrumentation

The primary data collection instrument for my study was a semi-structured interview protocol. I conducted interviews in multiple formats, including in person, via online platforms (Zoom or Microsoft Teams), or by telephone, if necessary. Each interview was audio-recorded to ensure accurate transcription and analysis. My interview questions were created by me, informed by existing qualitative and quantitative studies on burnout, as well as relevant theoretical frameworks, including burnout theory and COR theory.

Existing qualitative studies on burnout among new graduate nurses informed the content and structure of the questions (Dames, 2019; McMillan et al., 2023; Brown et al., 2018). Additionally, quantitative studies provided insights into the key aspects and dimensions of burnout that were explored in the interviews. Burnout theory and COR theory guided the formation of questions to ensure that they captured the essential elements of burnout, including emotional exhaustion, depersonalization, and reduced personal accomplishment, as well as resource loss, gain, and conservation (see Hobfoll,1989; Maslach & Jackson, 1981).

To establish content validity of the interview questions, I subjected the interview questions to expert review and alignment. The interview protocol was reviewed by an expert in nursing and qualitative research who also investigates burnout to ensure that questions were relevant, clear, and comprehensive. I crafted each interview question

carefully to align with the research question and key concepts from both the theoretical and conceptual frameworks. This alignment ensured that the questions were designed to elicit responses that directly addressed my study's objectives.

The semi-structured interview protocol was designed to be sufficiently comprehensive to answer the research question. The flexibility of semi-structured interviews allowed for an in-depth exploration of participants' experiences, providing rich, detailed data (Patton, 2015; Ravitch & Carl, 2021). The questions were crafted to cover the dimensions of burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment) and aspects of COR theory (resource loss, gain, and conservation), ensuring a holistic understanding of the phenomenon (see Hobfoll,1989; Maslach & Jackson, 1981). By grounding the questions in established theories and existing literature and through expert review and a subset of experienced nurses, the interview protocol was robust and capable of capturing the nuanced experiences of burnout among new graduate nurses. This approach provided the necessary data to thoroughly explore and understand the research question, contributing valuable insights to the field.

Procedures for Recruitment, Participation, and Data Collection

Recruitment

I posted a recruitment on social networking sites (Appendix A) and an advertisement on Walden University Research Study's page

If the individual is interested in participating, they emailed me to indicate their interest to arrange an interview.

When I talked to the individual, I asked them the following screening questions:

- When did you graduate from nursing school?
- Do you have your ASN/BSN/LPN?
- Do you work on an inpatient hospital unit?
- Have you been working for more than 6 months and off orientation for at least 4 weeks?
- Have you experienced one or more of the following feelings in your time as a new graduate nurse:
    - Feeling completely drained and worn out emotionally?
    - Becoming detached and indifferent to the people that you are working with or your patients?
    - Feeling like you are not making a meaningful impact through your work?

If the individual answers all questions yes, I proceeded to the consent form. If the individual answered no to any of the questions, I thanked them for their interest.

Consent :

Electronic consent form allows for volunteers to indicate consent by providing a signature in an electronic signature box. This can be done using a computer mouse or touchscreen mobile device. The individual had the option to print a copy of their signed consent at that time. After providing a signature, the individual had to select the submit button to verify consent.

Study Data Collection:

After submission of the online consent form, I arranged an interview time and place either online (Zoom or Teams) or in person in a place of the persons choosing that is confidential and quiet with no distractions for the interview process. If the participant could do none of those, I conducted a phone interview.

At the interview, I had the participants complete the demographic data sheet by asking them the questions (see Appendix B). After completing the demographic form, I began the interview. I interviewed each participant via online video conferencing system, in person, or telephone (depending on participant's preference) with audio recording each interview to allow for verbatim transcription and subsequent data analysis. Each individual interview lasted no longer than 30-60 minutes. Interview questions were asked to encourage the volunteer to elaborate on their experiences (Appendix B).

Member Checking

I contacted the interviewees by email for the member checking once. After transcription to verify their interview for accuracy and ask additional clarifying questions. I provided a $15 dollar gift card at the completion of the interview for compensation for their time and contribution to the research study.

To ensure replicability of my study, I outlined the data collection process for each instrument and research question. I collected data from new graduate nurses who meet the study's eligibility criteria. These participants were recruited through online advertisements, social media, and referrals (snowball sampling). I collected data in

various places and in various formats, including in person, via online platforms (Zoom or Microsoft Teams), or by telephone.

I was responsible for collecting all data. This ensured consistency in the data collection process and adherence to the study protocol. Each participant was interviewed once. I audio-recorded the interviews using two personal recording devices to ensure data was not lost due to technical failures. Those recordings were then transcribed verbatim into a word document for analysis. These transcripts were de-identified to maintain participants' confidentiality. Upon completion of the interview, participants were debriefed. This debriefing session included a discussion about the next steps, including receiving their interview transcript for review. Participants had the opportunity to add or clarify any information in their transcript. There were no additional interviews required. No follow-up interviews were conducted. However, participants were asked to review their transcripts to ensure accuracy and completeness. This review process was part of the debriefing procedure, allowing participants to make any necessary changes or clarifications to their responses.

If initial recruitment efforts did not yield a sufficient number of participants, I would employ additional recruitment to be conducted by expanding the social media campaign, reengaging with professional networks, and increasing outreach efforts through the faculty networks to gain eligible participants. Research participants were encouraged to refer to other potential participants who might be interested in the study. They were asked to share the study’s information with these individuals, allowing them

to contact me directly. Referral process, known as snowball sampling, helped in identifying additional participants for the study (Patton, 2015; Ravitch & Carl, 2021).

Data Analysis Plan

I used Saldana's (2021) two-cycle coding method for data analysis, which was used to identify themes related to the experiences of burnout among new graduate nurses. Saldana's (2021) two-cycle coding is the process involves an initial cycle of coding to capture significant patterns and a second cycle to refine and develop these patterns into themes.

I collected data through semi-structured interviews to directly address the primary research question: How do new graduate nurses describe their experiences of burnout as they transition in the first three years of nursing practice? Each interview transcript was analyzed to uncover detailed insights related to this question, focusing on the dimensions of burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment) and aspects of the conservation of resources (COR) theory (resources loss, gain, adaptation, and conservation; Hobfoll,1989; Maslach & Jackson, 1981).

I followed Saldana's (2021) two-cycle coding method to analyze the data. First-cycle coding involved identifying significant words, phrases, and segments within the interview transcripts (Saldana, 2021). These codes are taken directly from the participants' language and were employed to preserve the authenticity of their experiences (Saldana, 2021). Other methods, such as descriptive coding and process coding, were also used to capture various aspects of the data (Saldana, 2021). In second cycle coding, the initial codes were categorized and refined to develop broader themes

and patterns (Saldana, 2021). Thematic coding was then used to group related codes into overarching themes that represent the core findings of the study (Saldana, 2021). I analyzed data using a combination of Microsoft Excel and Word for organizing and managing the coded data. Additionally, I planned to use an online quality qualitative data analysis tool of NVivo to assist in coding and theme development, providing a structured environment for analyzing qualitative data.

Discrepancies, or instances that did not fit the emerging patterns or theme were carefully examined and documented. These cases were important for understanding the full scope of the data and ensuring the robustness of the findings. Treatment of discrepant cases involved reexamining the data, refining themes, and reporting cases. For reexamining the data, the original transcripts were reanalyzed to ensure accurate interpretation and context of the discrepant data. For refining themes, I adjusted the coding and thematic development process to account for these variations, which may involve creating new codes or themes that better capture the diversity of the participants' experiences. As for reporting, reporting any discrepant cases and their implications in the final analysis to ensure transparency and comprehensiveness of my study's findings. By following this approach to data analysis, I provided a detailed and nuanced understanding of burnout among new graduate nurses, directly addressing the research question and contributing valuable insights into the field.

Issues of Trustworthiness

Ensuring the trustworthiness of the study is critical to establishing the validity and reliability of the findings. This section outlines the strategies employed to achieve

credibility, transferability, dependability, and confirmability. To establish credibility, I employed the following strategies: triangulation, member checks, saturation, and reflexivity (Patton, 2015; Ravitch & Carl, 2021). For triangulation, I collected data from multiple sources (e.g., interviews with different participants, researcher journaling, and notes taken during the interview process) and analyzed using multiple methods (e.g., coding process and thematic analysis) to cross-verify the findings (Patton, 2015; Ravitch & Carl, 2021).

I also performed member checks by having the participants review and validate the transcriptions of their interviews (Patton, 2015; Ravitch & Carl, 2021). Member checks helped me to ensure that the participants' perspectives were accurately represented. I continued data collection until no new themes emerged, indicating that saturation had been achieved and that the data comprehensively covered the research question. Lastly, reflexivity helped me in maintaining a reflective journal to document personal biases, thoughts, and decisions throughout the research process, ensuring that these do not unduly influence the study (Patton, 2015; Ravitch & Carl, 2021).

To ensure transferability, I used the following strategies of thick description and variation in participant selection (Patton, 2015; Ravitch & Carl, 2021). For thick description, that entails detailed descriptions of the settings, participants, and context were provided, allowing readers to understand the conditions under which the research was conducted and assess the applicability of the findings to other contexts (Patton, 2015; Ravitch & Carl, 2021). Participants were also purposefully selected to represent a diverse

range of experiences and backgrounds, enhancing the generalizability of the findings to other similar populations.

To establish dependability, I employed the following strategies of audit trails and triangulation (Patton, 2015; Ravitch & Carl, 2021). With audit trails, comprehensive records of all research activities, including data collection and analysis processes, were maintained (Patton, 2015; Ravitch & Carl, 2021). Audit trails allow for an independent audit to verify the consistency and reliability of the study (Patton, 2015; Ravitch & Carl, 2021). With triangulation using multiple data sources and analysis methods helped ensure that the findings were consistent and reliable (Patton, 2015; Ravitch & Carl, 2021).

To ensure confirmability I used the following strategies of reflexivity and intercoder reliability. With reflexivity, I maintained a reflective journal to continuously monitor and mitigate personal biases and assumptions (Patton, 2015; Ravitch & Carl, 2021). My journal documented how decisions were made and how personal perspectives might influence the research. For intercoder reliability, consistency in coding was checked by having only me code and an expert qualitative researcher check data analysis. This process ensured that coding was reliable and not overly subjective. By implementing these strategies, my study aimed to produce credible, transferable, dependable, and confirmable findings to provide valuable insights into the experiences of burnout among new graduate nurses.

Ethical Procedures

To gain access to participants, I planned to place an announcement on the Walden Research Studies page and on personal Facebook, allowing friends to share on theirs.

Participants were encouraged to share the study announcement with other potential participants, allowing them to contact me directly. This process is known as snowball recruitment (Patton, 2015; Ravitch & Carl, 2021). Participants contacted me directly, and then I provided them with the consent form to review and sign. These documents, including the consent form and recruitment announcements, were included in the institutional review board (IRB) application. Institutional permissions, including IRB approvals, were sought prior to the commencement of the study. For the completed dissertation, the IRB approval number was 09-03-24-1172705. I adhered to all ethical guidelines set forth by the IRB to ensure the protection of human participants.

To address ethical concerns related to recruitment the following steps were taken with transparency, voluntary participation, and recruitment materials. Participants were fully informed about the nature of the study, its purpose, and their role in it. Participation was entirely voluntary, and participants could withdraw at any time without any consequence. Regarding recruitment material, it was clear and concise to ensure participants understood what was involved in my study. I provided the participants with informed consent, by receiving the informed consent via email after they expressed interest in participating. They reviewed and signed the consent form, returning it via email to me. A time was set up for the interview and deciding on the mode of interview (in person, online, or by telephone) at the time of signing the informed consent. I reconfirmed their consent and eligibility prior to the interview.

The following measures addressed ethical concerns related to data collection, participant privacy, power relationships, and risk management. I collected data

confidentially with no names or identifying information were associated with their specific findings. Since the study involved individuals' unknown to the researcher, there will be no power differential impacting the data collection. Lastly, potential risks were minimized by ensuring participants were aware of their rights and the voluntary nature of their participation.

The treatment of the data involved the aspects of confidentiality, data storage, data access, and data retention and destruction. Data was confidential, with no names associated with the specific findings. I stored data on a password-protected thumb drive and on the student's Walden Outlook account. Only me, the committee chair, the committee second member, and the Walden qualitative research consultant had access to the data, of which none of the data will have any identifying factors on it for their review. I held data according to IRB procedures and was destroyed after the study was complete and the retention period specified by the IRB had passed.

As for other ethical issues, there is no conflict of interest as the study was conducted outside of my work environment and with individuals' unknown to me. Participants received a small gift certificate as compensation for their time, which is justified as it acknowledges their contribution and effort. By implementing these ethical procedures, my study aimed to protect the rights, privacy, and well-being of the participants while ensuring the integrity and validity of the research.

Summary

In Chapter 3, I outlined the methodology employed to explore and understand the experiences of burnout among new graduate nurses. I conducted a qualitative study and

employed purposeful sampling to select participants who met specific criteria. Data collection involves semi-structured interviews, and the analysis followed Saldana's (2021) two-cycle coding method to identify themes. I detailed ethical procedures including obtaining IRB approval, ensuring informed consent, maintaining participants' confidentiality, and addressing potential ethical concerns related to recruitment, data collection, and data storage. My study's trustworthiness was established through strategies for credibility, transferability, dependability, and confirmability.

In Chapter 4, I present the results of the study, detailing the setting, demographics, data collection, data analysis, evidence of trustworthiness, and the results of the interviews. I begin with an overview of the settings where data was collected and a description of the participants' demographics. I outlined the data collection processes and the methods used for data analysis. I addressed the evidence of trustworthiness, demonstrating the credibility, transferability, dependability, and comfortability of the findings. Finally, I described the results of the interview by presenting and highlighting the key themes and insights that emerge from my data.

Chapter 4: Results

The purpose of my study was to understand how new graduate nurses describe their experiences of burnout as they transition in the first three years of nursing practice. The research question was "How do new graduate nurses describe their experiences of burnout as they transition in the first three years of nursing practice?"

In Chapter 4, I present a description of the study's setting and the demographic characteristics of the participants, providing essential context for the findings. Next, I outline the data collection process, and the procedures used for data analysis, ensuring transparency in how the results were derived. I then present the findings, organized by key themes that emerged from the data and evidence of trustworthiness- such as credibility, transferability, dependability, and confirmability.

Setting

I recruited participants using a public Facebook post targeted at new graduate nurses. I placed the advertisement (Appendix A) on personal social media and shared it across several groups dedicated to new graduate nurses, as well as groups for nurses and nursing educators who support them. Fellow nursing educators also shared the post on their page to reach as many new graduates as possible. Those who responded to the social media post contacted me via my Walden email account to maintain confidentiality. This method of recruitment may have influenced the composition of the participants pool, as it attracted those comfortable with using social media and willing to share their experiences with burnout. The self-selection inherent in this recruitment strategy could mean that participants who volunteered had particularly strong opinions or significant experience

related to burnout, which may not represent the broader population of new graduate nurses.

The Facebook post gained a significant response within 3 hours, prompting an update to indicate that the study had reached its participants' capacity and expressed appreciation for the overwhelming support. I had approximately 245 emails from potential participants, and more continued to come in despite the update that participants were no longer needed. Do to this overwhelming response, I did not need to use the Walden's participant pool. From these, I selected 15 individuals who met the study requirements. Each selected participant received an email to confirm eligibility, a consent form, and an invitation to schedule an interview via Zoom. The interviews were conducted at a time and place of the participants choosing, allowing them to speak openly and honestly about their experiences of burnout. Covid-19 may have influenced the experiences of some participants, as several graduated during the pandemic, which impacted their schooling and transition to professional practice. These unique circumstances may have shaped how these nurses' perceived burnout during their early careers. I did not use NVIVO as planned because my expert methods committee member suggested to hand code and not to use any qualitative data analysis software.

Demographics

The participants in this study included both males and females, with a total of eight males and five females. The age range of the participants was 25 years old to 30 years old, with an average age of 27. The participants had been practicing as registered nurses for between 2 and 3 years, with an average of 2.4 years of nursing experience. All

the participants held a Bachelor of Science in Nursing (BSN) degree. The majority of participants worked day shift, with 10 participants working this shift, while three participants worked evening shift. These demographics are relevant to the research question as they provide insight into the professional and personal backgrounds of the participants, contributing to a deeper understanding of new graduate nurses' experiences with burnout.

Data Collection

Interviews were initially scheduled with 15 participants; however, due to a cancellation and a participant inability to complete the interviews at the scheduled time, only 14 participants were ultimately interviewed. The interviews were collected over the course of a week, at a date and time chosen by each participant. The remaining participant was not rescheduled, as data saturation was reached by the 10th interview. I did conduct the three additional interviews to confirm that no new themes emerged.

All 14 participants completed their interviews over Zoom, with the option of participating via audio only or with video. All participants opted to turn off their cameras, choosing to participate using audio only. Each participant conducted the interview in a location of their choice to ensure privacy. The interviews lasted between 14 and 25 minutes. I developed the interview protocol (Appendix B) with questions specifically designed to address the research question. One interview was excluded from the analysis due to concerns about the validity of the data, as the participants' responses were inconsistent with the study's objectives. This decision was made to ensure the integrity of the findings.

I audio-recorded the interviews using two handheld recorders to ensure that all data was accurately captured. The use of two recorders provided a backup in case one device failed. The recorded interviews were transcribed using Microsoft Word, and each transcript was reviewed multiple times to ensure accuracy. I did not post my recruitment flyer on the Walden Research participants page due to the overwhelming response I received through the Facebook post. Regarding unusual circumstances, the decision to exclude one interview from the analysis due to questionable validity is noteworthy. Additionally, all participants opted for audio-only interviews, which, while unexpected, did not hinder the quality of data collection.

Data Analysis

I conducted a single interview with each participant. To analyze the data, I used Saldana's (2021) two-cycle coding process. First-cycle coding was used to capture the patterns, and second cycle coding to develop these patterns into categories and then themes (see Saldana, 2021). After each interview, I transcribed the audio data and reviewed the transcript multiple times to ensure accuracy. I then transferred the transcribed data into an excel spreadsheet organized by participant, where I conducted both first and second-cycle coding manually. In the first cycle coding, I highlighted significant words, phrases, and segments that conveyed meaningful patterns in the data. From those highlighted areas, I then did first cycle coding by assigning a word description to the highlighted area that gave meaning to the word, phrase, or segment (Saldana, 2021). This resulted in 310 codes, including terms such as "hostile environment," "heavy workload,' "lack of work-life balance," "open communication,"

"incivility in the workplace," and "imposter syndrome." These codes captured both the challenges and adaptive strategies described by the participants and looked at their experiences with burnout as a new graduate nurse.

Next, I engaged in second-cycle coding, where I categorized and refined the codes into broader themes and patterns (see Saldana, 2021). For instance, the codes "hostile environment," "heavy workload," and "incivility in the workplace" were grouped under the category of "environmental factors," and "imposter syndrome" was put into "self-perception," along with other second-cycle codes such as "self-confidence," "lack of communication," and "lack of self-care". This process reduced the initial codes to 45 broader categories.

To ensure thorough analysis, I organized the data into a Word document, enabling me to view all first and second-cycle codes across all interviews. This step facilitated the development of eight overarching categories of "workplace environmental factors," "communication is a factor," "leaning on others," "not as expected not prepared," "lack of personal wellness," "it's a calling," "self-doubt or self-perception," and "unrealistic expectations." Direct quotations from participants were placed under each category to support and illustrate emerging themes. From these categories and quotes, I identified six final themes: (a) educational preparedness and gaps, (b) unrealistic expectations, (c) navigating workplace realities, (d) holistic support for transitioning nurses, (e) personal and professional well-being, and (f) sustained by purpose: the nurses' drive.

While most participants expressed challenges like heavy workloads and lack of support, a few discrepant cases where individuals reported by having strong mentors,

support systems, good teamwork, and communication in their workplace, which lessened their feelings of burnout. Another discrepant case involved a participant seeking out professional mental health support rather than relying solely on informal support from the workplace and friends and family. Lastly, a few participants stated that they thought of leaving nursing, but due to financial and family obligations, they were unable to leave at this time. These responses were considered during analysis, highlighting the variability in how nurses experience burnout. Although these outliers did not lead to the creation of additional themes, they reinforced the importance of workplace support and mental health in mitigating burnout.

Evidence of Trustworthiness

Credibility

To ensure credibility, several strategies were implemented throughout the research process. First, I used member checking by providing participants the opportunity to review and verify the accuracy of their interview transcripts. Member checking ensured that their experiences were accurately represented in the data and minimized potential misinterpretations. Additionally, triangulation was applied by cross-verifying the interview data with notes and literature reviews (see Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). This multisource verification helped to strengthen the credibility of the findings (see Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012).

Throughout the study, I maintained reflexivity by keeping a reflexive journal, which helped me to remain aware of any personal biases or assumptions that could

influence data collection or analysis (see Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). By reflecting on these potential biases, I was able to minimize their impact on the research process, ensuring a more accurate portrayal of participants' experiences with burnout.

Transferability

I addressed transferability by providing a rich and detailed description of the study's context, participant demographics, and settings, which included information about participants' work environments, years of experience, and shifts worked. These details are critical for readers to assess the applicability of the study's findings to other settings or populations (Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). Purposeful sampling was used to recruit a diverse group of participants from various healthcare settings, capturing a broad range of experiences related to burnout (Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). While the findings are specific to the context of new graduate nurses transitioning into professional practice, the detailed description of the study context allows for the potential transferability of the results to similar populations or healthcare environments.

Dependability

I ensured dependability through detailed documentation of the research process. A detailed recruitment and data collection log was kept for accuracy on the interview process and participants. A consistent two-cycle coding process was used for data analysis (see Saldana, 2021). First-cycle coding involved highlighting key phrases and words, while second-cycle coding grouped these into broader categories and themes

(Saldana, 2021). This approach provided a clear and systematic process for data analysis, ensuring that the study's findings were grounded in the participants' actual experiences (Saldana, 2021).

The decision to exclude one interview due to concerns about the consistency and accuracy of the data further demonstrated a commitment to maintaining the dependability of the research. This ensured that only reliable and relevant data contributed to the study's conclusions. Additionally, I relied on the input of my second chair, who served as my methodologist, throughout the data analysis process. Although my methodologist did not perform the data analysis directly, she reviewed my procedures, coding, and thematic development to ensure that the approach was sound and aligned with established qualitative research standards.

Confirmability

To maintain confirmability, I implemented several strategies that focused on minimizing researcher bias and ensuring the objectivity of the findings. I kept audit trails throughout the research process, documenting all decisions related to data collection, analysis, and interpretation. This transparency in decision making allowed for an objective review of the study's methods and findings (see Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). As part of ensuring confirmability, I also relied on triangulation of data sources, which helped to confirm that the themes identified in the study were grounded in the participants' experiences rather than researcher assumptions (Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). The use of the reflexive journal also supported confirmability by documenting my thoughts, biases, and potential

influences on the research process, ensuring that the findings were derived from the data itself (Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012).

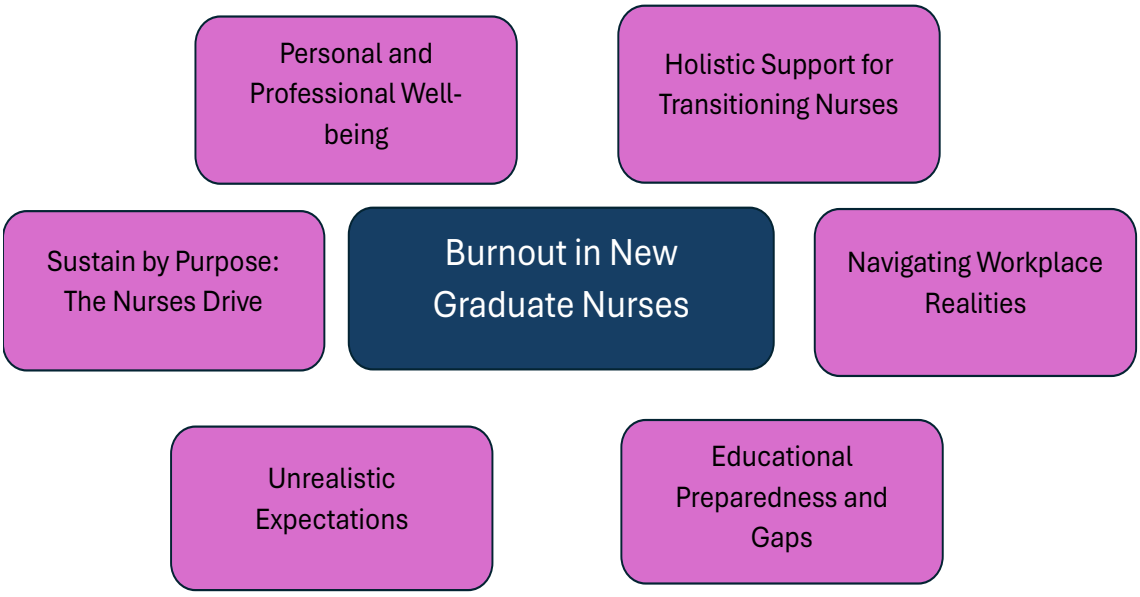
Results

The research question for this dissertation was "How do new graduate nurses describe their experiences of burnout as they transition in the first three years of nursing practice?" I conducted data analysis using Saldana's (2021) two-cycle coding, and this led to six major themes that evolved from the data. The themes derived from participants' statements included (a) educational preparedness and gaps, (b) unrealistic expectations, (c) navigating workplace realities, (d) holistic support for transitioning nurses, (e) personal and professional well-being, and (f) sustained by purpose: the nurses' drive. Each of these major themes offers insights into how new graduate nurses describe their experiences with burnout and is illustrated more clearly in the visual representation of major themes (Figure 3).

This section of the dissertation is organized by major themes. Detailed information to support the evolution of each major theme is presented. Direct participants' quotes are provided to provide descriptions of new graduate nurses' experiences with burnout to support the major themes. Each of the major themes presents a segment of the interpretations of burnout experiences of new graduate nurses.

Figure 3

Major Themes of Experiences of Burnout in New Graduate Nurses



Educational Preparedness and Gaps

Many of the new graduates in my study expressed concerns about gaps in their education and preparedness for nursing, specifically in relation to mitigating burnout. These gaps stemmed from both nursing education programs and the healthcare organization where they worked. While participants discussed these gaps in various ways, common themes emerged, highlighting deficits in education about burnout and aspects of nursing practice that contribute to burnout in new graduate nurses. Participant 1 emphasized that burnout is a sensitive topic but argued that it should be addressed more openly and consistently throughout a nurse's education and career. They suggested that

education on burnout should begin during nursing school and continue through the orientation process for new graduates, emphasizing the importance of teaching that there is hope for overcoming burnout. P1 stated, “I feel that burnout is actually a very sensitive (topic), something that should be… talked about even during the orientation program, during teaching, and teaching hope.”

Similarly, Participant 7 noted a significant disconnect between nursing education and the realities of practice. They explained that while nursing education focuses heavily on theory, there is less emphasis on the practical, hands-on aspects of nursing, which require adaptability and critical thinking, and the realities of nursing are very different. This gap in education, according to the participant, contributes to burnout in new graduates as they struggle to adjust to the demands of the clinical environment. P7 explained, “And you know that in the nursing education, it focuses on theory aspects, but the reality of the practice is more practical and hands-on, and this requires adaptability and critical thinking.”

Participant 2 highlighted another gap in education related to technology in healthcare settings. They described feeling unprepared to navigate new technologies, such as electronic medical records, and stressed the importance of healthcare organizations providing more comprehensive training. Participant 2 underscored the value of one-on-one mentorship in learning these new systems, indicating that without this support, their burnout might have been exacerbated. P2 stated,

> Able to provide adequate technology support and training to help our new graduate (nurses) and navigate electronic medical records and other systems. If I

> did not actually have a mentor to guide me on how to deal the electronic medical records and stuff like that, it would have been tough for me and maybe would have added to my burnout.

Lastly, Participant 8 directly addressed the lack of education on handling burnout. They pointed out that new graduates are not adequately prepared to face the challenges of burnout and suggested that seminars or workshops focused on these issues would better equip nurses to manage burnout when they enter the field. P8 stated,

> I think they should work towards preparing graduate nurses to handle burnout when they're in the field, like with seminars or workshops to prepare graduate nurses to face burnout and burnout-related challenges when they are in the field.

These quotes illustrate the educational gaps that exist both in nursing school. curricula and within healthcare organizations, which fail to provide the necessary tools and support to help new graduates cope with burnout. Participants expressed a need for more comprehensive education that prepares them for the realities of practice, including managing new technologies and adapting to the challenges of burnout.

Unrealistic Expectations

This section highlights the theme of unrealistic expectations, where several participants describe their misconceptions about the nursing profession. Despite attending nursing school, they entered the field with expectations that did not align with the realities of the job. Participant 7 did not expect the extent of their work-life imbalance and working long hours, especially the need to work weekends and holidays. P7 stated, "I

expected a better work-life, but I find myself working long hours including weekends and sometimes holidays."

Participant 11 revealed a fundamental misunderstanding of the nurses' role, assuming that nursing mainly involved assisting doctors rather than carrying significant responsibilities. This participant believed that doctors would handle the majority of the work, leaving nurses in a more supportive role. P11 stated,

> I was expecting it to be like a kind of helping a doctor. Like in terms of assisting the doctors and not exposing us to the stress, more work. It kind of assisting a doctor in checking on the client and maybe assisting them with kind of medication. That's what I was thinking.

Lastly, Participant 6 expressed that their overall perception of nursing was vastly different from what they encountered once they entered the field. P6 stated, "Because nursing is something that I felt was kind of more easy. Didn't know it would be this stressful you know. Well (what) I thought about nursing wasn't what I encountered."

These experiences underscore the importance of setting realistic expectations for nursing students. Many participants acknowledged that their misconceptions about the profession made the transition more challenging. There needs to be a greater emphasis on preparing the students for the realities of nursing during their education to reduce the likelihood of disillusionment and burnout once they begin practice.

Navigating Workplace Realities

This section addresses the theme of navigating workplace realities, highlighting various aspects of the work environment that contribute to burnout in new graduate

nurses. Participants describe how the demands of the workplace - ranging from high workloads to lack of teamwork- intensify their feelings of stress and emotional exhaustion. Participant 1 described the overwhelming nature of the workload and how the lack of resources and support in the new unit exacerbates the problem. P1 stated, “You have the feeling of emotional and hopelessness and detachment. Actually, (I) have a very heavy workload and staffing shortages. Some high-stress environments…..limited resources and support.”

Participant 6 shared frustrations about the administrative work that detracts from direct patient care, contributing to burnout. They described a significant event where life-sustaining equipment failed, which heightened their stress and fear. The combination of technological failures, high workloads, and the unexpected focus on paperwork instead of patient care left them feeling emotionally and physically drained. P6 stated,

> One of the most significant events was when the life-sustaining equipment failed. I was really scared losing my patient, it is not something I love. High-stress environments, heavy workloads. As a new nurse I’m working on paperwork, meanwhile, I’m supposed to care for my patients. I’m doing much of the administrative work rather than caring for my patients. So, this makes me feel exhausted.

For Participant 11, the stress of caring for patients extended beyond the physical work environment to interactions with patients and their families, who may have high demands or expectations. This participant also highlighted how high expectations are placed on new nurses and being given the same workload as seasoned nurses, which adds

to the emotional strain. P11 stated, "Patient and family demands. They (employer) expect much for me as a new nurse, so it is always stressful to me."

Participant 7 focused on the lack of teamwork and the hostile work environment, where incivility among staff members contributes to burnout. P7 stated, "(Burnout) is sometimes a lack of teamwork. So, incivility at the workplace. At work, I'm talking about other nurses trying to always get back at other nurses. They are not trying to be cooperative."

The participants' experiences reflect on a range of factors in the workplace that contribute to burnout. The findings reveal that multiple workplace factors contribute to burnout among new graduate nurses. High workloads, inadequate resources, and administrative tasks that detract from patient care create significant stress. Additionally, the mismatch between expectation and reality, such as being assigned the same workload as more experienced nurses, adds emotional strain. Interpersonal challenges, including incivility and lack of teamwork, further exacerbate feelings of frustration and exhaustion. These combined pressures, both from job demands and workplace dynamics, lead to emotional and physical burnout for many new nurses early in their careers, illustrating the challenges of navigating workplace realities.

Holistic Support for Transitioning Nurses

This section emphasizes the theme of holistic support for transitioning nurses, highlighting the importance of having a robust support system that extends beyond the workplace. Participants stressed that support should come from colleagues, mentors, and personal connections outside the work environment, as this helps new nurses navigate the

challenging transition from student to professional nurse. Participant 13 expressed the need for better communication, regular check-ins, and more consistent support to help new graduates feel less isolated and reduce burnout. P13 stated, “I believe more comprehensive support systems such as regular check-ins and open communication channels will be more effective in preventing burnout.”

Participant 1 suggested that beyond traditional orientation and mentorship programs, peer support groups could be beneficial. These groups would allow new graduates to connect with others facing similar challenges, providing a sense of community and shared experiences. P1 stated, “There maybe should be like a peer support group to actually help outside the orientation and mentorships programs.”

Similarly, Participant 6 found peer support groups to be invaluable. Able to share experiences with others helps them develop important coping skills during their transition. P6 stated,

> Peer support groups. Group where new nurses come together to share their insights, then ask questions and receive support from colleagues too. The support system really helped me to develop coping skills and resiliency, because they were able to share from their own experiences. And from there I developed my own coping skills and resilience.

Participant 4 highlighted the impact of having a mentor who provided guidance not only in the workplace but also in achieving a work-life balance. This holistic mentorship helps them navigate both professional and personal aspects of the transition. P4 stated,

> So my supervisor has been giving me a good mentorship on how to handle work, family, and other things that has to do with me. So, I believe that with this support I will be able to work/balance my work and my family.

Participant 8 emphasized the importance of having a support system outside of work, including family, counselors, and religious leaders. This external support provided an emotional outlet and helped alleviate some of the work-related stress. P8 stated,

> I had people who I could go to, like my family, my counselor. So, I can call these people and I could hear from them. I could also call my pastor who would always offer prayers, and you know he always called to check up on me. These people have been very supportive to me.

The participants' experiences highlighted the necessity of a holistic support system for new nurses, both within and outside the workplace. Peer groups, mentorship, and open communication channels can help reduce feelings of isolation and provide emotional support. At the same time, having personal networks -like family, friends, or counselors- offers a critical layer of support beyond the workplace, allowing nurses to disconnect from job-related stress and maintain a better work-life balance. Together, these support systems played a vital role in easing the transition to professional practice and mitigating burnout.

Personal and Professional Well-being

Participants discussed how burnout not only impacts their professional roles but also seeps into their personal lives, manifesting as anxiety, fatigue, depression, and lack of self-care. Many describe having to independently seek out ways to cope with these

challenges, as the workplace did not provide adequate support. Participant 1 shared that burnout has disrupted their sleep, leading to constant fatigue. They emphasize the importance of social support, whether from colleagues, friends, or loved ones, and helping them improve their self-care and reclaim their sense of balance. P1 stated,

> Impacting my well-being by burnout and critical symptoms like sleep disturbance and fatigue. (burnout caused) just sleeping through the day. I actually seek out social support and mentorship. Connecting with friends, colleagues or loved ones. Getting the feeling of humanity back.

Participant 2 described feeling disconnected from their true self, experiencing "impostor syndrome," and struggling with emotional stress and depression due to the lack of work-life balance. They found relief through exercise, meditation, and support from family and friends. P2 stated,

> So burnout actually put me through emotional stress like depression and trying to balance my personal self and balancing who I was flaunting to be, you know that work-life balance is what was actually lacking. Well I would say imposter syndrome you know I think that I actually took a very big toll on me, you know, feelings of uncertainty and an adequacy. I was not actually sure the kind of person I am and what I'm supposed to do, even though I had an idea of what I am and what I'm supposed to do. Taking up a new role and being in a new place. imposter syndrome set in. Not feeling like me, feeling like somebody else. I actually take a long walk after work you know after the day take a long walk,

> exercising and meditating and you know reading books and also support from friends and family to actually help.

Participant 10 expressed that they had to take active steps to acquire resources for self-care, including seeking support from colleagues and mentors, as well as incorporating stress-reducing activities like meditation and morning workouts. P10 stated, “I have to like actively, you know, seek to acquire personal resources by prioritizing self-care, seeking support from colleagues, mentors, and increasing the stress-reducing activities like meditation and exercise, like morning workouts and other stuff.”

Participant 7 shared how the fear of making mistakes contributes to their anxiety, causing them to question their abilities and experiencing overwhelming feelings that affect their mental well-being. P7 stated,

> Sometimes the fear of making mistakes causes anxiety. Affects my mental well-being….. Like I will be able to do this? Will I be able to do that? I kind of worried about making mistakes like missing critical information which can actually impact the patient’s safety and losing a patient. (I) feel overwhelmed, tearful, wish I could disappear into thin air.

These experiences show how burnout takes a toll on both the personal and professional well-being of new nurses, leading to mental health struggles, physical exhaustion, and self-doubt. Many participants had to independently find ways to cope, whether through exercise, meditation, or social support. However, the effects of burnout - such as anxiety, sleep disturbances, and emotional exhaustion- continue to be significant challenges for new nurses as they navigate their roles. Ultimately, these findings

highlight the pervasive and lasting impact of burnout on new nurses, affecting their ability to thrive both personally and professionally as they continue to face these ongoing challenges, often having to seek out their own ways to cope.

Sustained by Purpose: The Nurses Drive

This section explores the theme of sustained by purpose: the nurses' drive, which highlights that participants remain committed to the nursing profession despite the challenges of burnout. Many shared that nursing has been a lifelong passion or calling, and they are determined to continue in their roles while finding ways to manage burnout and improve their well-being. Participant 3 explained that nursing has been a lifelong aspiration. P3 stated, "(Nursing) is what I always wanted to be since I was a kid."

Similarly, Participant 9 Shared that their passion for nursing began in childhood, and despite the challenges they face, they remain dedicated to the profession. P9 stated,

> Well, for me, I actually had a passion for this ever since my childhood. I dreamed of being a nurse. I have just accepted this (burnout). I don't think that no matter what happens, I'm still here, love the name that comes (nursing). (I) Love being called a nurse.

Participant 10 expressed their commitment to nursing and their focus on finding ways to manage burnout while maintaining personal well-being. P10 stated, "I'm passionate about nursing and committed to finding ways to manage burnout and maintain my well-being."

Finally, Participant 13 stated that leaving the profession is not an option for them; they are determined to adapt to the demands of nursing and embrace their role. P13 stated, "No I couldn't leave my profession. Going to love it. To adapt to it."

These responses reveal a deep, personal connection to nursing that drives participants to stay committed to the profession despite the struggles they face. Many are actively seeking ways to address burnout and improve their adjustment to the role. This sense of purpose is a crucial factor in helping them persevere through the challenges of navigating the transition from student to professional nurse.

Summary

This study explored how new graduate nurses described their experiences of burnout during their first three years of practice. Six key themes emerged from the data. Nurses felt unprepared for the emotional and practical demands of the job, revealing gaps in their education that contributed to burnout. Many entered the profession with unrealistic expectations, which only increased their stress. They struggled with heavy workloads, lack of resources, and poor teamwork, which intensified feelings of exhaustion. However, strong support systems-- both within the workplace and through personal connections-- helped some nurses cope. Participants develop strategies for managing burnout, such as seeking social support, engaging in self-care, and finding work-life balance. Despite these challenges, the nurse's passion for the profession sustained them, driving their resilience and commitment to finding ways to cope with burnout.

In Chapter 5, I provide an interpretation of the findings, limitations, provide recommendations for future research, and discuss the implications for positive social change, particularly regarding nursing education, workplace policies, and support systems.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to explore the subjective experiences of burnout among new graduate nurses during their transition from student to professional practice, which was guided by the COR theory. Burnout is a critical issue, impacting both personal well-being and professional well-being, with widespread implications for healthcare quality and nursing workforce stability (National Academies of Sciences, Engineering, and Medicine, 2021; Xie et al., 2021). I conducted the study to address the gap in the literature regarding the unique stressors and coping mechanisms of newly graduated nurses in the United States.

My study revealed several key factors contributing to burnout among new graduate nurses, including (a) educational preparedness and gaps, (b) unrealistic expectations, (c) navigating workplace realities, (d) holistic support for transitioning nurses, (e) personal and professional well-being, and (f) sustained by purpose: the nurse's drive. Participants noted insufficient training on burnout and practical skills during their education, as well as a mismatch between their expectations of nursing and the real realities they encounter, such as heavy workloads and administrative tasks. Workplace challenges like staffing shortages, lack of teamwork, and high demands exacerbated burnout. Despite these difficulties, many participants emphasized the value of mentorship, peer support, and personal networks in helping them manage burnout, while remaining committed to nursing as a deeply meaningful career.

In Chapter 5, I present the results of the study in the context of existing literature and, pair findings with what is already known about burnout among new graduate nurses

and highlight similarities and new insights. I address the limitations of the study and recommendations for future research will be presented. I also discuss the implications of the study's findings for new graduate nurses, nursing education, healthcare organizations, and policymakers. I address the potential for positive social change in the context of my findings.

Interpretation of the Findings

The findings of my study align with the existing literature on burnout among new graduate nurses and present novel insights. Using the COR theory as a guiding framework, the results provided insights into the ways new nurses manage and experience burnout during the transition to professional practice. Six themes emerged from the data and reflect the critical aspects of new graduate nurses' experiences and highlight opportunities for both organization and educational interventions.

The theme of educational preparedness and gaps, characterized by participants' expressions of a lack of adequate training to handle burnout and the transition to nursing practice, was confirmed by the literature on the topic. Burnout often begins during nursing education, and new graduates feel the challenges during this time and are unprepared for the clinical setting (Ashton-Glover et al., 2022; Brook et al., 2023; Cao et al., 2021). My findings support that the transition is described as stressful and challenging, with participants feeling overwhelmed by their new roles and responsibilities as they transition into professional practice (Ashton-Glover et al., 2022; Brook et al., 2023; Cao et al., 2021).

The need for more education on burnout throughout their careers, beginning during nursing education- a finding that extends beyond the existing literature on the subject. Researchers identified that burnout can begin to develop during a nurse's educational program (e.g., Barrow et al., 2022; Cinar et al., 2023; Quina Galdino et al., 2020; Vasconcelos et al., 2020). Participants indicated that part of that stress associated with the transition stemmed from the disparity between theoretical knowledge and the practical demands of patient care (see Kim & Kim, 2021; Widarsson et al., 2020). The gap between what is taught in nursing programs and the hands-on skills required for real-world nursing leaves new graduates inadequately prepared to manage patient care effectively (Kim & Kim, 2021; Widarsson et al., 2020). This lack of practical preparedness, coupled with insufficient education on managing burnout, further contributes to the stress experienced by new nurses as they transition into professional practice. The emphasis on theory over practical application exacerbates the challenges they face in adapting to the clinical environment (Kim & Kim, 2021; Widarsson et al., 2020). Nurses not only were unprepared to handle burnout but also experienced stress from the emphasis on theoretical knowledge rather than practical skills needed for transitioning to practice.

Navigating workplace realities supports previous studies regarding the knowledge of environmental factors that contribute to burnout. Several workplace aspects that impact burnout among new graduate nurses include workload, staffing level, workplace violence, long shifts, and relationships in the workplace (Catarelli et al., 2023; Dwyer et al., 2019; Edwards-Maddox, 2023; Frogli et al., 2019; Gong et al., 2022; Jarden et al.,

2021; Sugawara et al., 2023; Suzuki et al., 2021; Tsukamoto et al., 2021; Xie et al., 2021; Zeng, 2023). My findings are similar, showing that factors such as heavy workload, long shifts, and lack of nursing staff significantly contributed to burnout during their transition. Several participants also highlighted the impact of workplace violence from patients, families, and other staff members, which added further stress and exacerbated burnout. Another aspect of the workplace that was not talked about in the literature was the aspect of administrative tasks and paperwork that took away from patient care, and how it contributed to burnout in new graduate nurses. This is an aspect of the workplace that adds more to the topic of burnout in new graduate nurses.

Holistic support for transitioning nurses, including mentorship and peer support, confirms and extends existing research on the protective effects of social support against burnout. Workplace support systems, including leadership, coworkers, and preceptor-preceptee relationships, are crucial and reduces the likelihood of burnout among new graduates (Gong et al., 2022; Kim et al., 2023; Kim & Yang, 2023; La & Yun, 2019; Sugawara et al., 2023; Tsukamoto et al., 2021; Zhao et al., 2023). Teamwork was noted in my findings, where a mentoring relationship assists the new graduate to navigate the transition from student to practicing nurse, thereby reducing burnout. Similarly, staff conflict is a predictor of burnout, and is supported by the literature (Sugawara et al., 2023).

Participants stressed the need for better communication between coworkers and leadership, emphasizing the importance of open communication and regular check-ins. This aspect of communication and the necessity of constant follow-ups with new

graduate nurses is not widely addressed in the literature, providing new insights into mitigating burnout. Additionally, participants mentioned that having a support system outside of the work environment was equally important. These external support systems compromised fellow nurses, family members, religious leaders, and friends outside of nursing. Kim et al. (2023) found that having social groups both inside and outside the workplace is crucial for reducing the risk of burnout. The literature supports a need for support for new graduates that is both in and outside of that work environment and aligns with my findings in the study (Gong et al. 2022; Kim et al., 2023; Kim & Yang, 2023; La & Yun, 2019; Sugawara et al., 2023; Tsukamoto et al., 2021; Zhao et al., 2023).

As for personal and professional well-being, researchers highlighted that burnout often leads to significant mental health issues with potential long-term effects (e.g., Brook et al., 2023; Rudman et al., 2020). Brook et al. (2023) and Rudman et al. (2020) found that new graduate nurses experiencing high levels of burnout are more likely to face long-term issues of fatigue, depression, and insomnia, confirming the widespread impact of burnout on both mental and physical well-being. Some participants expressed that their sleep was disrupted and that they had constant fatigue, while others talked about how they slept all the time when they were not working. Many expressed how important adequate sleep was to managing mental health and performing self-care to mitigate burnout.

While researchers, particularly Edwards-Maddox (2023) and Sugawara et al. (2023), highlighted self-compassion as a key strategy in mitigating burnout, they did not explicitly address the anxiety and fear of making mistakes that my participants expressed.

This anxiety, particularly related to concerns about patient safety and professional competence, appears to play a central role in burnout for many new graduate nurses. Although self-compassion encourages a kinder, more forgiving attitude towards oneself, the intense fear of making errors suggests that new graduate nurses may find it challenging to apply self-compassion when the stakes, such as patient outcomes, feels so high (Edwards-Maddox, 2023; Sugawara et al., 2023).

With personal well-being, the findings of job demand negatively impacting their personal lives are aligned with previous studies that examined the effects of work-life balance and conflicts between professional practice and personal life (Barrow et al., 2022; Cline et al., 2022; Edwards-Maddox, 2023; Jarden et al., 2021). Aligning the findings of my study, with the need for new graduate nurses to navigate having a personal life that is apart from work-life and having a balance between that work life and personal life (Barrow et al., 2022; Cline et al., 2022; Edwards-Maddox, 2023; Jarden et al., 2021). New graduates need to learn to navigate their personal lives and have family and personal activities that are worked around their work schedules.

As for my findings of mitigating burnout to build confidence and resilience, are consistent with the literature on resilience training as a means of combating burnout (Barrow et al., 2022; Cao et al., 2021; Jarden et al., 2021). Support groups were a finding that allowed new nurses to share experiences and learn from each other. The concept of support groups is not directly supported by previous research but did show results regarding interventions during orientation, such as resilience training, mindfulness

training, and nurse residency programs (Cline et al., 2024; Frogeli et al., 2019; McNulty et al., 2022; Ohue & Menta, 2024).

The theme of being sustained by a purpose or a calling further supports the literature on the protective effects of motivation against burnout. Strong commitment to the profession, which is similar to being sustained by a purpose or a calling, correlates with resilience to burnout (Catarelli et al., 2023; Suzuki et al., 2021).

My study's findings support the use of Hobfoll's COR theory as a robust framework for understanding burnout among new graduate nurses. The participants' experiences reflected the cyclical nature of resources lost and gained as outlined in COR theory (Hobfoll, 1989). When resources such as social support, energy, and personal well-being are threatened or depleted, burnout ensues (Hobfoll, 1989). Conversely, gaining resources through mentorship, peer support, a sense of purpose, or self-initiated activities helps nurses cope with the professional challenges (Hobfoll, 1989). These findings highlight the importance of resource availability in mitigating burnout and the need for strategies that help new nurses gain, replenish, or recover lost resources, thereby aiding their transition to nursing practice. My findings confirmed that emotional exhaustion is a primary symptom experienced by new graduate nurses (see Maslach & Jackson, 1981). However, these findings suggest that resources gained, as emphasized by COR theory, offer additional strategies for mitigating burnout beyond the traditional focus on emotional exhaustion, depersonalization, and personal accomplishment.

Limitations of the Study

Several limitations to the trustworthiness of this study arose during its execution. First, my reliance on self-reported data from semi-structured interviews may have introduced biases such as recall bias, where participants might not have accurately remembered or may have selectively recalled their experiences (see Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). This recall bias could have specifically influenced participants' reflections on their education preparedness, workplace experiences, and the stressors they faced, which may have impacted the themes related to education gaps and navigating workplace challenges (Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). Additionally, social desirability bias may have occurred, or participants presented their experiences in a more favorable light or minimized negative experiences to align with perceived expectations (Patton, 2015; Ravitch & Carl, 2021; Rubin & Rubin, 2012). This bias might have led to an underrepresentation of negative feelings or challenges experienced during the transition to practice, particularly related to unrealistic expectations of nursing and work-life balance.

Second, my recruitment process, which used a Facebook post targeted at new graduate nurses, led to a self-selected sample that may not represent the broader population of new graduate nurses. Those who responded may have had particularly strong experiences or opinions related to burnout, which could have skewed the data toward more extreme cases. This limitation may have influenced the emergence of more pronounced themes, such as emphasis on workplace violence and lack of educational

preparedness. The exclusion of one interview due to inconsistencies also reflects the challenge of ensuring consistent data quality.

Third, while I took steps to ensure a neutral and comfortable interview environment, my role as the researcher and interviewer could have unintentionally influenced participants' responses. Research bias, where my own values, beliefs, and experiences may have shaped the data collection and analysis process, is another potential limitation despite efforts to minimize it through reflexivity and member checking (see Ravitch & Carl, 2021). This bias could have affected the interpretation of holistic support for transitioning nurses and navigating workplace realities, potentially emphasizing or deemphasizing certain aspects based on personal perspectives. Despite these limitations, efforts such as triangulation, reflexivity, and careful sampling were employed to enhance the study's credibility and trustworthiness.

Recommendations

Based on the strengths and limitations of my study, as well as insights from the literature, several recommendations for future research can be made. First, future studies should explore a broader and more diverse sample of new graduate nurses. While this study provided valuable insights into burnout experiences, the self-selection of participants via social media may have limited the diversity of experiences captured. Further research is needed to recruit participants from multiple geographical regions, healthcare settings, and demographic backgrounds, which could offer a more comprehensive understanding of burnout in new graduate nurses across various contexts. Expanding beyond those comfortable with social media recruitment strategies would help

to capture experiences such as workplace realities and external support systems, which might be more diverse among nurses in different environments.

Second, further research should employ longitudinal designs. My study captured burnout experiences at a single point in time, but burnout is an evolving nature (Edwards-Maddox, 2023; Gillet et al., 2023; Rudman et al., 2020; Spence-Laschinger et al., 2019). Further studies to follow new graduate nurses over an extended period to track the progression of burnout and how coping strategies develop or change over time, particularly regarding educational preparedness, work-life balance, and workplace challenges. Longitudinal data would provide deeper insights into the long-term effect of burnout and the impact of interviews on nurses' retention and well-being.

Third, quantitative or mixed-methods approaches could complement the qualitative findings of this study. While the qualitative approach allowed for rich, descriptive data, quantitative methods could help quantify the prevalence and severity of burnout among new graduate nurses. Mixed method studies, in particular, could combine the depth of qualitative data with the generalizability of quantitative data, providing a more holistic picture of burnout. This would be especially valuable in exploring the prevalence of unrealistic expectations and burnout-related symptoms like emotional exhaustion, which emerged as key themes in the qualitative data.

Additionally, future research should investigate the role of specific interventions, such as resilience training, mentorship programs, peer-support groups, and stress management strategies, in mitigating burnout among new graduate nurses. The literature reviewed in Chapter 2 underscores the potential of such interventions, but there is a

limited qualitative exploration into how new graduates experience and respond to these programs (Barrow et al., 2022; Cline et al., 2024; Jarden et al., 2021; McNulty et al., 2022; Ohue & Menta, 2024). Qualitative and quantitative studies are needed to explore the effectiveness of these interventions, which may provide new evidence on how strategies like peer support groups and formal mentorship programs could enhance the holistic support needed for new nurses.

Lastly, future studies should continue to explore the impact of external factors such as healthcare policy, organizational support, and leadership on burnout. My findings revealed issues with workplace stressors, but a deeper examination of workplace factors could provide actionable insights for healthcare organizations looking to address burnout systematically. For instance, understanding how workplace violence and staffing levels contribute to burnout could help in designing policies that promote safe staffing ratios and better protection for nurses.

Implications

My findings have the potential to create positive social change across multiple levels. At the individual level, understanding burnout among new graduate nurses enables the development of interventions that promote emotional resilience and well-being. These strategies can reduce emotional exhaustion, depersonalization, and feelings of inadequacy, ultimately improving their mental health and job satisfaction (Barrow et al., 2022; Cline et al., 2024; Jarden et al., 2021; McNulty et al., 2022; Ohue & Menta, 2024). Specific interventions like resiliency training and mentorship programs could directly

address the self-doubt and emotional challenges highlighted by participants, helping new graduates navigate the transition with greater confidence.

Alleviating burnout can positively impact the home and family life of new nurses. By reducing the emotional toll of work-related stress, these interventions can help foster a healthier work-life balance, mitigating the effects of burnout on their home lives (Barrow et al., 2022; Cao et al., 2021; Edwards-Maddox, 2023; Maslach & Jackson, 1981; Sugawara et al., 2023). Themes like work-life balance and emotional exhaustion were evident in my study, underscoring the need for measures that support nurses' personal lives as well as their professional well-being.

At the organizational level, healthcare facilities can use these findings to implement supportive interventions such as mentorship programs, peer support groups, better staffing ratios, open communication, and regular check-ins with new graduates, all of which were identified as critical in mitigating burnout. Supportive interventions can enhance nurse retention, reduce turnover, and improve patient care quality (Barrow et al., 2022; Cao et al., 2021; Jarden et al., 2021; McNulty et al., 2022). Specific elements like workplace violence and staffing challenges should be addressed through policies that create a safer and more supportive environment for new graduate nurses (Zeng et al., 2023).

At the societal and policy level, my findings underscore the need for policy changes that ensure better working conditions for nurses, such as safe staffing ratios, mental health support, and structured transition-to-practice programs. These policy changes may strengthen the nursing workforce and, in turn, improve healthcare outcomes

across the system. Addressing workplace realities, such as long shifts and staffing shortages, through these policy measures could provide the structural support needed to reduce burnout risks (Jarden et al., 2021; Sugawara et al., 2023; Zeng et al., 2023).

Methodology, this study underscores the value of qualitative research in exploring complex, subjective experiences such as burnout. By capturing the nuanced perspectives of new graduate nurses, my research contributes to the growing body of qualitative literature that is being conducted to understand the human side of healthcare challenges. The use of semi-structured interviews allowed for rich data collection, which can serve as a model for future studies exploring similar phenomena.

Theoretically, the study reinforces the relevance of the COR theory in understanding burnout. By applying COR theory, the research highlighted how the loss and gain of research (such as time, emotional support, and workplace resources) directly influence burnout among new graduate nurses. This contributes to the theoretical literature by confirming that resource depletion plays a significant role in the development of burnout, particularly in high-stress professions such as nursing. My findings also suggest that interventions aimed at resource conservation, such as mentorship, professional development, and self-care practices, can mitigate burnout, further validating COR theory's application in this context.

Empirically, my study fills a gap in the literature by providing a qualitative exploration of burnout, specifically within the population of new graduate nurses in the United States. Most prior research on nurse burnout has been quantitative, focusing on prevalence rates and correlations (Barrow et al., 2022; Church et al., 2023; Dwyer et al.,

2019; Edwards-Maddox, 2023; Frogli et al., 2019; Gillet et al., 2023; Jarden et al., 2021; Kim et al., 2023; Ma et al., 2021a; Ma et al., 2021b; Rudman et al., 2020). My study provides richer, more detailed insights into the lived experiences of new graduate nurses, offering empirical data that can inform further quantitative research, as well as intervention design.

My findings of this study suggest several practical recommendations for healthcare organizations, nursing educators, and policymakers. Healthcare organizations should develop targeted support systems to address the unique challenges faced by new graduate nurses. This could include formal mentorship programs, adequate staffing levels, reduced workload on new graduate nurses, peer support groups, and access to mental health resources (Frogli et al., 2019; Jarden et al., 2021; Sugawara et al., 2023). Additionally, fostering a supportive workplace culture that encourages open communication, team collaboration, and frequent check-ins with new graduate nurses to help reduce the stress and isolation that often contribute to burnout, as highlighted by the workplace support theme (Edwards-Maddox, 2023; Frogli et al., 2019; Gong et al., 2022).

Nursing education programs should integrate training on burnout prevention and stress management, as well as a realistic overview of the work environment, into their curricula. Preparing nursing students for the emotional demands of the profession, as well as providing them with strategies to manage stress, can help mitigate burnout as they transition into professional practice. Nursing schools should also emphasize the development of coping mechanisms and self-care practices as part of clinical training to

address the educational gaps found in this study. Policymakers should prioritize the mental health and well-being of nurses by implementing national standards for transition-to-practice programs, setting safe nurse-to-patient ratios, and providing funding for mental health support within healthcare settings. These measures, including resiliency training, mentorship programs, mental health resources, peer support groups, and safe staffing ratios, can ensure that new graduate nurses receive the structural support needed to thrive in their roles, which can reduce turnover rates and improve patient outcomes.

Conclusion

I explored the experiences of burnout among new graduate nurses during their transition into professional practice, guided by the COR theory. Key themes included (a) educational preparedness and gaps, (b) unrealistic expectations, (c) navigating workplace realities, (d) holistic support for transitioning nurses, (e) personal and professional well-being, and (f) sustained by purpose: the nurse's drive. These findings highlight the importance of bridging the gap between nursing education and real-world practice and ensuring strong support systems to mitigate burnout. Specifically, the theme of educational gaps emphasizes the need for better preparation during nursing school, while workplace challenges underscore the importance of organizational support to address staffing shortages and workplace violence. The need for holistic support, including both workplace and external support systems, emerged as crucial for helping new graduate nurses navigate the transition and reduce burnout.

Despite limitations such as recall bias, social desirability bias, and a self-selected participant pool, my findings provide important insights that can inform healthcare

organizations, nursing educators, and policymakers. The recall bias might have influenced participants' accounts of their preparation and expectations, while the self-selection bias may have led to an over-representation of participants with particularly strong burnout experiences. However, I used triangulation, reflexivity, and careful sampling to enhance the study's credibility and trustworthiness, providing a solid foundation for these findings.

By focusing on effective support programs, targeted mentorship, resiliency training, and improved preparation for the realities of nursing, positive social change can be achieved, enhancing the well-being of new nurses and strengthening healthcare systems. My findings reinforced the relevance of resource conservation, as emphasized by core theory, suggesting that providing supportive resources, such as mentorship programs, adequate staffing, and stress management strategies, can help mitigate burnout. These interventions cannot only improve the mental health and job satisfaction of new graduate nurses but also reduce turnover rates and enhance the overall quality of patient care.

The findings of my study add to the understanding of new graduate nurses' burnout, contributing both theoretically and empirically, and offer a qualitative perspective on the challenges faced during the transition to practice, which can inform future studies, intervention designs, and policy development. My findings underscore the need for systemic changes that support new nurses during their transition, ultimately promoting a sustainable and resilient nursing workforce.

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Appendix A: Social Media Post

I am conducting a study about the experiences of new graduate nurses with burnout that could help nursing educators and healthcare organizations better understand and help new graduate nurses. For this study, you are invited to describe your experiences as a new graduate nurse and your experiences with burnout.

About the study:

- One interview no longer than 30-60 minutes either in person, over Zoom, or via phone call that will be audio recorded (no videorecording).
- You would receive a $15 dollar gift card as a thank-you
- To protect your privacy, the published study will not share any named or details that identify you.

Volunteers must meet these requirements:

- 18 years or older
- New Graduate nurses that have graduated in the last three years, has worked at least 6 months as a nurse, and off orientation for at least 4 weeks.
- Has a LPN/ASN/or BSN degree
- Works on an inpatient hospital unit.
- Has experienced one or more of the following feelings in your time as a new graduate nurse
    - Feeling completely drained and worn out emotionally.
    - Becoming detached and indifferent to the people that you are working with or your patients.
    - Feeling like you are not making a meaningful impact through your work.

If interested in participating email me at

Appendix B: Interview Protocol

Demographics

1. Age
2. Gender
3. Current employment status
4. Shift type
5. How many years have you been a nurse
6. Do you have prior healthcare experiences
7. Degree type (LPN, ASN, BSN)

Interview Questions

1. What kind of areas/unit have you worked in as a new graduate nurse?
2. Can you describe a recent shift you worked?
    a. Focusing on any challenges or significant events?
3. What do you think burnout is?
    a. What specific factors have contributed to your concerns about burnouts in your nursing practice?
4. What were the most significant challenges you encountered in your first year(s) as a practicing nurse?
    a. How did these impact your well-being?
5. Is what you expected nursing practice how you are experiencing it? Can you further explain?

6. What specific aspects of your job as a new nurse do you find most stressful or challenging?
    a. How do these contribute to feelings of burnout?
7. Can you describe any specific instances where you felt your personal resources, such as time, energy, or social support, were depleted or strained?
    a. How do you actively seek to acquire or replenish your personal resources to cope with job demands and prevent burnout?
8. Can you describe a recent experience where you felt overwhelmed or emotionally exhausted as a new graduate nurse?
9. What kind of support systems were available to you during your transition to practice?
    a. How effective were they in preventing burnout?
10. In what ways can nursing educators and hospital organizations better support new graduate nurses to mitigate burnout in their transition from student to nursing practice?
11. Can you share your reflections on your nursing career, particularly focusing on any experiences of burnout or job related stress?
    a. Have you ever considered leaving your current position or nursing profession? If so, what factors influence this decision?
12. Is there anything else you would like to discuss related to burnout that I have not asked?

Probing Questions

1. Can you tell me more about that…..
2. Can you elaborate on (insert problem here)
3. Can you provide an example of (problem here)
4. What would you explain more about this (insert thing)
5. How did that situation make you feel?
6. What was the outcome of that situation?
7. Why do you think that happened?
8. What did you do in response to that?
9. Can you describe any support that you received during this time?
10. Has this experienced influenced your views on nursing/burnout?