

SCOPING REVIEW OPEN ACCESS

Factors Contributing to Emotional Burnout in Newly Registered Nurses in Australia: A Scoping Review

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Correspondence: Kate Hurley (kate.hurley@jcu.edu.au)**Received:** 12 June 2025 | **Revised:** 7 May 2026 | **Accepted:** 13 May 2026**Keywords:** emotional exhaustion | graduate registered nurse | mental fatigue | newly registered nurse | role stress

ABSTRACT

Aim: Around 15,000 graduate registered nurses enter the Australian workforce each year, forming a critical component of a sustainable and skilled workforce. However, the Australian healthcare system continues to face major challenges in the recruitment and retention of nurses. This review aimed to explore the existing literature on emotional burnout among Australian registered nurses during their first year of practice.

Design: A scoping review was conducted using Arksey and O'Malley's methodological framework to map and synthesise peer-reviewed primary research on emotional burnout in graduate registered nurses.

Methods: A comprehensive search of five electronic databases was conducted, including CINAHL, Medline, Emcare, Scopus and PsycINFO, in December 2024. Eligible studies included primary research examining emotional burnout among Australian registered nurses during their first year of practice. Data were charted and reported through a narrative synthesis informed by thematic analysis.

Results: Six studies met the inclusion criteria, spanning 20 years of research. Three main themes emerged: unsupportive workplaces, role stress and workload expectations.

Conclusion: Without addressing the challenges that graduate registered nurses face, emotional burnout and attrition from the profession are likely to persist, placing increased pressure on the healthcare workforce.

No Patient or Public Contribution: As this study was a review of previously published literature, there was no involvement from patients or the public in the design, conduct, reporting or dissemination of research.

1 | Background

The global nursing shortage, in combination with the current aging healthcare workforce, has placed increased pressure on the healthcare system to recruit and retain registered nurses (RNs). The case is no different in Australia (Calleja et al. 2024). The demand for staff often places increased pressure on the healthcare workforce and the services they deliver. The predicted national shortfalls of RNs remain concerning, with an expected deficit of almost 80,000 RNs practising in healthcare settings by 2035 (Department of Health and Aged Care 2024). Registered nurses are a vital component of healthcare delivery

in Australia and comprise the largest sector of professionals within the healthcare workforce, with around 337,000 registered practitioners (Department of Health and Aged Care 2023). Of these, approximately 38,854 RNs are first-time registrants, with 22,699 domestic RNs (including graduate RNs) and 16,155 international registrants (Nursing and Midwifery Board 2025).

In many cases, graduate RNs often feel the need to adjust quickly and manage high patient acuity, rapid patient turnover and technological advancements (Gardiner and Sheen 2016; Rush et al. 2019). These feelings are compounded by a lack of structured support, inadequate or infrequent feedback from

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supervisors, negative workplace culture and inconsistent educational opportunities (Gardiner and Sheen 2016; McKenzie et al. 2021; Hong and Yoon 2021). This feeling of being under-prepared, coupled with a lack of structured support, can lead to exhaustion, emotional burnout, and fatigue (Gardiner and Sheen 2016; Cubit and Ryan 2011; Donovan et al. 2021), contributing to graduate RNs' intentions to leave the workplace.

Emotional burnout is defined as a psychological syndrome that can impact one's ability to work professionally (Leo et al. 2021). When entering the workforce, graduate RNs generally find themselves working in challenging conditions with high occupational stress, which is known to lead to increased burnout, mental exhaustion and fatigue (Calleja et al. 2024; Rogers et al. 2023). To build professional confidence and competence, graduate RNs require appropriate systems and support programs, such as transition programs and effective preceptorship, to develop their skills as novice practitioners (Gardiner and Sheen 2016; Harrison et al. 2020).

Research indicates that graduate RNs transitioning into professional roles can experience feelings of isolation, vulnerability, and uncertainty (Calleja et al. 2024; Cubit and Ryan 2011; Harrison et al. 2020) and require support to transition safely (Calleja et al. 2024; Mafumo et al. 2022). Supportive workplaces can help graduate RNs create a sense of connectedness to the workplace and foster acceptance, resulting in increased job satisfaction, professional commitment and retention (Gardiner and Sheen 2016; Hong and Yoon 2021; Harrison et al. 2020; Mafumo et al. 2022; Sebaeng et al. 2023).

This scoping review aimed to capture the peer-reviewed primary research to explore factors contributing to emotional burnout in the Australian graduate RN population.

2 | Method

A scoping review was chosen as the method for this research, enabling exploration of all relevant literature, which allows for an increased familiarity with the existing literature and is highly suitable for identifying research gaps (Arksey and O'Malley 2005). The methodological framework presented by Arksey and O'Malley (Arksey and O'Malley 2005) guided the research protocol through the following steps: identification of the research question; identification of relevant studies; study selection; charting of data; and collating, summarising and reporting the results. This review did not require registration, and no institutional approvals were required. The scoping review was undertaken in December 2024.

TABLE 1 | Inclusion and exclusion criteria.

Inclusion	Exclusion
<ul style="list-style-type: none"> English, or officially translated Peer-reviewed, primary research studies Registered nurses in their first year of professional practice in Australia Papers where the key focus was on emotional burnout 	<ul style="list-style-type: none"> Papers in other languages Secondary research studies such as reviews of literature Other nurses, nursing students Key focus is not emotional burnout

2.1 | Identification of the Research Question

The scoping review aimed to answer the following research question:

What research exists on factors contributing to emotional burnout for Australian registered nurses during their first year of professional practice?

2.2 | Identification of Relevant Studies

The PICo (Population, Interest/Intervention, Context) framework was used to develop the research question and relevant keywords and synonyms were included. The population was defined as graduate registered nurses, including terms such as newly graduated, first-year, or newly registered nurses. The interest focused on emotional burnout, including terms related to psychological burnout, emotional exhaustion, professional burnout and mental fatigue. The context was limited to Australian health facilities, ensuring the review remained specific to the Australian healthcare environment.

Search terms were selected based on previous literature and MeSH headings. Search strings included the Boolean operators of 'OR' and 'AND'. The search terms included "nurse" OR "nursing" OR "nurses" and "emotional exhaustion" OR "mental fatigue" OR "burnout". This was combined with the phrases austral* OR queensland OR 'new south wales' OR victoria* OR tasmania* OR 'northern territory' to collect evidence that was indexed as state-based, excluding it from Australia as the keyword. Australian Capital Territory, South Australia and Western Australia state-based research were captured by the search term austral*. For a detailed account of the search strategy, please see the [Supporting Information](#) included (Figure S1).

2.3 | Study Selection

Table 1 demonstrates the criteria used to guide inclusion or exclusion for this literature search.

The total number of articles found using the search terms in the five databases (CINAHL, Medline, Emcare, Scopus and PsycINFO) was 344 articles (Figure 1), with 91 of these excluded due to being duplicates. The titles and abstracts of the remaining articles were independently screened against the eligibility criteria by the team of three researchers. At this point, all articles deemed to fit the eligibility criteria by one or more of

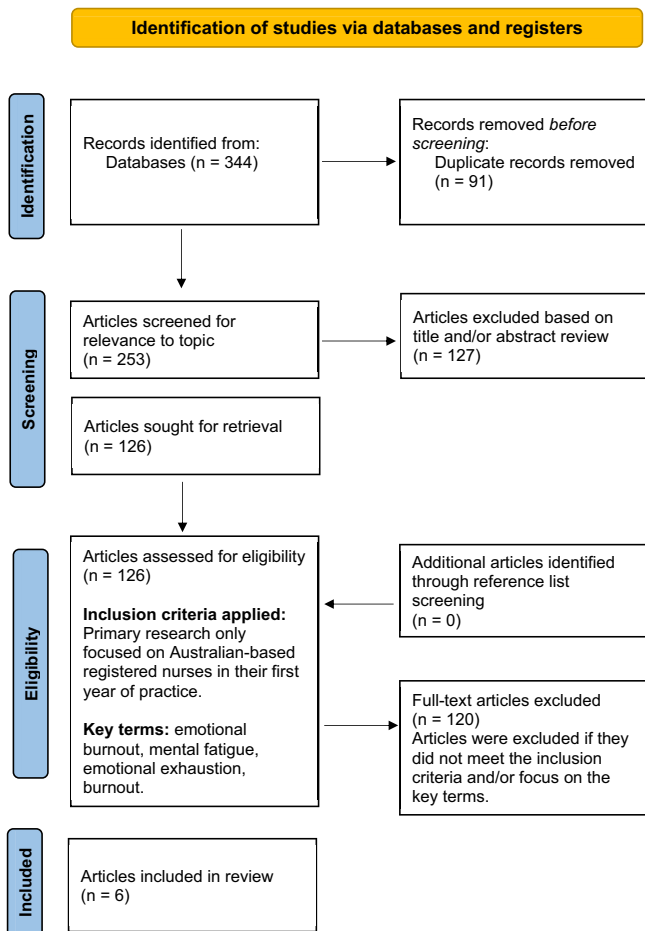


FIGURE 1 | Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) four-phase flow diagram. (PRISMA 2020).

the researchers were retrieved for full-text screening. The articles selected for full-text screening were then independently screened by at least two members of the research team. The research team (all Australian-based nursing academics) met regularly to discuss the screening and analysis process and resolve any conflicts. In the third and final stage of screening, 126 articles were screened against the eligibility criteria and 120 articles were excluded. In total, six papers met the eligibility criteria and were included.

Figure 1 presents the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) for this scoping review. Researchers also used the Preferred Reporting Items for Systematic Review and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) checklist to ensure the scoping review was reported clearly, transparently and rigorously.

2.4 | Charting the Data

The PAGER framework was used to map the Patterns, Advances, Gaps, Evidence for Practice and Research recommendations arising from literature meeting the inclusion criteria (Table S1. PAGER Framework). Key findings and study data from included studies were also mapped and presented in table format (Table 2).

2.5 | Analysing the Evidence and Reporting Results

The included articles were managed through the data analysis software NVivo (Lumivero 2025). Braun and Clarke's six steps to thematic analysis (Braun and Clarke 2006) were used to guide the extraction and analysis of the data in the retrieved publications. The first reviewer (KH) read the articles multiple times to build familiarity with the data. At this stage, initial codes were developed, grouped and coded to form themes that addressed the research question. After the initial analysis was complete, the themes and subthemes were reviewed by another member of the team (TA) to ensure the generated themes addressed the research question. During this process, there were discussions held to review and define themes to ensure that they were representative of the data.

3 | Results

The results are based on the six articles that met the eligibility criteria for this scoping review, including two quantitative studies, three qualitative studies and one mixed-method study (Table 2). The qualitative research papers examined different dimensions of early professional practice, using descriptions of lived experience to provide insight into how organisational and interpersonal factors shape transition outcomes (McKenzie et al. 2021; Cubit and Ryan 2011; Donovan et al. 2021; Walker et al. 2013). The quantitative studies provided measurable evidence of psychological and organisational patterns across time, identifying structural stressors such as workload, role ambiguity and fatigue (West et al. 2007; Chang and Hancock 2003). Of the included studies, one investigated the experience of mental exhaustion among graduate registered midwives (RM) and graduate RNs (Donovan et al. 2021), while all other studies focused solely on graduate RNs. One study was conducted exclusively in the neonatal intensive care environment (McKenzie et al. 2021), and the remaining five studies were conducted in the general hospital setting with unidentified areas of speciality (Cubit and Ryan 2011; Donovan et al. 2021; Walker et al. 2013; West et al. 2007; Chang and Hancock 2003). The included studies presented research collected over more than 20 years, spanning 2003 (Chang and Hancock 2003) to 2021 (McKenzie et al. 2021; Donovan et al. 2021). The participants were based in the ACT (Cubit and Ryan 2011), NSW (Chang and Hancock 2003) Victoria (Walker et al. 2013) and WA (McKenzie et al. 2021) and two of the studies were conducted in a broader Australian-wide context (Donovan et al. 2021; West et al. 2007). All included articles examined the experiences of graduate RNs in the hospital context and discussed emotional burnout as a central theme in their research.

Three common themes emerged through analysis of the data: (1) Unsupportive workplaces, (2) Role stress and (3) Workload expectations.

3.1 | Theme 1: Unsupportive Workplaces

A lack of professional support was raised as a factor that can create challenging conditions for graduate RNs when

TABLE 2 | Articles included in review.

Authors	Date	Title	Study design	Participants/Settings	Key findings
Chang, E; Hancock, K.	2003	Role stress and role ambiguity in new nursing graduates in Australia.	Quantitative: Survey design. The developed questionnaire was used to examine sources of role stress and changes in role stress 2–3 months after employment, and 11–12 months later.	154 graduates from 13 different healthcare institutions in New South Wales, Australia. Participants had been working for 2–3 months in one of four teaching hospitals.	Role overload and ambiguity were negatively related to job satisfaction. The transition into the RN role found ambiguity to be a greater influence for the person to leave the organisation when compared with role conflict. Nurses experiencing increased stress also suffer psychologically, increasing their chances of burnout. The findings recommended more focus be placed on the graduate RNs adjustment to the role and the support that is required to facilitate this transition effectively.
West, SH; Ahern, M; Byrnes, M; Kwanten, L.	2007	New Graduate Nurses Adaptation to Shift Work: Can We Help?	Quantitative: Descriptive correlational longitudinal design. Examining relationships between individual factors and outcomes, measured at three time points over a 12 month period.	150 final year undergraduate students attending an Australian university. Screening was conducted at three separate intervals—upon graduation, 6 months and 12 months of working.	Further investigation is required to establish the effect of shift work on outcome measures such as levels of burnout and job satisfaction for graduate RNs. The findings identified that improved preparation for shift work may assist the adaptation to shift work for graduate RNs during their first year of practice.

(Continues)

TABLE 2 | (Continued)

Authors	Date	Title	Study design	Participants/Settings	Key findings
Cubit, KA; Ryan, B.	2011	Tailoring a Graduate Nurse Program to meet the needs of our next generation nurses	Mixed methods study design. Qualitative design: focus-group interviews. Quantitative design: surveys. Data used to explore graduate experiences and evaluate graduate nurse program.	16 graduate nurses from one healthcare facility in the Australian Capital Territory.	Graduate RNs continue to experience stress and anxiety during their first year of practice. The psychological implications of reality shock can include mental exhaustion, burnout and depression. Participation in a formal graduate nurse program which has a strong focus on support and socialisation, can mitigate some of the stress associated with transitioning into the workplace as a graduate RN.

(Continues)

TABLE 2 | (Continued)

Authors	Date	Title	Study design	Participants/Settings	Key findings
Walker, A; Earl, C; Costa, B; Cuddihy, L	2013	Graduate nurses' transition and integration into the workplace: A qualitative comparison of graduate nurses' and Nurse Unit Managers' perspectives	Qualitative: Longitudinal design. Analysis of open-ended survey responses to compare graduate nurses' and nurse managers perceptions of stressors.	69 graduate nurses and 25 nurse unit managers from one healthcare facility in Victoria.	Graduate RNs reported levels of unprofessional workplace behaviour in the professional setting. The reported levels of inappropriate behaviour witnessed by graduate RNs were higher than the reported levels of unprofessional workplace behaviour from the perspective of the nurse unit managers working in the same area. Both graduate RNs and nurse unit managers cited the adaptation to shift work and the role requirements of a RN (such as managing workload), can cause emotional exhaustion. Supportive workplaces, including timely and appropriate emotional support, was an important factor, influencing confidence levels of the graduate RN.

(Continues)

TABLE 2 | (Continued)

Authors	Date	Title	Study design	Participants/Settings	Key findings
Donovan, H; Welch, A; Williamson.	2021	Reported Levels of Exhaustion by the Graduate Nurse Midwife and Their Perceived Potential for Unsafe Practice: A Phenomenological Study of Australian Double Degree Nurse Midwives.	Qualitative: Descriptive phenomenological study design. Unstructured, in-depth interviews to explore double-degree graduate nurse-midwives' experiences of exhaustion and perceived unsafe practice.	29 double degree graduate nurse midwives working in 20 different healthcare facilities across Australia.	Participants (graduate RNs and graduate RMs) experienced exhaustion from an emotional, physical and mental perspective during their first year of practice. These experiences were linked with cognitive saturation, professional loneliness, sleep deprivation and an inability to achieve a work-life balance. Recognition that health and well-being is central to graduate RNs perceptions of safe practice and is fundamental to a positive transition to practice experience.
McKenzie, R; Miller, S; Cope, V; Brand, G.	2021	Transition experiences of newly qualified registered graduate nurses employed in a Neonatal Intensive Care Unit.	Qualitative: Narrative inquiry design. Semi-structured interviews to examine newly-qualified NICU nurses' experiences with transition.	8 newly graduated RNs from two hospitals in Western Australia.	Participants identified key themes of feeling unprepared, being the victim of horizontal violence, the need for a supportive structural environment, and challenges to receiving feedback. Participants reported overwhelming feelings of stress, emotional exhaustion, and concerns for patient safety as a result of negative workplace culture and poor professional behaviour.

transitioning into the Australian health workforce. In the included studies, the authors conclude that an unsupportive workplace, including unprofessional behaviour and a lack of support (McKenzie et al. 2021; Walker et al. 2013), can substantially impact the transition of a graduate RN, creating a feeling of disconnect with the profession. Walker et al. (2013) noted that unprofessional workplace behaviour impacted the self-confidence of graduate RNs and their ability to build relationships with colleagues. In this study, many nurse managers appeared to be unaware of the level of unprofessional workplace behaviour graduate RNs were exposed to, conceding that unprofessional workplace behaviour can belittle and demoralise graduate RNs, contributing to poor self-esteem and a lack of confidence (Walker et al. 2013). In their descriptive phenomenological study, Donovan et al. (2021) reported that workforce issues such as incivility and aggression can contribute to emotional exhaustion and influence how supported a graduate RN feels. In their study, Donovan et al. 2021, found that new nurses who perceived greater levels of social support also reported lower levels of psychological stress. This indicates that building positive relationships and social networks with colleagues can contribute to the development of professional identity and help graduate RNs feel accepted in the workplace.

3.2 | Theme 2: Role Stress

Graduate RNs reported feeling stressed about the expectation of them to perform at the level of an experienced RN, and this emerged as a common theme. Included studies raised concerns about the level of stress a graduate RN feels when transitioning into the professional setting, citing feelings of isolation, vulnerability and uncertainty (McKenzie et al. 2021; Cubit and Ryan 2011). The stressful experience of transitioning into the Australian health workforce was further explored by Cubit and Ryan (2011) in their mixed-methods study, which stated that the reality shock of transitioning from a student RN to a graduate RN was confronting and presented significant challenges in the professional environment. Cubit and Ryan (2011) further explain that graduate RNs feel a sense of increased accountability and responsibility upon registration, leading to increased stress. Graduate RNs in this study shared that they had experienced instances where they often got lost or were unable to find different departments due to their inability to navigate the healthcare facility and felt like they were not always able to finish their work on time. McKenzie et al. (2021) concluded that the confidence of a graduate RN could be negatively affected in the professional setting due to inadequate or abrupt feedback from experienced staff members (particularly in the first few weeks of practice), contributing to feelings of self-doubt, isolation and reduced professional confidence. The impact of unconstructive feedback was further explored by Walker et al. (2013) in their longitudinal qualitative study, where participants shared that unconstructive feedback often left them feeling uncomfortable and lowered their level of self-esteem.

3.3 | Theme 3: Workload Expectations

In the first year of practice, graduate RNs change and are expected to consolidate clinical skills and knowledge learned

in the tertiary setting, and competently apply it to the health-care setting (Walker et al. 2013). As a result of the substantial growth and development experienced by graduate RNs in this year of professional practice, workload expectations were a prominent theme. In the collected research, it appeared that the environment or context in which a graduate RN was working did not appear to mitigate feelings of apprehensiveness or feelings of being underprepared (McKenzie et al. 2021; Cubit and Ryan 2011; West et al. 2007). McKenzie et al. (2021) concluded in their narrative inquiry that graduate RNs often feel a sense of anxiety or feel underprepared for practice in general nursing settings, and that these feelings were exacerbated when placed in higher acuity areas, such as the ICU. Walker et al. (2013) in their qualitative study noted that a perceived lack of support and stressful workloads often contributed to the level of stress experienced by the graduate RN, negatively impacting their assimilation into the professional setting. The stress associated with workload requirements was mirrored in a narrative study by McKenzie et al. (2021), who reported that graduate RNs often felt pressured to complete unrealistic workloads that were in excess of their capabilities, resulting in feelings of inadequacy, leading to emotional exhaustion and burnout. Psychological distress was found to be compounded further by shift work, a necessary element of most RN roles and its effects on emotional and social well-being, often leading to emotional exhaustion and mental fatigue (Walker et al. 2013; West et al. 2007). While Donovan et al. (2021) in their phenomenological study reported that experiences of professional loneliness and the inability to achieve a work-life balance were linked to graduate RNs feeling emotionally, physically and mentally exhausted.

4 | Discussion

This review sought to examine factors contributing to burnout among Australian graduate RNs. The themes reflect an interconnected system of workforce, organisational and professional pressures that collectively shape the experience of burnout. These factors are examined in greater depth in this discussion.

4.1 | Lack of Structured Support Systems

The scoping review identified that a lack of structured support is detrimental to graduate RNs in their early practice. The review found that when adapting to clinical environments, graduate RNs encounter a critical period of adaptation and growth as they balance developing clinical knowledge with building a sense of belonging (McKenzie et al. 2021; Cubit and Ryan 2011). Time to safely develop critical thinking skills and knowledge through incremental learning was identified as crucial during this transition (McKenzie et al. 2021; Walker et al. 2013; Chang and Hancock 2003). Conversely, the absence of consistent access to structured support, often constrained by workload demands, rostering pressures and variable organisational engagement, was associated with emotional burden, heightening the risk of burnout (Cubit and Ryan 2011; Donovan et al. 2021; West et al. 2007; Chang and Hancock 2003).

Wider research indicates that graduate RNs require approximately 12 months to consolidate professional competence and confidence (Humphries et al. 2025), with the first 3–6 months identified as the most critical in their professional development (Çiriş Yıldız and Ergun 2020; Woo and Newman 2020). International literature reports higher burnout rates among graduate RNs compared with experienced practitioners, with structured support systems identified as central to successful transition to practice (Ren et al. 2024). In China, Ren et al. (2024) found that a lack of structured support hindered graduate RNs' ability to manage role demands, leading to emotional exhaustion, reduced efficiency, high burnout and increased turnover. These findings are reinforced by a systematic review by Kreedl et al. (2021), which included literature from Australia, Ireland and the United States, demonstrating that limited support increased stress and vulnerability and contributed to graduate RNs leaving the profession. While models of support may vary across settings, the literature consistently underscores the critical importance of structured support during the first year of practice for graduate RNs.

4.2 | Workforce Challenges and Blurred Boundaries

Findings from the scoping review demonstrate a clear correlation between workforce pressures (particularly arising through inadequate staffing levels, inappropriate skill mix and blurred scopes of practice) and increased emotional burnout among graduate RNs (McKenzie et al. 2021; Cubit and Ryan 2011; Donovan et al. 2021; Chang and Hancock 2003). In the review, the limited opportunities for role modelling, supervision, and supported skills development increased the likelihood that graduate RNs practice beyond a scope in which they feel confident (Chang and Hancock 2003). In contrast, well-staffed environments with an appropriate skill mix create safer conditions that allow graduates time to consolidate skills, seek guidance and develop professionally within their scope of practice (Chang and Hancock 2003).

International research by Masso et al. (2022) identifies a key precursor to graduate RNs' lack of confidence and heightened role pressure: being assigned responsibilities they perceive are beyond their expertise. This experience of blurred boundaries and responsibility is explored further, with reported reduced confidence in asking for help and managing complex patient needs, particularly during the first 6 months of practice (Masso et al. 2022). The notion that graduate RNs feel afraid or reluctant to ask for help, especially from staff perceived as unapproachable or unsupportive, is mirrored in research by Mellor et al. (2022). This work highlights how psychologically unsafe environments compromise graduate RNs' confidence to speak up, seek clarification and ask for help when uncertain or under stress (Mellor et al. 2017). Importantly, this research reinforces the need for appropriate and safe staffing levels to ensure graduate RNs are afforded the time and support required to practise safely in healthcare settings (Mellor et al. 2017; Ng et al. 2025).

Globally, workforce shortages are forecast to worsen, with critically low levels expected in regions including Australia,

Africa and the Mediterranean (Boniol et al. 2022). These projections underscore the importance of ongoing learning opportunities and a supportive workplace to foster confidence and reduce burnout, ultimately enhancing job satisfaction (Ng et al. 2025).

4.3 | Challenges in Maintaining Work-Life Balance

The findings of the scoping review indicated that Australian graduate RNs who are unable to manage a healthy work-life balance are more susceptible to burnout (Donovan et al. 2021; Walker et al. 2013; West et al. 2007). This challenge often made it difficult to connect with family and friends, compounding feelings of exhaustion and fatigue (Donovan et al. 2021; Walker et al. 2013). West et al. (2007) noted that graduate RNs who plan time away from work well in advance had improved job satisfaction and reduced levels of emotional burnout.

Masamba et al. (2026), in their scoping review, state that work-life balance refers to staff managing their personal lives while also managing their professional obligations. This work summarised that multiple factors could contribute to stress and that pressure from the professional setting can carry over into personal lives (Masamba et al. 2026). The inability of the graduate RN to escape workplace stress or process stressful situations negatively impacts well-being and predisposes the nurse to emotional burnout (Masamba et al. 2026). Wider literature notes that shift work and longer working hours (12-hour shifts) negatively affect performance and make it difficult to achieve work-life balance (Baharum et al. 2023), contributing to burnout and mental fatigue. Internationally, research conducted in Japan by Matsuo et al. (2021) indicates that adapting and managing overtime expectations can be challenging for a graduate RN. This, coupled with role stress and unsupportive workplaces, can make it difficult for graduate RNs to achieve a healthy work-life balance (Matsuo et al. 2021; Boahman and Laschinger 2015). Further research by Boahman and Laschinger (2015) states that a work-life imbalance generally results in higher levels of stress, decreased work effectiveness and an overall reduction in the quality of life. Their research concluded that increased levels of burnout impact organisations, causing staff turnover, absenteeism and decreased job satisfaction (Boahman and Laschinger 2015).

The demands of adjusting to shift work and overtime, alongside high workloads and emotionally complex environments, challenge a healthy work-life balance for graduate RNs, compounding feelings of exhaustion and burnout. Collectively, these findings suggest that emotional burnout in graduate RNs is not simply an individual stress response, but a predictable outcome of systematic workforce and organisational conditions.

4.4 | Implications for Research, Policy and Practice

Currently, there is limited evidence exploring the relationship between geographic location and graduate transition, with more than 10 years since such studies were conducted. Comparing findings across different geographical locations could provide context about the obstacles graduate RNs face during their first

year in the Australian-based healthcare system. Additionally, research examining transition to practice programs could provide a more transparent understanding of how these programs are used to support graduate RNs. Existing literature supports structured orientation and graduate transition programs as the gold standard for improving job satisfaction and retention among graduate RNs.

From a policy perspective, there is a need to develop mandates for creating supportive work environments that include adequate staffing levels, suitable adjustment periods for graduate RNs and professional development opportunities targeted to their specialty area (King et al. 2021). By providing safe levels of staffing and adequate supernumerary periods, graduate RNs can be afforded the opportunity to develop critical thinking and clinical reasoning skills with the support of their more experienced colleagues (Masso et al. 2022).

In practice, promoting team-building activities and inter-professional collaboration can enhance the sense of belonging and support for graduate RNs within the workplace. Providing opportunities for graduate RNs to build a connection to the workplace and encouraging practices that promote work-life balance, such as flexible scheduling and adequate time off, can help graduate RNs manage stress and prevent burnout (Sternier et al. 2023).

5 | Limitations

The limitations of this research include the small sample size available for analysis and its focus on graduate RNs within the Australian context. While this focus provides valuable contextual insight, examining experiences of graduate RNs across international settings may offer additional perspective and strengthen the transferability of the findings. Furthermore, the limited body of contemporary literature in this area restricts the depth of understanding, making it difficult to capture current workplace realities, emerging organisational pressures and the evolving experience of graduate RNs. The gap in evidence limits the ability to draw robust conclusions and reduces confidence in applying the findings to modern, rapidly changing healthcare environments.

The healthcare contexts of articles included in the review were also limited to hospital-based nursing and did not incorporate different healthcare settings, such as community-based nursing, remote health services or general practice nursing. This limitation makes it difficult to determine what factors contribute to emotional burnout more broadly. We also acknowledge that often, inconsistent terminology is utilised across the published research to discuss RNs in their first year of practice. As is the case with examining the role and scope of practice of nurses nationally or internationally, the nomenclature continues to present challenges for researchers examining and synthesising the literature.

6 | Conclusion

This research sought to better understand the challenges graduate RNs face in the Australian sector to identify how educational

and institutional bodies can support graduate RNs and reduce instances of burnout. The scoping review revealed that there is a sparsity of evidence reporting on factors contributing to emotional burnout for Australian RNs during their first year of professional practice. Nevertheless, the review unearthed three key themes that influence graduate RNs' susceptibility to burnout in practice, including unsupportive workplaces, role stress and workload expectations. Without targeted interventions addressing workplace culture, role stress and workload expectations, attrition during the first year of practice is likely to continue. Strengthening transitional support remains important to retaining graduate nurses. As our healthcare system continues to evolve and the demands on health professionals rise, we must understand the challenges graduate RNs face to support their development as professionals and their longevity in the professional setting.

Author Contributions

Authors who made substantial contributions to conception and design, or acquisition of data: Kate Hurley, Tracey Ahern. Authors involved in screening, analysis and interpretation of data: Kate Hurley, Tracey Ahern, Peter Hartin. Authors involved in drafting the manuscript or revising it critically for important intellectual content: Kate Hurley, Tracey Ahern, Peter Hartin. All authors have given final approval of the version to be published.

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Ethics Statement

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The authors confirm that all data used in this study were collected, verified, and analysed by the author team. The authors take full responsibility for the integrity of the data and the accuracy of the data analysis. The dataset supporting the findings of this study is available from the corresponding author upon reasonable request.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Data S1:** nop270619-sup-0001-Supinfo1.docx.

Figure S1: Search history. **Table S1:** PAGER Framework.