

Umbrella review

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REVIEW

Umbrella review: Newly graduated nurses' experiences of providing direct care in hospital settings

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Abstract

Aim: To summarize existing research syntheses reporting newly graduated registered nurses' experiences of providing direct care in hospital settings.

Design: Umbrella review.

Data Sources: An extensive search of all relevant databases was conducted for research syntheses. Initial key terms included “new* nurse”, “nursing care” and “hospital setting” in combination with index terms to find relevant literature.

Methods: Critical appraisal, data extraction and summary were performed independently by two reviewers according to the Joanna Briggs Institute guidelines for undertaking umbrella reviews.

Results: Nine research syntheses published between 2010 and 2019 and representing 173 studies were included following critical appraisal. The evidence was summarized in narrative form with supporting tables. Twenty-six sub-branches and seven main-branches were organized in a coding tree showing the structure of three overlapping themes: “Feeling a lack of competency”, “Sense of emotional distress” and “In need of support”.

Conclusions: Evidence demonstrates that newly graduated registered nurses' experiences of a lack of competency, emotional distress and need for support emerged as essential requirements for the provision of competent and safe direct care for the patient.

Impact: Newly graduated registered nurses face multiple challenges in the transition from student nurse to practicing nurse. Unmet expectations of being a newly graduated nurse might lead to low levels of job satisfaction, high attrition rates or missed nursing care. Nurse educators, leaders and policy makers should be mindful that newly graduated registered nurses' perceptions of professional and personal identity and degree of support influences newly graduated registered nurses' direct care provision.

KEYWORDS

competency, literature review, new graduate nurses, nursing, nursing care, professional identity, umbrella review, work experiences

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1 | INTRODUCTION

Newly graduated registered nurses are expected to be competent in the provision of care (Duchscher & Windey, 2018) despite widespread existing challenges to providing adequate nursing care (International Learning Collaborative, 2022). A registered nurse is considered as newly graduated in the period between graduation and 3 years into working life (Murray et al., 2018). Most often the newly graduated registered nurses' transition from baccalaureate student nurse to registered nurse goes through a period of orientation where healthcare organizations support graduates using wide range of transition programs to strengthen newly graduated registered nurses' work readiness (Pasila et al., 2017). Retaining newly graduated registered nurses in challenging workplace environments involves various interventions both at an educational and organizational level (Willman et al., 2020). The healthcare organizations' motivation to reduce the challenges of transitioning beyond being a newly graduated registered nurse is encouraged by a global shortage of nurses and/or nurses' intention to leave the nursing profession (International Council of Nurses, 2019). The complexity of these challenges might have consequences for the care provided for patients and the quality of that care.

2 | BACKGROUND

Newly graduated registered nurses' experiences of providing direct care in the beginning of their work life are essential to the development of their professional identity and resilience (Walker et al., 2017). Studies show that newly graduated registered nurses experience feelings of anxiety, role ambiguity and stress in the early stage of their professional development (Pasila et al., 2017). Support activities, such as transition programs and assigning/negotiating an agreed mentor, are necessary in creating safe and positive working environments that increase job satisfaction and retention rates (Kenny et al., 2021). Newly graduated registered nurses struggle with limited confidence and competency to provide care for their patients (Herron, 2018). These challenges adversely influence the abilities of newly graduated registered nurses to identify and meet patients' needs, which could lead to missed nursing care (Bagnasco et al., 2020).

Provision of direct care is key to nursing care delivery and is an expected professional competency. Direct care provision requires some degree of interaction between the patient and the nurse (Parsons et al., 2018). Direct care interventions may include wound care, administering an injection, ambulating with a patient and teaching patients at the bedside (Yoost & Crawford, 2019). Newly graduated registered nurses are expected to have the knowledge, skills and competency to engage in interactions with patients who often have comorbidities and multi-system disorders (Gellerstedt et al., 2019). To support newly graduated registered nurses' provision of direct care in health care environments, co-worker and mentor support is imperative to increase job satisfaction and ultimately retention of newly graduated registered nurses (AlMekkawi & El Khalil, 2020). Newly graduated nurses' expectations of being a registered nurse are shattered by negative

interpersonal relationships among health care professionals and from being overwhelmed by heavy workloads and/or social challenges (Kaihlanen et al., 2020; Kox et al., 2020; Lyman et al., 2020).

Numerous research syntheses exist on the topic of newly graduated nurses' challenges concerning competency, professional socialization, jobs satisfaction and retention. The review designs used to evaluate their experiences vary widely and have reported on various criteria such as job stress, professional identity, confidence levels, interprofessional collaboration, critical thinking and/or support (Higgins et al., 2010; Kenny et al., 2021; Lin et al., 2014; Missen et al., 2014; Murray et al., 2018; Voldbjerg et al., 2016). With various approaches to review design and multi-perspective evaluations of challenges to the transition into practice in nursing, it is timely to examine the evidence reported in the research syntheses of newly graduated registered nurses' own experiences of providing direct care in hospital settings. Previous reviews have explored single study types, single practice areas or transition to specialized areas (Kenny et al., 2021). No authors have summarized evidence on newly graduated registered nurses' own experiences of their own provision of direct care. This umbrella review addresses this gap and elucidates an important voice in overcoming the transition challenges.

Newly graduated registered nurses' direct care experiences occur in or arise from the patient care encounter where their ability to assess and identify patients' needs, whether related to physical, psychosocial or relational aspects of care, influences the quality of the established relationship (Mikkelsen et al., 2019). Focusing attention on the experiences of providing direct care is an important way to create insights into the complex situations that emerge for newly graduated registered nurses in the patient care encounter. This evidence will provide information to better accommodate the needs of newly graduated registered nurses. Furthermore, a summary of the existing literature is useful to assist policy makers, leaders and other healthcare professionals in developing, implementing and evaluating newly graduated registered nurses' orientation.

3 | THE REVIEW

3.1 | Aim

The aim of this umbrella review was to summarize research syntheses on newly graduated registered nurses' experiences of providing direct care in hospital settings to develop evidence-based recommendations for clinical practice and research.

Specifically, the review question addressed was: What are newly graduated registered nurses' experiences of their own provision of direct care in hospital settings?

3.2 | Design

This review was informed by the methodology for Joanna Briggs Institute (JBI) umbrella review designed to incorporate all types of syntheses of research evidence in their various forms (Aromataris

et al., 2020). The umbrella review method compiles the evidence from research syntheses to give a plain language summary with a broad scope to highlight any similarities or contradictory findings (Fusar-Poli & Radua, 2018). The protocol for this umbrella review was registered on PROSPERO and is available online (Kaldal et al., 2021).

3.3 | Search methods

Comprehensive searches for research syntheses published before February 2021 were carried out in eight databases: Cumulative Index of Nursing and Allied Health Literature (CINAHLPlus), Embase, PubMed, Cochrane Database of Systematic Reviews, Epistemonikos, PROSPERO, Campbell Collaboration and JBI Evidence Synthesis. The search strategy was developed and conducted in consultation with a research librarian. The main search terms used were: “new* nurses”; “experiences”; “care”; “nurse–patient relations”; and “reviews”. Research syntheses examining newly graduated registered nurses' experiences of providing direct care in different hospital settings and that reported use of internationally accepted review methodologies or included a systematic approach were considered for inclusion and then critically appraised (Table 1). To obtain comparable similarities in cultural traditions, social norms or political and educational systems (Heywood, 2019) and retain the specificity and rigour of this review (Whittemore, 2005), a decision was made to limit the inclusion criteria to research syntheses whose sample included high-income countries' (World Population Review, 2022). Research syntheses were considered for inclusion if they described care experiences involving interactions between patients and newly

graduated registered nurses (even if other groups were reported separately in the same article). Excluded research syntheses were those focussing on aspects such as dropout statistics, learning approach evaluations, interpersonal relations with leaders and colleagues, preceptors' experiences of competency levels of newly graduated registered nurses or exclusively reflected care contexts external to the hospital setting. The context included diverse departments in a hospital setting since most newly graduated registered nurses commence their nursing career in the hospital. Research syntheses where the full article was not available in English, Danish, Norwegian or Swedish were excluded.

3.4 | Search outcome

After removal of duplicates, 794 records potentially meeting the inclusion criteria were identified. To manage the selection of studies, the records were downloaded to the Rayyan software system (Ouzzani et al., 2016). A blinded independent assessment against the inclusion criteria was facilitated by the software and performed by MH Kaldal and SL Voldbjerg. As shown in Figure 1, a PRISMA flowchart (Page et al., 2021) was used to guide the reporting of the selection process. The screening of title and abstract against inclusion criteria excluded 750 articles leaving 44 full-text research syntheses for retrieval. The main reasons for exclusion were different populations (e.g., students, nursing preceptors, leaders, midwives); phenomena of interest (e.g., program evaluation; drop out statistics); context (e.g., community settings, not high-income countries) or study design (e.g., original study with an initial literature search,

TABLE 1 Inclusion and exclusion criteria

	Include	Exclude
Participants	Baccalaureate degree (BSN), New registered nurse (RN), New qualified nurse No limitations related to the age, gender or ethnicity of participants	Enrolled nurses, nursing assistants, licensed practical nurses, licensed vocational nurses, nurse practitioners, advanced practice nurses
Phenomena of Interest	Experiences of nursing care requiring an interaction with patient as experienced by the participants e.g., assessment, performing procedures, teaching, and implementation of a care plan Direct care interventions may include cleaning an incision, administering an injection, ambulating with a patient, and completing patient teaching at the bedside	Experiences of nursing care that do not involve face-to-face contact with patients and do not require an interaction between nurse and patient Indirect care may include charting and scheduling, medication management, hand overs, interprofessional communication
Context	Newly graduated registered nurses of any gender, first world countries, being in transition (0–3 years post-graduation) and work as a registered nurse on any type of hospital setting (i.e., including but not limited to medical/surgical units, intensive care units, perioperative units, palliative care units, obstetrical units, emergency departments and rehabilitative units)	Second and third world countries. Out-patient unit, community, nursing homes.
Types of reviews	Internationally accepted review methodologies (i.e., syntheses of empirical research evidence including but limited by systematic reviews, mixed-methods reviews, meta-synthesis, meta-ethnographies, literature reviews, integrative review) Language: English, Swedish, Norwegian, and Danish	Scoping reviews Review protocols Research syntheses that incorporate theoretical studies or text and opinion as their primary source of evidence

scoping review or systematic review protocol). A full-text reading with consideration to inclusion criteria led to exclusion of an additional 23 research syntheses.

3.5 | Quality appraisal

The quality appraisal of the 21 remaining research syntheses was assessed by MH Kaldal and SL Voldbjerg independently using the JBI Critical Appraisal Instrument for Systematic Reviews and Research Syntheses (Aromataris et al., 2020). To assess the methodological rigour and quality of the research syntheses 11 questions were answered (Table S1). Each question was rated as "Yes", "No" or "Unclear" based on the evaluation performed by two independent reviewers. Depending on the nature of the research synthesis' design, some items were judged "Not applicable". Any disagreements were resolved by discussion with a third reviewer. The primary reasons for exclusion were lack of quality assessment of original studies and significant methodological flaws such as mixed samples of both primary studies and reviews or the lack of a systematic literature search. A total of nine research syntheses reporting qualitative syntheses were included in this umbrella review. These research syntheses did not claim to be systematic

reviews; however, they were all appraised according to the JBI appraisal instrument and met the quality criteria for inclusion. The risk of bias assessment was carried out using the Confidence in the Evidence from Reviews of Qualitative research (CERQUAL) approach (Lewin et al., 2018) to assess the extent to which a review finding from a qualitative evidence synthesis is a reasonable representation of the phenomenon of interest. Overlap between original studies in each of the included research synthesis was considered and quantified using the "corrected covered area" (CCA) calculation across research syntheses. Overlap thresholds, as determined by Pieper et al. (2014) were used for interpretation of measured overlap: 0%–5%—slight, 6%–10%—moderate, 11%–15%—high, >15%—very high.

3.6 | Data extraction and summary

Extracted data from the included research syntheses included objectives, participants, range of publication years of primary studies and number of studies included in the research syntheses, methodology and results relevant to the umbrella review question (Table S2). Syntheses from each review that was informed by the umbrella review question were extracted independently by two

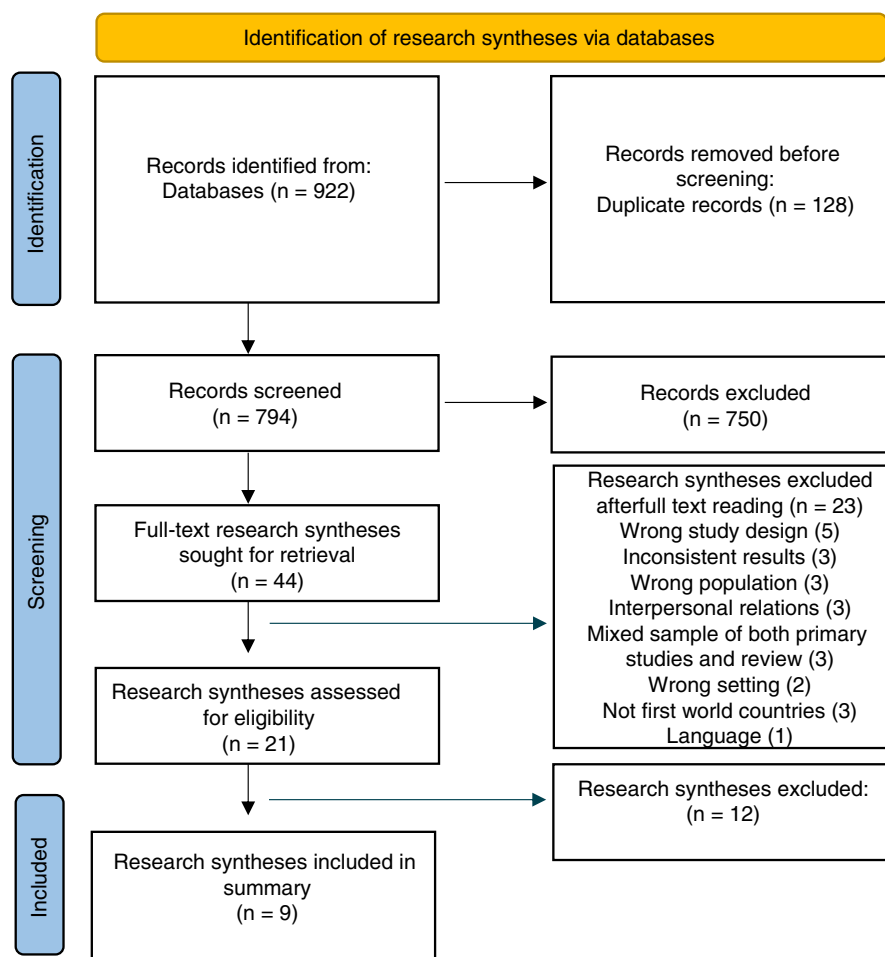


FIGURE 1 Flowchart of selection process for research syntheses.

reviewers into a spreadsheet guided by the JBI Data Extraction Form for Review for Systematic Reviews and Research Syntheses (Aromataris et al., 2020). The syntheses were extracted from either the results, discussion or conclusion section, depending on the method used in the included research synthesis. As there are no specific guidelines for reporting the findings of umbrella reviews, a mixed approach was adopted. (Bressan et al., 2020). The summary was created utilizing a three-step process. Extracted syntheses were (1) presented in an accurate, verbatim replication from the source review and accompanied by (2) a narrative summary to address this review aim and research question using a thematic approach. We explored similar direct care experience themes across the research syntheses; thus, (3) the results could be mapped by themes, to present an informative overview (Aromataris et al., 2020). A hierarchy of concepts was developed to validate each theme after the narrative summary to avoid interpretations. To construct a theme the adjective related to newly graduated registered nurses' direct care experiences was underlined in the narrative summary and arranged in a tree structure representing the direct care experiences of newly graduated registered nurses

(Table 2). The extraction and summary process were evaluated and agreed upon by the research team.

4 | RESULTS

4.1 | Review characteristics and design

The included research syntheses were published between 2010 and 2019 and included between 12 and 36 studies. The total number of original studies was 173. The median CCA was 4.4 meaning that the degree of overlap was slight. Table 3 shows a pairwise CCA grid identifying which combinations of paired research syntheses had overlap. The nine research syntheses consisted of two systematic reviews (Higgins et al., 2010; Pasila et al., 2017), three integrative reviews (Hawkins et al., 2019; Pfaff et al., 2014; Purling & King, 2012), three literature reviews (Gardiner & Sheen, 2016; Murray et al., 2018; Teoh et al., 2013) and one meta-ethnography (Voldbjerg et al., 2016). Five included research syntheses restricted their study designs to qualitative research (Pasila

TABLE 2 Tree structure representing the direct care experiences of newly graduated nurses

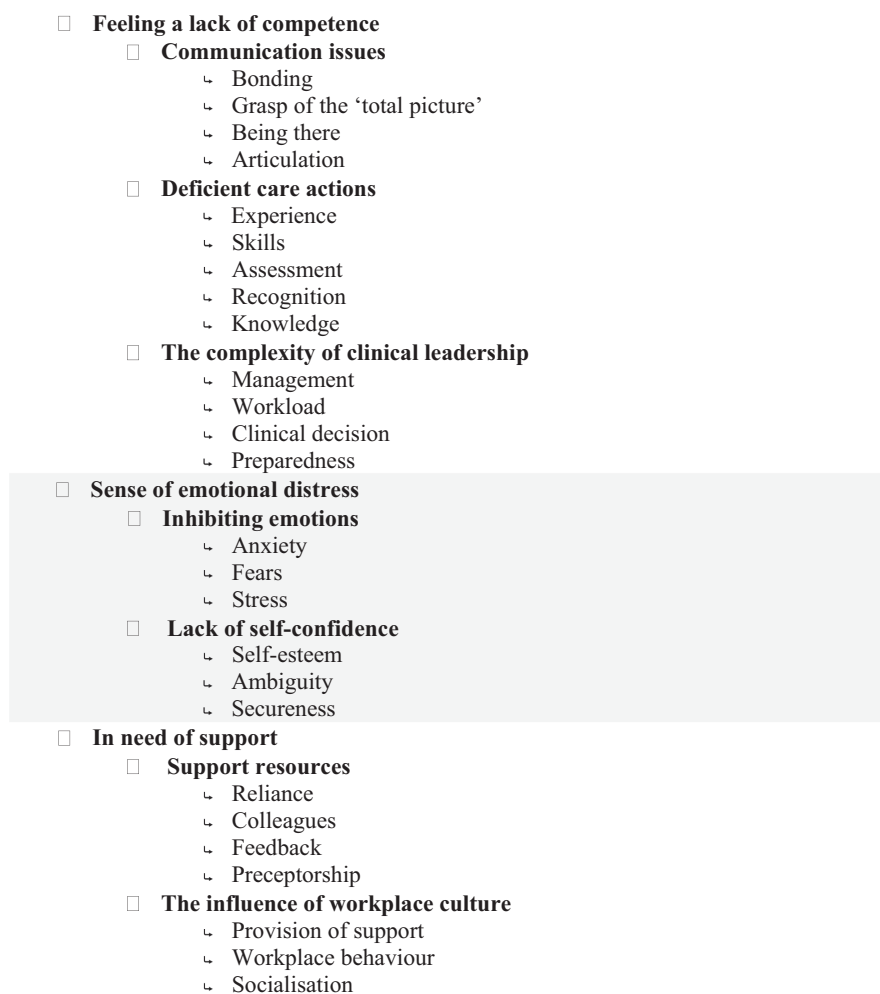


TABLE 3 CCA calculations for pairs of research syntheses

	Voldbjerg et al. (2016)	Pasila et al. (2017)	Murray et al. (2018)	Hawkins et al. (2019)	Teoh et al. (2013)	Gardiner and Sheen (2016)	Higgins et al. (2010)	Pfaff et al. (2014)	Purling and King (2012)
Pasila et al. (2017)	0%								
Murray et al. (2018)	2%	2%							
Hawkins et al. (2019)	0%	3%	0%						
Teoh et al. (2013)	6%	0%	0%	4%					
Gardiner and Sheen (2016)	0%	6%	2%	6%	6%				
Higgins et al. (2010)	6%	0%	0%	0%	0%	2%			
Pfaff et al. (2014)	7%	3%	1%	0%	5%	6%	0%		
Purling and King (2012)	0%	0%	2%	0%	0%	0%	0%	2%	

Note: overlap categorization: 0%–5%—slight, 6%–10%—moderate, 11%–15%—high, >15%—very high.
Abbreviation: CCA, corrected covered area.

et al., 2017; Purling & King, 2012; Teoh et al., 2013; Voldbjerg et al., 2016) while Murray et al.'s (2018) review also considered reports and nonempirical papers, with findings from these papers presented separately and not included in the final summary. The research syntheses represent data from a wide range of high-income countries mainly USA, Australia, Canada, New Zealand and within Scandinavia and Europe which ensures similar populations in terms of educational and political systems.

4.2 | Quality of included research syntheses

The research syntheses included were of moderate to high quality as determined by the JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses (Aromataris et al., 2020). Details of the results of critical appraisal for all the included research syntheses are presented in Table S3. Two research syntheses did not provide explicit details of critical appraisal of original research; inclusion criteria or data collection (Gardiner & Sheen, 2016; Teoh et al., 2013). Yet, they were included because this lack of detail did not have an impact on the syntheses presented (Hannes, 2011). All research syntheses showed consistency in their review methodology with the research question or aims and search strategies and resources.

4.3 | Summary of the included research syntheses

The summary describing newly graduated registered nurses' experiences of direct care provision in hospital settings is reported in a narrative summary supported by Table S2. Newly graduated registered nurses' own perspectives of their direct care provision are related to professional and personal identity and experiences inhibiting or promoting direct care delivery.

The experiences are mapped into three overlapping themes: "Feeling a lack of competency"; "Sense of emotional distress"; "In need of support".

4.3.1 | Feeling a lack of competency

Newly graduated registered nurses felt a lack of competency to provide direct care characterized by perceptions of inadequacy related to relational and managerial aspects of nursing care. This is reflected in three sub-themes: Communication issues; Deficient care actions and Complexity of clinical leadership.

Communication issues

Newly graduated registered nurses experienced challenges when communicating with patients (Pfaff et al., 2014) and difficulties in bonding with patients (Pasila et al., 2017). They felt a lack of grasping the "total picture" and had a limited set of skills to assess patient information (Gardiner & Sheen, 2016; Murray et al., 2018;

Purling & King, 2012) and experienced articulating concerns for their patients with colleagues as challenging (Purling & King, 2012; Teoh et al., 2013). Difficulties in processing the information given (Murray et al., 2018) or asking questions (Voldbjerg et al., 2016) were both dependent on the receptiveness of colleagues to being asked (Hawkins et al., 2019).

Deficient care actions

Newly graduated registered nurses felt inadequate to assess patient information/knowledge and lacked competency in transforming choices into care actions (Murray et al., 2018; Purling & King, 2012; Teoh et al., 2013; Voldbjerg et al., 2016). They felt incompetent to work independently and experienced initial deficits in clinical and practical skills (Higgins et al., 2010; Pasila et al., 2017; Pfaff et al., 2014) and reported lacking knowledge (Gardiner & Sheen, 2016) or felt that their knowledge was inadequate to integrate patient perspectives in clinical decisions (Higgins et al., 2010; Pasila et al., 2017; Voldbjerg et al., 2016).

Complexity of clinical leadership

Newly graduated registered nurses felt their lack of experience made it difficult to interpret clinical observations and to act in the best manner for their patients (Pfaff et al., 2014; Purling & King, 2012). Management of overwhelming workloads and increased responsibilities influenced their assessment and recognition of patients' needs (Gardiner & Sheen, 2016; Higgins et al., 2010; Purling & King, 2012). They struggled with several aspects of clinical leadership including coping with managerial and organizational aspects of care (Murray et al., 2018; Teoh et al., 2013).

4.3.2 | Sense of emotional distress

Newly graduated registered nurses experienced emotional distress, understood as disturbed patterns of thinking or perceptions of being incompetent to provide direct care. This is reflected in two sub-themes: inhibiting emotions and low self-confidence.

Inhibiting emotions

Newly graduated registered nurses' felt various degrees of stress (Hawkins et al., 2019; Higgins et al., 2010; Pasila et al., 2017; Teoh et al., 2013), reported feelings of anxiety and uncertainty emerging in patient care encounters (Hawkins et al., 2019; Murray et al., 2018; Pfaff et al., 2014; Teoh et al., 2013) and feared looking stupid and being ridiculed by their colleagues (Purling & King, 2012). Feelings of being disappointed emerged when promised feedback was not received (Gardiner & Sheen, 2016; Pasila et al., 2017). Newly graduated registered nurses' felt inexperienced (Pasila et al., 2017) and had feelings of not being prepared for the reality of nursing practice (Gardiner & Sheen, 2016; Murray et al., 2018; Teoh et al., 2013). Their low perceptions of themselves during the first 6 months influenced their clinical decision making (Voldbjerg et al., 2016) and their ability to regulate their emotional balance impacted the provision of care (Hawkins et al., 2019).

Lack of self-confidence

Newly graduated registered nurses lacked confidence in themselves (Hawkins et al., 2019; Higgins et al., 2010; Purling & King, 2012; Voldbjerg et al., 2016) and had feelings of low self-esteem to perform adequate patient care (Gardiner & Sheen, 2016). They experienced their interactions with patients were hampered by poor self-confidence, particularly when being asked questions for which they might not have answers (Pfaff et al., 2014). Newly graduated registered nurses' felt insecure when not given enough time for critical reflection (Pasila et al., 2017; Teoh et al., 2013) and experienced ambiguity in clinical practice roles and conflicts towards their professional identity (Higgins et al., 2010; Teoh et al., 2013). After 6 months, they felt more confident relating to their own accountability and their capacity to provide nursing care evolved during the first year of practice (Higgins et al., 2010; Murray et al., 2018; Pfaff et al., 2014; Voldbjerg et al., 2016).

4.3.3 | In need of support

Newly graduated registered nurses needed support to develop direct care competencies and cope with emotional distress in a safe environment. This is reflected in two sub-themes: Support resources and Influence of workplace culture.

Support resources

Newly graduated registered nurses relied on collegial support to provide safe and effective patient care (Hawkins et al., 2019) and required support to help set priorities in provision of care (Murray et al., 2018). Feelings of inadequacy left newly graduated registered nurses seeking help and knowledge through co-workers, preceptors, the nursing director, physicians, manuals and senior staff (Voldbjerg et al., 2016). Relationships with staff and patients (Pasila et al., 2017) and time for critical reflection on the care provided were experienced as an important part of creating confidence (Pfaff et al., 2014). Working together with and getting support from health care professionals was perceived as essential to support their decision making and in providing patient-centred care (Hawkins et al., 2019; Pfaff et al., 2014; Purling & King, 2012). Preceptorship was considered to have a positive impact on the socialization and retention (Gardiner & Sheen, 2016; Higgins et al., 2010; Murray et al., 2018; Pasila et al., 2017; Teoh et al., 2013).

Influence of workplace culture

The workplace culture influenced how and to what extent support was provided and how it was perceived. Newly graduated registered nurses considered a supportive work environment as positive for providing care (Gardiner & Sheen, 2016; Higgins et al., 2010; Teoh et al., 2013). Experiences of negative workplace behaviour included criticism of their professional or personal identity, invisibility, unfair treatment, disrespectful interactions or bullying (Gardiner & Sheen, 2016; Hawkins et al., 2019; Pfaff et al., 2014; Voldbjerg et al., 2016). Newly graduated registered nurses had feelings of being inconsistently supported by colleagues or the organization

(Gardiner & Sheen, 2016; Hawkins et al., 2019; Higgins et al., 2010; Pasila et al., 2017; Pfaff et al., 2014; Purling & King, 2012). The provision of support was inhibited in the first 6 months due to their hesitancy to ask colleagues questions (Voldbjerg et al., 2016) and their own willingness to seek assistance when needed (Hawkins et al., 2019).

5 | DISCUSSION

To the best of our knowledge, this is the only umbrella review exploring the experiences of newly graduated registered nurses' provision of direct care in hospital settings. Nine research syntheses exploring the experiences of newly graduated registered nurses working in hospital settings, comprising the findings from 173 primary studies, were summarized. The objectives of the source research syntheses were diverse (Table S2), yet they encompassed newly graduated registered nurses' own care experiences. From the three overlapping themes that emerged from the data extraction and summary process the following discussion points arise to improve the direct care experience of newly graduated registered nurses: the need for a holistic, integrative and context-specific approach to competence; a realization that newly graduated registered nurses' self-confidence is formed in relation to others and recognition that support for newly graduated registered nurses is a joint responsibility.

5.1 | A holistic, integrative and context-specific approach to competence

Newly graduated registered nurses' experiences of direct care provision reflected feeling a lack of competency. According to the definition of the ICN, core nursing competence refers to the combination of knowledge, skill, judgement and characteristics providing safe care conforming to ethical principles (International Council of Nurses, 2021). The umbrella review findings suggest newly graduated registered nurses' perception of competency was related to communication, care actions and clinical leadership. Conversely, recent studies suggest newly graduated registered nurses from a nurse leader perspective exhibit a good or adequate levels of competence (Charette et al., 2020), and nurse characteristics such as age and experience are reported to have no consistent influence on whether nursing care is missed (Chaboyer et al., 2021). There seems to be an inconsistency between the newly graduated registered nurses' own perceptions and their actual level of competence.

5.2 | Newly graduated registered nurses' self-confidence is formed in relation to others

Newly registered graduated nurses' feelings of low self-confidence and the way newly graduated registered nurses view and assess

themselves contributes to their emotional distress. According to Mallette (2021), a person's self-concept is associated with interpersonal relationships, the cultural context and is formed in relation to others. The newly registered graduated nurses' sense of emotional distress emerged when they were engaging with patients or colleagues, was most prominent the first 6 months after graduation and negatively influenced their experiences of providing direct care. A study by Kox et al. (2020) showed that newly graduated registered nurses had difficulties in dealing with the transition into practice because they did not feel ready to cope with the increased responsibilities and excessively demanding work requirements. Due to newly graduated registered nurses' feelings of being inconsistently supported and their reluctant inquisitiveness, allocation of a designated preceptor may help newly graduated registered nurses feel more comfortable seeking clinical support in structured support times and when learning needs arise; thus, creating an environment of support and trust (Voss et al., 2022). Positive collegial support in the first 12 months after graduation contributes to increased self-confidence and job satisfaction (Ten Hoeve et al., 2018). This underlines the significance of drawing attention to their colleagues' role and influence on delivery of direct care of newly graduated registered nurses.

5.3 | Support as a joint responsibility

Newly graduated registered nurses believe and expect that the available support resources will help them to succeed but experienced being unsupported, consequently leaving them with feelings of unmet needs both emotionally and in practical ways. Newly graduated registered nurses' expectations of support did not match the workplace reality. This dissonance between expectations and experiences may lead to performance anxiety and lack of job satisfaction resulting in a desire to leave the profession (Kox et al., 2020). A similar dissonance was reported among nursing students and described as "increasingly experiencing a mismatch between expectations and reality" (Bakker et al., 2019). This illustrates the need for collaboration between the nurse education and health care sectors. From the included research syntheses, it was unclear which support resource was the most significant. Thus, suggesting that support, generally is required and is best provided from a range of health care professionals, rather than being the sole responsibility of one person. Other studies have suggested a link between emotions, relations and culture (Keltner et al., 2022; Serafin et al., 2022). This underlines that even though feelings of self-confidence depend on the person you are and your cultural background, the ward staff have a responsibility to create a culture of support. Recent research has identified newly graduated registered nurses' confidence can be supported by programmes that encompass developing skills and competency for psychological or emotional well-being (Kenny et al., 2021). Newly graduated registered nurses' need for support was greater in the initial phase of their employment but became less urgent as they gathered clinical experience (+6 months). This warrants careful consideration of when orientation activities are offered and the length

of the orientation period and the need for support should be incorporated into orientation activities occurring in the first 6 months after employment.

5.4 | Recommendations for practice

This umbrella review has underlined that newly graduated registered nurses have unmet personal and professional needs which influence their provision of direct nursing care. This implies an urgent need for nurse managers and hospital organizations to develop strategies to accommodate the unmet needs of newly graduated registered nurses regarding:

- Assessment of patient needs and management of clinical leadership
- Support for coping with emotional distress
- Creation of a supportive ward environment

This umbrella review calls for further research into newly graduated registered nurses' direct care provision. Lacking in confidence has been a long-standing theme in the literature exploring becoming a newly graduated registered nurse (AlMekkawi & El Khalil, 2020)—along with fears of not being competent in the workplace and the consequent psychological distress also referred to as imposter syndrome (John, 2019). However, the impact of clinical leadership on newly graduated registered nurses seems to be less explored as a topic in the literature (Stanley & Stanley, 2018) indicating an important area to be considered for the support given to newly graduated registered nurses in hospital settings. Despite including research synthesis from similar countries, it cannot be said that all registered nurses have comparable education and training programmes that could help them to overcome lack of confidence. The recommendations are relevant for further research on institutional orientation for newly graduated registered nurses regarding preparing and supporting them to be confident, and to provide competent, safe direct care for their patients in challenging workplace environments.

6 | LIMITATIONS

This umbrella review has several strengths. A review question was formulated and explicitly stated to include all relevant research syntheses in accordance with the published protocol. Systematic search methods in multiple electronic databases were used, the research synthesis selection was blinded and data extraction was conducted using standardized tools, with all stages completed by two members of the review team independently. In addition, all primary studies were screened in the assessment of study overlap, which ensured compliance with inclusion criteria. A standard approach to assess the methodological quality of the systematic reviews or meta-syntheses

was utilized and facilitated the inclusion of other types of reviews applying systematic approach (Aromataris et al., 2020). This umbrella review targeted a narrow population, eliminating several sources to maintain this parity. While not a limitation, it is important to carefully consider the population and conditions of this umbrella review when interpreting the results. Several limitations are also noted. First, this review was limited by absence of research syntheses specifically focusing on newly graduated registered nurses' direct care experiences. It may explain the limited overlap between original studies together with differing phenomena of interest, inclusion criteria and/or search strategies (Hennessy & Johnson, 2020). Nonetheless, the meaning of the extracted syntheses can be trusted despite low overlap due to the CERQual approach for assessing confidence and critical appraisal (Lunny et al., 2021). Second, additional contexts such as psychiatric, home care, nursing home were included in some research syntheses. The studies for these contexts were not represented in any of the extracted syntheses and thus their influence is considered to be insignificant. Finally, some research syntheses included original studies where student nurses; nurse diplomats or preceptors were informants; however, as they were reported separately in the source review findings, they were not included in this umbrella review.

7 | CONCLUSION

Across the included research syntheses, newly graduated registered nurses' experiences of a lack of competency, emotional distress and need for support emerged as essential requirements for the provision of competent and safe direct care for the patient. Educators, leaders and policy makers should be mindful that newly graduated registered nurses' sense of professional and personal identity and the degree of support provided influences newly graduated registered nurses' direct care provision in positive and negative ways and ultimately effects the quality of delivered patient care.

Future research should explore how organizational and educational strategies to support direct care provision by newly graduated registered nurses may be supported. This umbrella review summarized the perspectives of newly graduated registered nurses. It could be relevant to include the perspectives of nurse leaders and colleagues in future research syntheses as they are significant support resources to newly graduated registered nurses during their first years of practice. Correspondingly, an exploration into the contextual factors influencing newly graduated registered nurses' direct care provision will give further insight into supporting newly graduated registered nurses' transition into clinical practice.

AUTHOR CONTRIBUTIONS

This paper is a part of Maiken Holm Kaldal's doctoral project. Maiken Holm Kaldal worked with her supervisors Tiffany Conroy, Rebecca Feo, Mette Grønkjær and Siri Lygum Voldbjerg to create

the research design. Tiffany Conroy, Mette Grønkjær and Siri Lygum Voldbjerg provided oversight during the data collection, extraction and summary phase. Maiken Holm Kaldal wrote and revised this paper. Her supervisors provided feedback, advice and suggestions for revisions. All authors gave final approval of the version to be published.

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CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

NO PATIENT OR PUBLIC CONTRIBUTION

This review did not use involvement or suggestions from patients or public; however, different levels and methods of involvement may have been useful at different stages in an umbrella review.

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DATA AVAILABILITY STATEMENT

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

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