

Comparison of student nurses' expectations and newly qualified nurses' experiences regarding clinical practice: A secondary analysis of a cross-sectional survey

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Abstract

Aim: To compare student nurses' expectations and newly qualified nurses' experiences regarding clinical practice in Switzerland 1 year after graduation.

Design: A secondary explorative analysis of a cross-sectional survey.

Methods: The data were sourced from the Swiss National Graduate Survey of Health Professionals covering six universities of applied sciences between 2016 and 2019, with information on three cohorts of bachelor student nurses, with a 1-year follow-up between each year. The participants were 533 bachelor-prepared nursing graduates.

Results: The student nurses' overall expectations included the following top two prioritized aspects: 'contributing to something important' and 'adequate time to spend with patients'. Newly graduated nurses' clinical practice experiences demonstrated that not all expectations were met 1 year after graduation. The largest gaps were found in 'adequate time to spend with patients', 'work-life balance' and experiencing 'good management'.

Conclusion: The most crucial expectation gaps are related to having sufficient time to spend with patients and a good work-life balance. The most important result is whether there is a shortage of places for nurses to work rather than the oft-cited shortage of nurses.

Implications for the Profession and/or Patient Care: The expectations of Swiss newly qualified nurses can be better met by an assessment in the first year about which individual perceptions of workplace characteristics cause them to make choices to change something about their work, affect their job satisfaction or influence their intention to stay.

Impact: Few of the student nurses' expectations were met 1 year after graduation, therefore Swiss healthcare institutions should improve needs assessments to strengthen the nurse workforce starting early in employment. The results underscore the importance of a constructive management culture, such as that in magnet hospitals in the United States which underpins the philosophy of changing in nursing.

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The results can be used internationally as a benchmark and as a basis for introducing potential interventions for nurse retention.

Reporting Method: This study was reported following the Standardized Reporting of Secondary Data Analyses Checklist.

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Trial and Protocol Registration: This study has not been registered.

KEYWORDS

career, leadership, nursing profession, nursing shortage, secondary analysis

1 | INTRODUCTION

Worldwide, nurses account for 59% of all healthcare professionals (WHO, 2020). They significantly impact patient safety, regardless of the setting in which they work (Aiken et al., 2014; Griffiths et al., 2019; Muench et al., 2019; Needleman et al., 2020; Simon et al., 2020). Moreover, nurses' importance in healthcare is growing because they substantially contribute to the complex treatment regimens of acute and chronic conditions (Delamaire & Lafortune, 2010; McCleery et al., 2014; SBK, 2020). However, because of the volume of turnover among nurses (i.e. nurses leaving their jobs or the profession) and its consequences, nursing retention has received international attention and has become a primary focus globally (Halter et al., 2017; World Health Organization, 2020). This reality is exacerbated by the fact that the nursing workforce worldwide is relatively young: 38% of nurses are under 35 years old. The reality that up to 33% of newly qualified nurses leave the profession within the first 2 years, as confirmed by data from the United States, is a clear symptom of the greater challenges (newly qualified) nurses face today (Handzel, 2021). Data from Switzerland estimate the rate of registered nurses leaving the profession at around 43%; among them, 32% were under 35 years old (Lobsinger & Liechti, 2021).

The working situation of registered nurses (RNs) in Switzerland has been difficult for many years due to the various challenges that the country's healthcare system faces (Addor et al., 2017; Aeschbacher & Addor, 2018; De Pietro et al., 2015). Siebenhüner et al. (2020) describe RNs' working environments as stressful and dangerous to nurses' health. In line with the international literature (Cline et al., 2003; Trybou et al., 2015; Wang et al., 2015), they highlight that these working environments significantly impact satisfaction, team atmosphere and turnover; moreover, they list research findings on the physical and psychological tensions and strains that RNs must deal with. The physical demands involve lifting patients, equipment or tools, heavy workloads, shift work rotations and high levels of responsibility, along with frequent task shifting. One consequence is the alarmingly high prevalence rates of musculoskeletal disorders in young nurses (Bucher et al., 2023; Crawford et al., 2018). The psychological challenges include role ambiguity, patients' worries and expectations (Cockburn & Pit, 1997; Matthys et al., 2009), encounters with violence or other social issues at work (Cannavò et al., 2019; Holst & Skar, 2017), work-life conflicts, underused

skills, lack of participation in decision-making or unsupportive nursing management (Addor et al., 2017). More worryingly, the Swiss Health Observatory (Obsan, a joint institution of the Swiss Confederation and cantons) conducted a study on why RNs leave the profession finding that one of the most important reasons is insufficient identification with the profession (Addor et al., 2016). This, in turn, leaves newly qualified RNs unable to provide adequate patient care in challenging and complex patient situations in a rapidly changing clinical context involving increased patient acuity, comorbidities and staffing shortages (Willman et al., 2021). Expectations of student nurses and their experiences as newly qualified nurses in clinical practice presented in this article may be used internationally as a benchmark and as a basis for introducing potential interventions for nurse retention.

2 | BACKGROUND

The reasons that people remain in their work roles or leave are highly complex, and a differentiated understanding of all the influencing factors and links remains to be established (Latham, 2007, p. 260). It has been theorized that, for nurses, generational differences (Pressley & Garside, 2023) and different clinical settings (Eltaybani et al., 2018) may play a role in mediating, moderating and weighting different factors that may ultimately lead to attrition. For this study, we decided to start with Vroom's expectancy theory (Vroom, 1995), based on which we conceptualize newly qualified nurses as individuals who process information deliberately and make choices (i.e. to quit or stay in an organization; see Judge et al., 2001; Summers & Hendrix, 1991) by attempting to maximize their overall best interests. There may be workplace characteristics (e.g. salary or opportunities for promotion) that are important determinants of motivation and, therefore, job satisfaction. However, the central propositions of expectancy theory are that (1) the threshold to make a given choice is determined by the individual importance of a certain job outcome (valence) and that (2) the subjective probability of the envisioned choice leads to the desired outcome (expectancy). Accordingly, in the work that follows, we assume that newly qualified nurses' individual perceptions of workplace characteristics cause them to make choices to change something about their work, inform their conception of job satisfaction or influence their intention to stay.

The transition to clinical practice has been described as a grim, near-traumatic event for newly qualified nurses, leading to adverse physical and psychosocial outcomes (Duchscher, 2009; Kim & Kim, 2021). These outcomes, in turn, impact how newly qualified nurses perceive their profession, handle future interns and determine the length of their work engagement (Duchscher, 2009). This near-traumatic event was early on referred to as a 'reality shock'. It is experienced when newly qualified nurses are challenged by a disparity between what they anticipate and what they encounter at work (Kramer, 1975).

Supportive strategies in this transitional phase include best practices addressing skill proficiency, attending to emotional needs and providing structured transition programmes to improve clinical competence (Alsalamah & Fawaz, 2023; Opoku et al., 2021; Reebals et al., 2022). Structured transition programmes are primarily needed in clinical practice to create a work environment that supports newly qualified RNs in the clinical setting, translating into higher job satisfaction and retention rates (Missen et al., 2014; Rush et al., 2013).

For Switzerland, we were unable to identify evidence of systematic, structured transition programmes for newly qualified nurses (Schaffert et al., 2015, 2021). Swiss nursing degree programmes require internships before the completion of the offered training. The support systems during these internships are heterogeneous and vary in terms of length, format, cost, place of offering and organization (Merçay et al., 2021). Additionally, Switzerland has three language regions, each focusing on different priorities in nursing education. The clinical sites responsible for onboarding, potential transition programmes and internships, even in high-resource contexts such as hospitals, are currently barely able to provide adequate support to student nurses in internships (Merçay et al., 2021).

Furthermore, economic constraints regularly deprive rural regions of such programmes, and the federalist structure of the Swiss healthcare system makes implementing fair and timely programmes for the nurses' entry into clinical practice difficult.

3 | THE STUDY

3.1 | Aim

Although RN education in Switzerland is standardized, the transition from student nurses to RNs is still more or less unscripted and has not been subject to evaluation. Therefore, the present study aims to compare newly qualified nurses' experiences regarding clinical practice in Switzerland 1 year after graduation with their expectations when they were students.

3.2 | Research questions

We examine the valour-expectancy gap in newly qualified nurses. We focus on (1) which aspects of working in clinical practice are important to student nurses in Switzerland, (2) the extent to which these aspects have been fulfilled in their professional practice 1 year

after graduation (i.e. what informs their expectancy) and (3) whether this results in negative expectancy.

4 | METHODS

4.1 | Design

We conducted a secondary explorative analysis of prospective longitudinal data. The analysis is based on the Nat-ABBE survey, a Swiss nationwide census survey of final-year healthcare profession students conducted by six Swiss universities of applied sciences (www.cnhw.ch) within the three predominant language/geographic regions (German, French and Italian) (Bucher et al., 2017, 2018, 2019). The Nat-ABBE survey encompasses education and professional development at bachelor's level, coded for six professions: nurses, physiotherapists, occupational therapists, nutritionists, midwives and medical radiology technologists. The survey, which employed written online questionnaires, was first conducted in 2016 and repeated yearly until 2018, with a 1-year follow-up for each year. In these years, 3104 of the 5147 student healthcare professionals who were contacted took part, corresponding to a response rate of 60%.

The authors of the primary study did not test the validity or reliability of the Nat-ABBE survey questionnaire (Bucher et al., 2017, 2018, 2019), and only face validity was attempted for the translations (Bucher et al., 2017, 2018, 2019).

This study was reported in accordance with the Standardized Reporting of Secondary Data Analyses (STROSA) checklist (Swart & Schmitt, 2014).

4.2 | Ethics and data protection

The Nat-ABBE survey includes questions about prior education, job expectations and plans, along with a section on health. All participants provided informed consent in the online survey for the use of their data and its publication. All participant data were anonymized and stored following the confidentiality regulations of the universities of applied sciences. The processing of personal data adhered to good clinical practice guidance (European Medicines Agency et al., 2016), which, in turn, is based on the Helsinki Declaration (World Medical Association, 2013) and relevant Swiss data protection law. The survey was administered by the quality and evaluation unit of the Health Department of the Zurich University of Applied Sciences. Because the current secondary explorative analysis study did not include health-related data, no ethical approval was needed per the Swiss Human Research Act (BASEC-Nr: Req-2023-00815).

4.3 | Inclusion criteria and unit of analysis

We included the Nat-ABBE survey data on bachelor student nurses; all other health professions were excluded. Furthermore,

experienced nurses in RN-to-bachelor transition programmes were excluded because they had already entered and graduated from universities of applied sciences and had acquired considerable clinical experience. We aggregated the student nurse group from all three Nat-ABBE survey baseline (T0) cohorts (2016–2018) and language regions for socio-demographic analysis. The same was done with the newly qualified nurses (T1).

4.4 | Measurement of demographics, valence and expectancy

We analysed the baseline (T0) and follow-up (T1) socio-demographic questions on sex, age and year of degree completion. Further modules of the Nat-ABBE survey allowed us to approximate the importance or – in Vroom's words – 'valence' of certain aspects of the newly qualified nurses' work roles. Most importantly, the T0 expectation module, which contained a list of expectations for the student nurses' envisioned role in clinical practice, asked them to rate 16 items in terms of importance. The question in this module reads as follows: 'You will soon enter your profession. How important are the following aspects for your future employment?' The scale ranged from 1 ('not important') to 4 ('very important'). The items ranged from the practical (e.g. a 'good salary') to more task-related statements (e.g. 'clear-cut role definitions').

We also included follow-up (T1) survey questions on part-time work and job satisfaction in our analysis of socio-demographics. Switzerland's work quotas are usually expressed in percentages, where 100% equals a 42-h work week. We analysed four work satisfaction questions (e.g. 'Were you able to fulfil your professional expectations?') with a Likert-type scale ranging from 1 ('yes, very much') to 4 ('no') and another item (i.e. 'Are you satisfied with your current employment situation?') with a Likert-type scale ranging from 1 ('not satisfied at all') to 9 ('absolutely satisfied'). This was followed by a branching question enabling the selection of the desire for change: 'Do you want to change something about your employment situation?' The item allowed for the multiple-choice selection of eight predetermined reasons (e.g. 'I work in a limited contract' or 'The job is geographically hard to reach') and a short free-text response option.

At T1, the question in the expectation module was changed to reflect the newly qualified nurses' experiences after 1 year of clinical practice, thus gauging how their expectancies had been informed around each of the 16 aspects of clinical work by actually working in clinical practice. The T1 question read as follows: 'You have worked in your profession for a while now. How did the following expectations for your employment turn out?' To match this wording, the scales ranged from 1 ('not fulfilled') to 4 ('fully fulfilled'); those participants not employed at T1 were able to indicate their situation with a separate checkbox.

4.5 | Analysis

All analyses were conducted with STATA® 17 for Microsoft Windows. Demographics (sex, age, graduation year, language region, part-time

percentage and working in a nurse role) were analysed using frequencies, percentages and appropriate central tendencies and respective measures of variance. Frequencies and percentages were also used to describe work satisfaction, as well as the reasons for change. Missing responses were excluded per item from all analyses.

We included student nurses participating at both time points (T0 and T1) in the expectation gap analysis; this analysis was derived from expectancy theory (Judge et al., 2001; Summers & Hendrix, 1991) and follows a logic similar to that described by Jasso et al. (2016) in their empirical distributive justice framework. Accordingly, we defined the expectation gap as the difference between the mean expectation (T0) and mean experience (T1) ratings for each of the 16 statements in the expectation and experience modules respectively. Therefore, an expectation gap of zero would represent a complete correspondence between the reality that newly qualified nurses encounter in clinical practice and their expectations as student nurses. Negative values indicate an unmet expectancy resulting in less motivation to work in clinical practice; in contrast, positive values represent the surpassing of expectations, resulting in greater motivation to work in clinical practice. We compared the expectation gaps across all Swiss language regions.

5 | RESULTS

After excluding student health professions other than nurses and RNs in bachelor transition programmes, the secondary explorative analysis included the responses of 1452 student nurses at baseline and 533 responses 1 year later after they had become newly qualified nurses, equating to a response rate of 37%. Figure 1 presents a flowchart of the included participants.

5.1 | Sample characteristics

The participants' detailed socio-demographic data are presented in Table 1. The data show the participation of predominantly female nurses with a mean age of 25 (± 3.8) at T0 and 25 (± 4.3) at T1. The included participants at T0 were equally distributed across the three yearly cohorts, which stands in contrast to T1, which exhibited a decline in responses from the 2018 cohort. The distribution across language regions represents the natural distribution of spoken languages across Switzerland, with German being the most widely spoken language, followed by French and Italian.

5.2 | Work conditions: 1 year after graduation

The details regarding the participants' work quota 1 year after graduation are presented in Table 2. The newly qualified nurses fulfilled a high work quota 1 year after graduation – most were employed and most worked full-time. Those who wanted to change their work

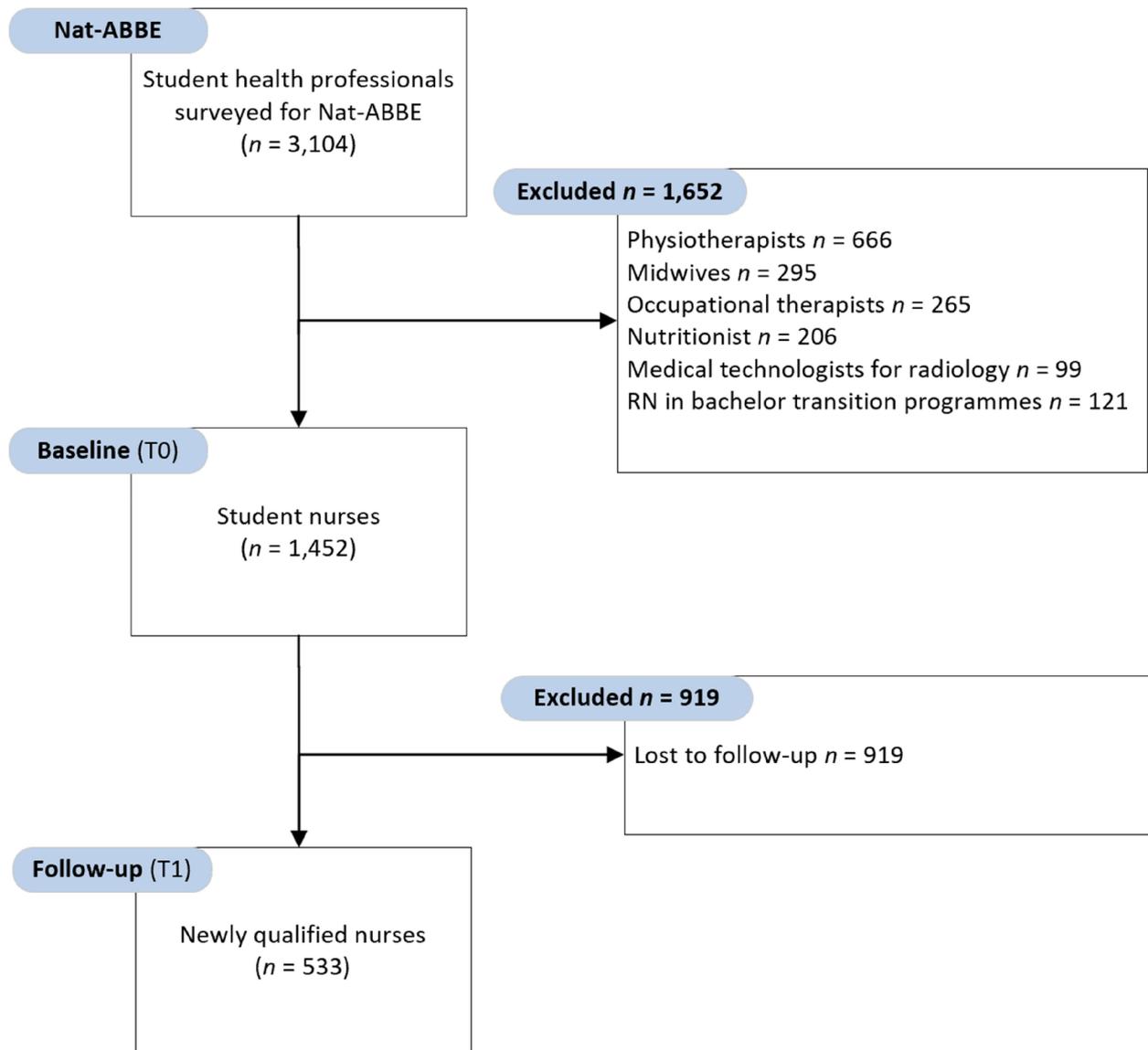


FIGURE 1 Flowchart of the included participants.

TABLE 1 Socio-demographic data at baseline (T0) and follow-up (T1).

Variables	T0, (n = 1452)	T0, missing responses	T1 (n = 533)	T1, missing responses
Female, n (%)	1268 (89%)	21	473 (90%)	5
Age, mean (\pm SD, min-max)	25 (\pm 3.8, 18-57)	37	25 (\pm 4.3, 21-57)	11
2016 Cohort, n (%)	480 (33%)	0	223 (42%)	0
2017 Cohort, n (%)	473 (33%)	0	229 (43%)	0
2018 Cohort, n (%)	499 (34%)	0	81 (15%)	0
German language region, n (%)	1001 (69%)	0	335 (47%)	0
French language region, n (%)	318 (22%)	0	151 (28%)	0
Italian language region, n (%)	133 (9%)	0	47 (9%)	0

quota ($n=297$) wished for a reduction. While 78.5% of the participants were satisfied (≥ 5 on a Likert scale from 1 = 'not at all' to 9 = 'very satisfied') with their work situation at T1, nearly two-thirds

of the newly qualified nurses (63%) wanted to change something about their work situation. Figure 2 shows the aspects of their work situation that these newly qualified nurses wanted to change.

Variables	T1, n = 533	Missing responses
Working as RN, n (%)	481 (90%)	n = 52
Work quota, mean (\pm SD, min-max)	93 (\pm 11, 20-100)	n = 97
Satisfied with quota, n (%)	338 (63%)	n = 97
Satisfied with current work conditions, mean ^a (\pm SD, min-max)	6.1 (\pm 1.9, 1-9)	n = 55
Desire for change	297 (63%)	n = 64

TABLE 2 Work quota, satisfaction and desire for change at T1.

^a(1) Not at all satisfied and (9) completely satisfied.

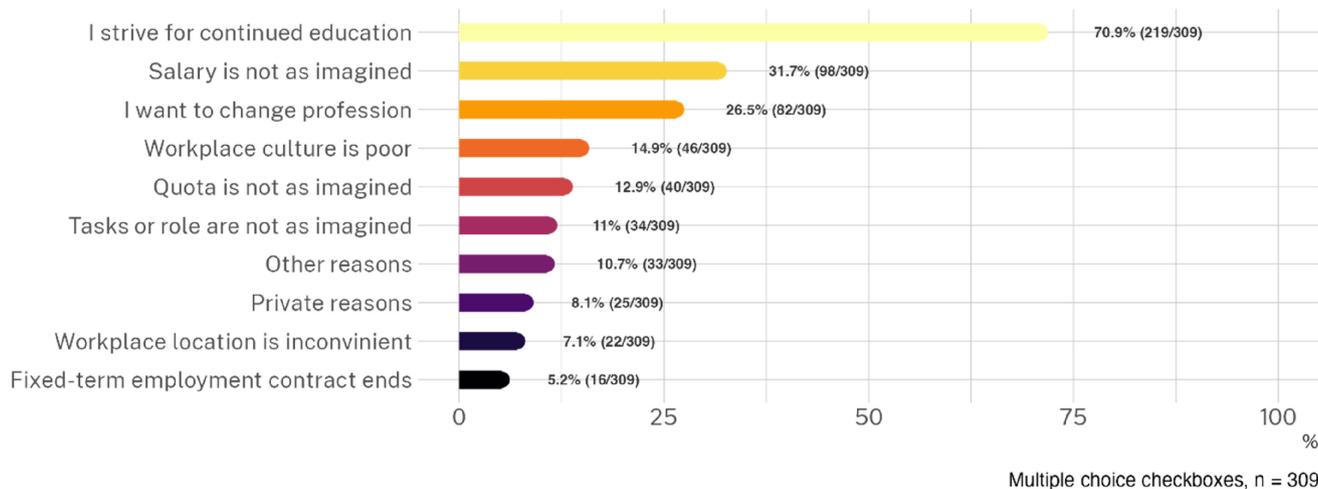


FIGURE 2 Reasons for their wish for change, as indicated by the newly qualified nurses at T1.

5.3 | Reasons for the desire to change something about the work situation

The participants were able to enter multiple reasons for their desire for change. The most frequently stated reason was striving for professional development (70.9%). This was followed by unfulfilled salary expectations (31.7%), plans to leave the nursing profession (26.5%) and poor workplace culture (14.9%).

5.4 | Expectations and experiences

Figure 3 illustrates the T0 responses to the 16-item expectation module. The student nurses' overall expectations were high, with mean responses between the 'quite important' (3) and 'very important' (4) options. The top three aspects at T0 were 'contributing to something important' (99.7%), 'adequate time to spend with patients' (99.1%) and 'opportunities for professional development' (99.2%).

Figure 4 illustrates the T1 responses of the newly qualified nurses to the same 16-item module a year later, this time from an experience perspective. The experience ratings for the top two items, 'supportive colleagues' and 'contributing to something important', were rated 94.8% and 94.3%, respectively, for the items 'quite fulfilled' and 'completely fulfilled' combined (the green and black areas). The item 'adequate time to spend with patients' (rated

second highest at T0) was rated with only 55% for the 'quite fulfilled' and 'completely fulfilled' responses combined, ranking second to last at T1. The item 'opportunities for professional development' (rated third highest at T0) achieved 84.2% for the 'quite fulfilled' and 'completely fulfilled' responses combined, ranking seventh.

5.5 | Expectancy

The expectation gaps plotted in Figure 5 illustrate that the expectancy of newly qualified nurses is negative 1 year after graduation. The largest expectation gaps can be seen in the aspects of 'adequate time to spend with patients', 'work-life balance' and experiencing 'good management'. However, the aspects of 'supportive colleagues' and 'autonomy' seem to have only narrowly missed expectations. Even though there were smaller expectation gaps in a few areas, we must highlight that the expectancy of working clinical practice lagged behind all expectations for student nurses. This extends across all three cohorts and language regions of Switzerland, for which similar rankings of expectation gaps were uncovered.

6 | DISCUSSION

The present study has shed light on (1) which aspects of clinical practice are important to bachelor student nurses in Switzerland,

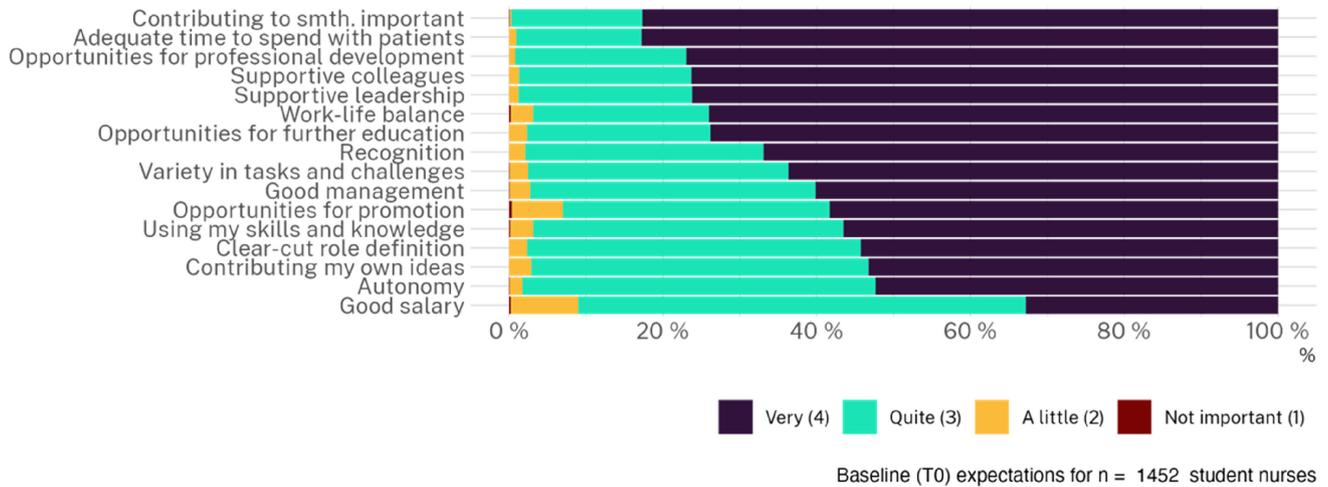


FIGURE 3 Student nurses' expectations regarding clinical practice (T0).

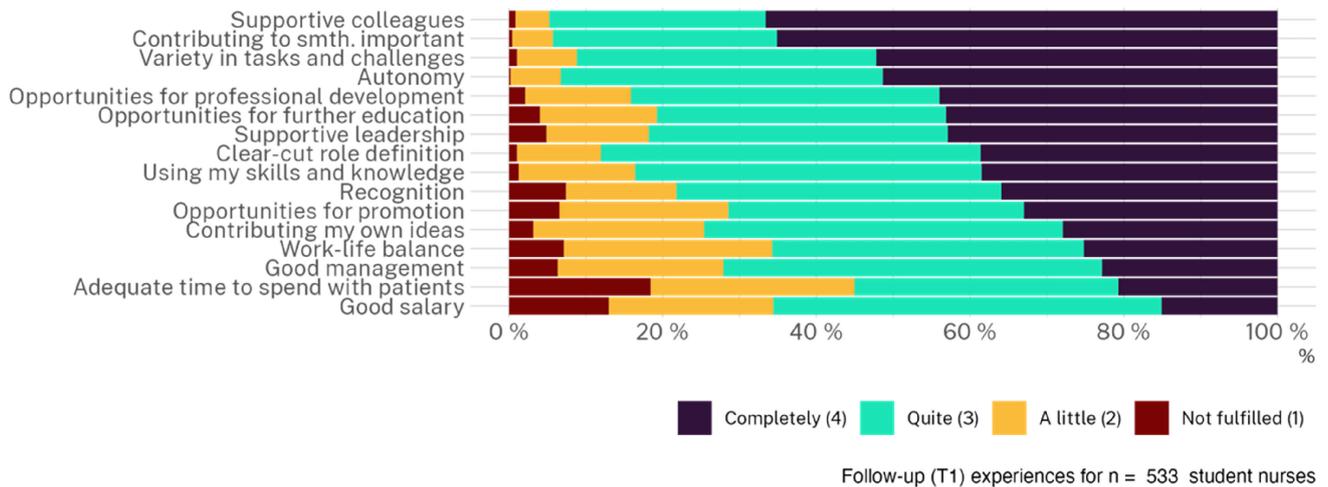


FIGURE 4 Newly qualified nurses' experience 1 year later (T1).

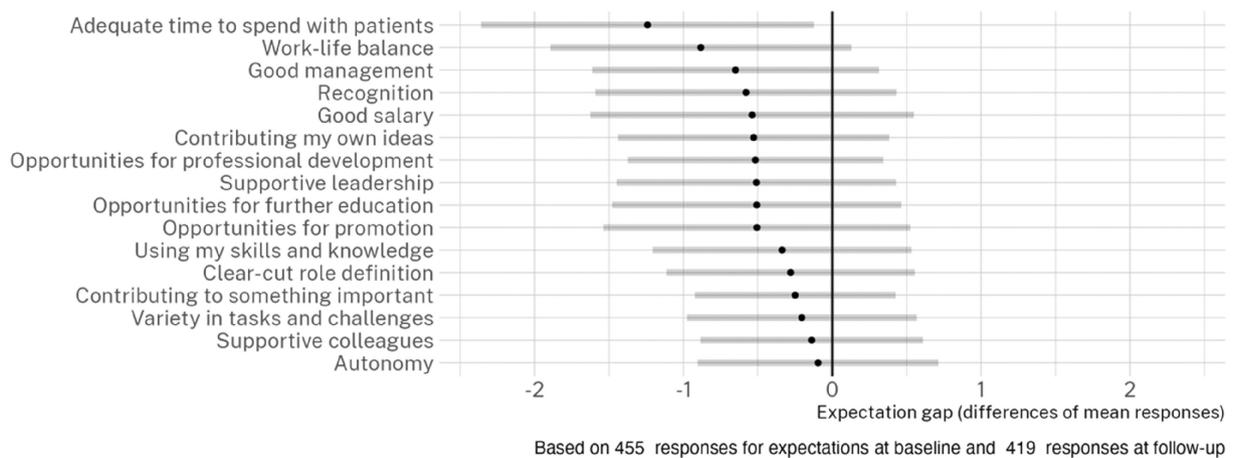


FIGURE 5 Expectation gaps.

(2) the extent to which these expectations are fulfilled in their professional practice 1 year after graduation and (3) the expectancy of newly qualified nurses. The survey results confirm the discrepancy

between expectations and reality (Kim & Kim, 2021; Kramer, 1975; Opoku et al., 2021). Thus, 1 year after entering the profession, none of the student nurses' expectations were fully met or exceeded and

one in five nurses explicitly stated that they were dissatisfied with their work situation. Student nurses want to do meaningful work, have enough time for patients and have opportunities for professional development. According to the results, the graduates experienced working with supportive team members and the feeling that they were doing something meaningful while simultaneously undertaking various tasks and encountering challenges.

As the analysis of the discrepancy between bachelor nursing students' expectations and newly qualified nurses' experiences 1 year later shows, the most significant deficits were in nurses' lack of time with their patients, work-life balance and ward and/or line management. The latest data from the MISSCARE study in Austria confirmed that the discussion around missed care is more than relevant (Cartaxo et al., 2022b). Rationing care provision due to a lack of time harms nurses' professional and moral integrity. It is a logical reaction that newly qualified nurses initially try to deal with this dilemma by changing positions. The pressure on nurses with less and less time available for direct nursing care continues to increase. Between 2010 and 2021, the number of Swiss full-time positions for nurses decreased from 22% to 19.7% in hospitals, while at the same time, medical doctor positions increased from 14.3% to 15.9% (Bosshard, 2023). This implies that the number of jobs for nurses was cut while the number of jobs for physicians was increased. We know from Aiken's studies that the proportion of nurses is central to patient safety (Aiken et al., 2014; Simon et al., 2020). However, nurses have no choice but to leave their profession if they find the working conditions professionally and morally unacceptable in the long term.

Although none of the expectations were fully met, the expectations regarding autonomy were nearly fulfilled. As expected, supportive colleagues seemed to create an empowering environment, nursing tasks were experienced as diverse and demanding and the newly qualified nurses felt they were contributing to something important. Spending time with patients may reflect a core value of the nursing profession (Durkin et al., 2019). Physical and emotional presence is considered a prerequisite to compassion, which in turn is recognized as a moral and practical imperative for delivering nursing care (International Council of Nurses, 2021). From our data, we were unable to determine why the expectation of spending time with patients was the most undermined. According to Lavander et al. (2016), nurses spend between 4% and 41% of their time directly with patients. In line with other authors (Swiger et al., 2016), Lavander et al. report that up to 60% of registered nurses' working time is taken up by indirect care, which can include documentation, task switching or coordination of direct care provided by healthcare assistants. Rather than these administrative tasks, nurses are likely to prefer direct patient care (Lindqvist et al., 2014). Appropriate staffing ratios and the targeted use of qualified staff in direct patient contact should therefore be incentivized (Cartaxo et al., 2022a). More attention must be paid to relieving nurses of administrative tasks to retain them in the profession (Myny et al., 2011).

One could argue that student nurses' expectations of clinical practice at baseline are plainly unrealistic (Higgins et al., 2010) when they are met with the reality of professional and organizational

constraints. However, we are not convinced that student nurses are trained to develop unrealistic expectations of clinical practice. Nurses in Switzerland are frequently vocationally trained nurses with considerable experience in clinical practice before starting their tertiary nursing training. For tertiary training, all student nurses are required to attend several internships before, during and after they graduate (Merçay et al., 2021).

The second striking finding regards newly qualified nurses being drawn to continued education, which has also been discussed in relation to retention (King et al., 2021; Twigg & McCullough, 2014; Vázquez-Calatayud et al., 2021). However, a prerequisite for successful continued education reflects the second unfulfilled expectation of our newly qualified nurse cohorts (Price & Reichert, 2017), namely work-life balance. King et al. (2021) recommend building a positive workplace culture to mitigate concerns regarding work-life balance and improve the effectiveness of continued education and career development. They highlight that multiple staffing and administrative factors, such as adequate time resources, remuneration for overtime and academic-clinical practice partnerships, may be critical to realizing benefits for patients, nurses and organizations (King et al., 2021). These foci are part of the magnet programme in the United States, which has been demonstrated to retain more staff and even improve patient outcomes (Rodríguez-García et al., 2020).

Even though the results do not present ground-breaking insights, they highlight areas for improvement in Switzerland. Based on the discussion above and expectancy theory (Judge et al., 2001; Summers & Hendrix, 1991), with the core assumption that the newly qualified nurses' individual perceptions of workplace characteristics cause them to make choices to change something about their work, inform their conception of job satisfaction or influence their intention to stay, the two main areas that can be modified on a larger scale level are nurses' work experience and the provision of incentives in the areas of salary, work-life balance and employee wellness programmes, which may reduce the likelihood of attrition among newly qualified nurses (Weninger Henderson, 2020). Both topic areas are broadly addressed by the new Swiss constitutional law on the regulation and promotion of the nursing profession, which was approved by popular vote in November 2021.

6.1 | Strengths and limitations of the work

This study's strengths include its unique database: a Swiss three-language nationwide survey of final-year healthcare professional students conducted by six universities of applied sciences for the 2016–2019 period. A second strength is that two of the co-authors have previously worked intensively with this database and have been able to derive important practical results (Bucher et al., 2023; Crawford et al., 2018).

Although our study provides a better understanding of bachelor nursing student expectations and their degree of fulfilment, the

results should be interpreted within the boundaries of the present study's limitations. First, the secondary data analyses might have led to a weaker concept–indicator correspondence because the data used to facilitate the analyses were not exclusively collected for the purpose of the present study. Second, the Nat-ABBE survey was developed from scratch simultaneously for three languages, whereas the survey modules we used were based on limited, unpublished psychometric testing (i.e. face validity) only. Third, because of our explorative approach, no causal interpretation is possible. Fourth, the results could not be adjusted for potential confounders because potential candidate variables provided insufficient variance (e.g. age and gender). Fifth, we were confronted with a considerable amount of panel mortality, which may have contributed to selection bias. Finally, the present study is descriptive and cannot directly contribute to resolving the urgent question of improving working conditions for nurses and other healthcare professionals, especially as it is related to an ongoing workforce shortage in the Swiss healthcare system.

7 | CONCLUSION

This work implies that the expectations of Swiss nurses are largely unmet 1 year after graduation. The most crucial expectation gaps are related to having sufficient time to spend with patients and a good work–life balance. The challenge of spending sufficient time with patients can be mostly mitigated by adequate staffing tailored to the complexity of the care situation. A management culture that promotes the professional career development of nurses and their professional dignity is also needed. The logical conclusion is to begin asking whether there is a shortage of places where an adequate context for nurses to work exists rather than continuing to write about the shortage of nurses. At magnet hospitals in the United States, there are places where nursing care professionals would obviously prefer to work. The magnet concept has the potential to change nursing with better working environments and outcome-based care. Thus, further research on the magnet concept is needed to explore how the results are transferable between care settings and countries.

Finally, it remains to be seen whether and how implementing the new Swiss law and ensuing regulations on the nursing profession will impact the retention of newly qualified nurses in comparison with other European countries. However, given the urgency and global nature of the shortage of healthcare professionals – especially nurses – we believe that research on the implementation of possible solutions is already warranted in the short term.

AUTHOR CONTRIBUTIONS

Made substantial contributions to conception and design, acquisition of data or analysis and interpretation of data; AKS, AK, FS and TV. Involved in drafting the manuscript or revising it critically for important intellectual content; AKS, AK, FS, MB, CH, DC, TB and TV. Given final approval of the version to be published. Each author

should have participated sufficiently in the work to take public responsibility for appropriate portions of the content; AKS, AK, FS, MB, CH, DC, TB and TV. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. AKS, AK, FS, MB, CH, DC, TB and TV.

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PEER REVIEW

The peer review history for this article is available at <https://www.webofscience.com/api/gateway/wos/peer-review/10.1111/jan.16211>.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the co-author, Thomas Bucher, thomas.bucher@zhaw.ch. The data are not publicly available due to privacy criteria among the Swiss Universities of Applied Sciences.

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