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Nurses' experiences of completing the 'Nurses back to healthcare' training and returning to professional work between 2020 and 2024

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ABSTRACT

The main reasons for nurses leaving work are a high workload and a lack of support. The competence of nurses who have been away from professional practice for over five years has decreased, and their knowledge and skills need to be enhanced. Examining the experiences of those who have completed the return to practice programme makes it possible to implement necessary changes in the curriculum and to support returning to work.

The aim of the research is to describe nurses' experiences of completing the 'Nurses back to healthcare' training and returning to professional work between 2020 and 2024.

The research employed both qualitative and quantitative methods. In the first stage, from May to August 2023, semi-structured interviews were conducted with eight participants who had completed the training between 2020 and 2021. In the second stage, in April 2024, an online survey was conducted among all individuals who had completed the training from 2020 to 2024 (n = 70), with 43 (61.4%) participants responding.

The participants wanted more contact learning, which would facilitate the achievement of learning outcomes and strengthen social ties. The theoretical learning was sometimes considered overly comprehensive, and more practice was desired. The participants found that the studies were sometimes intensive, and the practice could be distributed across various healthcare institutions.

It was suggested that the college should establish direct communications with employers who would forward specific job offers. Nurses who have been away from professional work for an extended period need greater opportunities for practicing manual activities and additional support upon their return to work.

1. Introduction

It is widely recognised that nurses are the largest occupational group in the health sector, representing over half of the health professions (WHO 2020). Globally, there are approximately 30 million nurses (Kharazmi et al. 2023); however, it is insufficient to meet the rising demand (WHO 2020). According to the register of the Estonian Health Board, there were 15 943 nurses in Estonia as of July 2024 (Terviseamet 2024), but according to the statistics of the Health Development Institute, only 9103 of them worked as a nurse in 2023 (Tervisestatistika ja… 2024). In Estonia, registered healthcare professionals are not required to undergo re-certification. However, those who acquired their specialty prior to the establishment of the national register or who failed to register upon graduation are often unregistered and, consequently, are ineligible to practice. To obtain registration in the national register of healthcare professionals, they must pass the theoretical and practical exam, which poses a significant challenge, particularly for those who have been absent from professional practice for extended periods (Kööp 2020). Over the last decade, the number of nurses in Estonia has increased, yet it remains below the European Union average (6.5 per 1000 inhabitants in Estonia versus 8.5 in the EU) (OECD 2023).

The shortage of nurses affects the provision of quality healthcare services and adversely impacts patient health-related outcomes (Tamata and Mohammadnezhad 2023). Therefore, cost-effective measures aimed at alleviating the nursing shortage are urgently required (Yamamoto et al. 2024). One cost-effective way of using human resources is the recruitment of returnees, as the skills and knowledge of experienced nurses are highly valuable within the profession (ICN 2021; Mohammadi et al. 2021). Return-to-practice (RTP) programmes are designed to increase the nursing workforce

by enabling former nurses to re-enter the profession at a lower cost than conventional nursing training programmes (Barlow et al. 2019; Garside et al. 2021).

Despite the expressed desire to return, many inactive nurses encounter challenges when attempting to re-enter practice (Yamamoto et al. 2024). Retaining these experienced practitioners requires ongoing support from colleagues and nursing leaders (Scammell 2019). To encourage former nurses to return to practice, it is important to explore their expectations and experiences within RTP programmes to tailor future programmes to the specific needs of learners (Barlow et al. 2019).

In 2014, the 'Nurses back to healthcare' project was initiated in Estonia in cooperation with the Ministry of Social Affairs and Tallinn Health Care College (now Tallinn Health University of Applied Sciences). The theoretical and practical components of the training provide an opportunity to re-integrate nurses who are not registered in the national register of healthcare workers into the labour market. The training prepares nurses who have not worked in their profession for a long time to pass the theoretical and practical examinations based on the competency requirements of a general nurse. Successful completion of these examinations allows nurses to enter the register of healthcare professionals (Kööp 2020).

From 2015 to 2018, the project was conducted by Tallinn Health Care College, with 100 nurses participating in the training during this period. In 2019, the project was organised by Tartu Health Care College (now Tartu Applied Health Sciences University). Since 2020, the 'Nurses back to healthcare' project has been jointly organised by both Tallinn and Tartu Health Care Colleges. Between 2020 and 2024, a total of 70 nurses completed the 'Nurses back to healthcare' course at Tallinn Health Care College. Previous studies have examined the experiences of participants from 2015 to 2018 (Kööp and Tupits 2025), while this study focuses on the experiences of those who participated in the project in Tallinn from 2020 to 2024. The aim of this research is to describe nurses' experiences of completing the 'Nurses back to healthcare' training and returning to professional work between 2020 and 2024, and to make the necessary changes and improvements to the training curriculum, thereby assisting project participants in starting work.

2. Materials and methods

2.1. Design

A mixed methods design, involving semi-structured interviews (n = 8) and an online survey (n = 43), was employed. Mixed methods research is an approach to inquiry involving collecting both quantitative and qualitative data and integrating these two forms of data to gain additional insights beyond the information provided by either quantitative or qualitative data alone (Creswell and Creswell 2022). The research was conducted in two sequential stages. In the initial stage, semi-structured interviews were conducted with participants who had completed the training between 2020 and 2021. In the second stage, an online survey was conducted among all individuals who had completed the training from 2020 to 2024. Based on the preliminary interviews, the main topics were revealed by discussing the trainees' previous experiences. To deepen the understanding of the needs of the trainees and to include those who had participated in the training in recent years, an additional online survey was conducted. A mixed methods study enables the researchers to examine different aspects of the research question, thereby providing a fuller and richer body of information (Schoonenboom and Johnson 2017).

In a mixed methods study, both quantitative and qualitative components may be given equal priority, or one may be emphasised over the other. This emphasis may arise from practical constraints on data collection or from the necessity to understand one form of data before proceeding to analyse the other (Molina-Azorín 2016). In this research, the qualitative research has a larger share, as it was initially crucial to thoroughly investigate the participants' experiences of completing the training. Subsequently, a quantitative study was undertaken to specify their needs in relation to the development of the curriculum and support for returning to professional work.

2.2. Participants

The sample of the first stage of the study comprised 45 trainees who had participated in the training from 2020 to 2021. The inclusion criteria were completion of the nursing or midwifery curriculum, participation in the 'Nurses back to healthcare' training, return to professional work, and sufficient knowledge of the Estonian language. The first stage of the study involved eight participants who had graduated with qualifications in nursing or midwifery and taken part in the 'Nurses back to healthcare' project between 2020 and 2021, subsequently returning to professional work.

The second stage of the study was an online survey conducted among all individuals who had completed the training from 2020 to 2024. During this period, a total of 70 trainees participated in the 'Nurses back to healthcare' project, and all were invited to respond to the online survey. Of these, 43 (61.4%) participants responded. All participants in the second stage of the study had also graduated with qualifications in nursing or midwifery and completed the 'Nurses back to healthcare' training. Unlike those who participated in the first stage, not all those who answered in the second stage had yet returned to professional work, as the sample also included trainees who had recently completed their training.

2.3. Data collection

2.3.1. First stage – qualitative interviews

According to Bearman (2019), qualitative research seeks a deeper understanding of the human experience, with semi-structured interviews frequently employed to achieve this purpose. Thus, semi-structured interviews were used in this study as they provided an opportunity to freely respond to specific topics that best conveyed the participants' experiences. The semi-structured interview plan consisted of introductory questions about the participants, followed by questions concerning their completion of the 'Nurses back to healthcare' training and their return to professional work. The

same interview plan had been employed in the earlier stages of this applied research, so conducting a pilot interview was deemed unnecessary.

The data were collected between 1 May and 1 August 2023. Initially, potential participants were invited to participate in the study via email, followed by specifying the time and method of interviews via telephone, where they could choose between a video platform or a face-to-face interview format. Returning to professional work was also specified by telephone, as this was one of the inclusion criteria.

Seven interviews were conducted in a Zoom environment, and one was a face-to-face meeting. The interviews were conducted in Estonian within a private setting where only the interviewee and the researcher were present. All interviews were audio-recorded and transcribed verbatim promptly. Each interview was coded, e.g. the first interview was labelled as 1, the second as 2, and so forth.

According to Moorley and Cathala (2019), an appropriate sample size for qualitative research remains a topic of debate; it can be any number greater than one, provided it is appropriate and addresses the research problem. In this research, data were collected until data saturation was achieved. Data saturation is reached when no new information can be obtained from further interviews, and the existing information is deemed sufficient (Elo et al. 2014). Data saturation occurred around the sixth or seventh interview. Although no new topics emerged from the final interview, existing knowledge was further elucidated. Morse (2015) argues that saturation is facilitated by the sampling process. As qualitative samples are relatively small, they must be both adequate and appropriate. In the current research, the sample size was sufficient as replication occurred in the interviews, and participants provided enough information relevant to the research aim.

2.3.2. Second stage – online survey

To conduct the online survey, a questionnaire comprising four thematic sections was prepared using the Google Forms environment. The first section of questions addressed employment status before and after the training as well as the time of training. The second section included questions regarding the knowledge acquired during the course. The third section focused on the participants' return to professional work. The questions in the fourth section solicited suggestions for training development. In total, there were 14 questions.

On 29 March 2024, the survey was distributed via Google Forms to all 70 participants of the 'Nurses back to healthcare' project from 2020 to 2024. Initially, a two-week response period was planned, during which two reminders were sent. By the end of this period, 29 (41.4%) participants had responded. Subsequently, the deadline was extended by an additional 10 days, and two more reminders were sent out. By the new deadline of 21 April, 43 (61.4%) participants had responded, and the survey was then closed. According to Cao et al. (2024), there is no universal agreement on what constitutes a small sample size; some researchers consider a sample size of n = 30 to be small, while others suggest n = 20 or even n = 10 to denote a small sample size. In the current research, the participation of 43 individuals, representing over half (61.4%) of the total 70 participants, can be considered a good response rate.

2.4. Data analysis

Inductive content analysis was employed to analyse the qualitative interviews, as there was little information on this topic within the Estonian context. All recorded interviews were transcribed and coded with codes known only to the researchers. The transcribed interviews were read multiple times, and all sentence fragments pertinent to the research tasks were marked. Subsequently, these sentence fragments were simplified, and substantive codes were formed, which were grouped into subcategories based on similar criteria. Similar subcategories were clustered into categories, which were in turn clustered into two main categories.

In the analysis of the online survey, descriptive statistics was used for quantitative questions, while thematic analysis was employed for open-ended questions. Descriptive statistics provide an opportunity to calculate, describe, and summarise research data, providing the reader with a relevant overview of the research results. Tables and figures are used to describe the research results, and the results are presented numerically and/or in percentages within the text (Vetter 2017).

The results from the quantitative background and employment questions were analysed and presented using numerical values and percentages. These were further illustrated through various figures, such as charts and graphs, to provide a clear visual representation of the data. The process of thematic analysis involves conceptualisation through interpretation, which enables the identification of underlying themes and patterns (Naeem et al. 2023). For the open-ended questions, responses were carefully reviewed and categorised into different thematic topics. Each theme was then supported by direct quotations from the participants' responses, providing a richer and more nuanced insight into their perspectives.

2.5. Ethics and credibility of research

Permission to conduct the study was obtained from Tallinn Health Care College (No. 1-16/358, issued on 21 June 2021) and approval was granted from the Research Ethics Committee of the National Institute for Health Development (decision No. 930, issued on 28 October 2021). Interviewees signed digitally an informed consent form that explained the nature of the study, aspects of anonymity and voluntariness, and the right to withdraw from the study at any time. Those completing the online survey gave their consent to participate in the research by filling in the questionnaire. The contact details of the participants were provided voluntarily when starting the training, and participation in the study was voluntary.

To present the results, authentic quotations were used in such a manner that the participants could not be identified. For this purpose, codes known solely to the researchers were employed. Access to the collected data was restricted to the researchers and was erased upon the conclusion of the study.

3. Results

3.1. Results of qualitative interviews

3.1.1. Nurses' experiences of completing the training

The first main category – nurses' experiences of completing the training – comprised substantive codes, which were grouped into 11 subcategories, and these in turn organised into three categories: the experiences related to starting studies, the learning process, and practice (Table 1).

Experiences related to starting studies. The participants pointed out that today's health care is developing rapidly, and they needed to update their knowledge. The participants realised that their knowledge was outdated as the modern trend favours a patient-centred approach and the use of nursing diagnoses, which were not covered during their initial studies. The participants' primary desire was to develop themselves further and acquire more knowledge. The need to maintain one's own health while working in health care was also highlighted.

'*... the modern attitude of medicine, this patient-centred approach...*' (3)

'*... that you yourself will remain healthy through all this...*' (2)

Pressure from society during the COVID-19 pandemic was also cited as a reason for starting the training, as there was a high demand for healthcare workers during the pandemic.

'*... there was Covid /.../ there were so many nurses missing at that moment that I could help...*' (6)

The participants repeatedly pointed out that they needed to be registered in the register of healthcare workers. Some of them worked in a position where they needed to perform nursing duties, yet they lacked the official permission to carry out these activities.

'*... it was necessary to perform the duties of nurses, but I did not have this right /.../ I need this, let's say, the nurse's code, to perform the activities of a nurse...*' (1)

Experiences related to learning. The participants highlighted that the support from peers, relatives, and the college helped them to complete the training.

'*... our group, we had a good team /.../ we supported each other...*' (4)

'*... I think it was all very well done. That we got a little bit from everywhere /.../ there was support from the school...*' (5)

The participants repeatedly emphasised the drawbacks of using Zoom as a factor that complicated their studies. According to the nurses, the quality of online learning did not match that of classroom-based instruction, and it was difficult to maintain concentration in this format. The participants recommended delivering the course in the form of face-to-face education. This would enhance the quality of learning and encourage the development of social connections.

'*Thoughts still went elsewhere when someone came through the door; I did all this at work /.../ this contact learning is more important if we want to acquire this knowledge, well, even better...*' (1)

Initially, the nurses believed that it would be easy to combine their studies with their primary employment, but when starting the training, they realised that managing time and coping with all planned activities was more challenging than anticipated. There were also difficulties in scheduling time for group work.

'*... group work, well, every person is in their own stage of life; some have small children, some can't at the time, some can't because of work. It was like a puzzle...*' (2)

The participants were satisfied with the organisation of the training, and it was pointed out that the independent repeated completion of the tests in the Moodle environment contributed well to the learning process. The participants also expressed satisfaction with the organisation and preparation of the exam.

'*... the system was really nice, you could do them, the tests at home and you could learn and try them...*' (2)

'*... we had a very serious exam, I really liked it, and there was also a practical part, it was not easy, neither of them was easy, which I think was very appropriate...*' (1)

The participants repeatedly pointed out that some subjects were not needed in the training curriculum, and in their opinion, this was an inefficient use of time.

'*... some subjects are polite to pass, like the history of nursing /.../ I don't need that directly /.../ the real thing is whether the content of this theoretical study was what it could have been...*' (6)

According to the participants, the volume of theoretical study was excessive, and the need to acquire more practical knowledge and skills needed at work was pointed out. It was

Table 1. Nurses' experiences of completing the training

Categories	Subcategories
Experiences related to starting studies	Experiences related to knowledge Experiences related to self-development Experiences related to the needs of society Experiences related to personal needs
Experiences related to learning	Factors supporting learning Challenges in learning Satisfaction with training Dissatisfaction with training Recommendations for curriculum development
Experiences related to practice	Positive experiences related to practice Negative experiences related to practice

also suggested to increase the number of hours spent in the simulation centre to allow more extensive practice of various manual activities.

'*... in fact, it would have been much more necessary to know what this nurse actually does, what these real nursing actions are...*' (6)

Experiences related to practice. The flexibility in selecting the practice base and the possibility to undertake placements in several places were highlighted as positive aspects. Some participants were able to secure employment at the same location where the internship was completed.

'*... it was very good that I got a job in the same place where I did my internship, everyone was very supportive...*' (7)

The participants pointed out the usefulness of the practice classes held at the college prior to their clinical placements. Practicing and learning in these classes encouraged them to succeed in the internship base.

'*... in the simulation centre you can regain the courage to go and do these activities in the hospital. And I was very brave...*' (1)

The participants repeatedly pointed out the need for more varied nursing interventions during practice classes, such as wound dressing, performing an ECG, or ear flushing. According to the participants, real-life situations and actions typical of a nurse's work were seldom or never practiced.

'*... what I miss now is that I don't really know how to actually interpret an ECG /.../ or the interpretation of analyses...*' (6)

Although it was possible to divide the internship between different places, it was found that it could be divided even more to get as much practical experience as possible.

'*... maybe I would have liked to go somewhere else /.../ what I'm missing or what I would like to learn more /.../ to see another comparative experience like more...*' (1)

3.1.2. Nurses' experiences of returning to professional work

The second main category – nurses' experiences of returning to professional work – comprised substantive codes, which were grouped into four subcategories, and these in turn into two categories: experiences related to the workplace and the team, and experiences related to starting a job (Table 2).

Experiences related to the workplace and the team. The participants pointed out that the friendly attitude and support from colleagues and employers were important when starting work. At the same time, some participants pointed out the need for greater support in the workplace, as high expectations created tension.

'*... the department was so supportive and understanding and everyone showed me because really I hadn't seen most of the things ... it was like the biggest support...*' (5)

'*... straight to work, start doing, you'll be quickly shown the rules and if you can't do it, you're stupid /.../ nobody cares, but start struggling, you'll swim out of there yourself...*' (4)

The participants highlighted the difficulties of working during COVID-19. Since there were many illnesses in the workforce during the pandemic, the workload was also high.

'*... it was also the time of Covid; my God, it was hard, and then half of the employees were in Covid /.../ others have to do the work ... yes, it was a level of its own /.../ I learned while working.*' (4)

Experiences related to starting a job. When starting a job, previous work experience and completion of internship and training were highlighted as supportive factors. It was considered important to start working immediately after training to ensure that the newly acquired knowledge remained fresh in mind.

'*... that's all I had seen at school; it was helpful when going to work /.../ that if I had gone to work right away, it would have been fresh in my mind and then it would have been easier...*' (5)

The participants had negative experiences when starting work due to co-workers' assumptions, difficulties due to lack of experience, uncertainty, fear, and little knowledge.

'*... when I went to work, it was immediately assumed that I had worked for 50 years and knew everything, and somehow this reception, by the experienced nurses /.../ was not easy to blend in.*' (4)

3.2. Results of online survey

3.2.1. Employment before and after training and the time of training

In total, 43 (61.4%) of the 70 students who had participated in the project from 2020 to 2024 responded to the survey. In 2020, 15 students participated, of whom 8 (53.3%) completed the survey. In the spring and autumn of 2021, 15 students participated both times, with 7 (46.7%) and 11 (73.3%) responding to the survey, respectively. In the 2022/2023 academic year, 12 students participated, of whom 8 (66.7%) responded to the survey. From the 2023/2024 academic year, 9 (69.2%) out of 13 participants responded to the survey (Fig. 1).

What kind of job did you have before starting the training? 7 respondents worked in a pharmaceutical company, 6 respondents held managerial positions, and 5 respondents worked as beauticians. 3 respondents worked in care hospitals and customer service. A bank employee, a manager of a welfare institution, an entrepreneur, and an unemployed person were each mentioned twice. On one occasion, the Health Board and the family company were mentioned as former workplaces, as well as the positions of

Table 2. Nurses' experiences of returning to professional work

Categories	Subcategories
Experiences related to the workplace and the team	Positive experiences related to the workplace and the team Negative experiences related to the workplace and the team
Experiences related to starting a job	Positive experiences related to starting a job Negative experiences related to starting a job

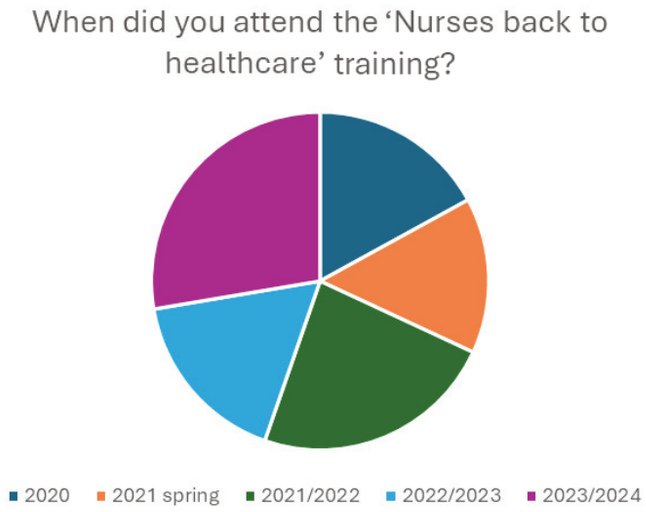

Fig. 1. Year of participation in the project 'Nurses back to healthcare'.

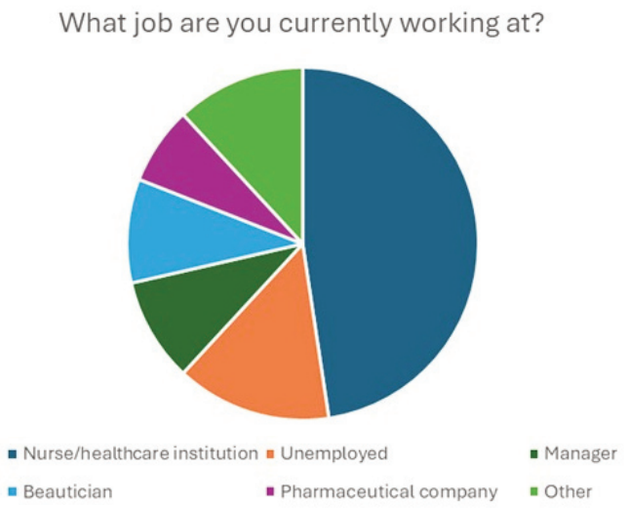

Fig. 2. Current job while registered as a healthcare professional.

human resources specialist, dental assistant, and assistant nurse. The social sector and trade were also mentioned. One respondent worked in 'another profession' prior to the training.

What job do you currently hold while registered as a healthcare professional? The profession of nurse was named 14 times, and 6 times the name of the healthcare institution was mentioned. 5 respondents were currently not working, 4 respondents worked as managers and beauticians, and 2 were employed in a pharmaceutical company. On one occasion, the fields of trade and commerce, social affairs, the Estonian National Broadcasting Company, and the position of laboratory assistant were named (Fig. 2).

Have you made or plan to make any professional changes due to your participation in the project? The response 'Yes' was given 21 times, 'I plan to do it' 15 times, and 'No' 4 times (Fig. 3). Two responses were submitted as open responses:

'*My experience (name of the hospital) was so severe, I suffered a severe psychological trauma that lasted for a year, and I don't know if I will ever want to practice medicine again.*'

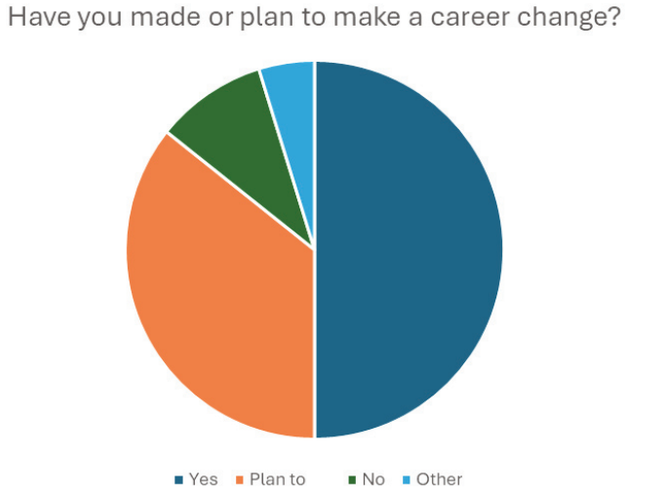

Fig. 3. Making and planning professional changes.

'*Despite the fact that my exam did not go well, I have acquired excellent skills and knowledge to date.*'

3.2.2. The knowledge acquired during the course

The survey included three questions about the knowledge acquired during the course, which included the new knowledge and skills acquired during the training, the most updated knowledge provided, and other knowledge and skills that should have been included.

What new knowledge and skills did you acquire during the training? The answers were divided into four topics: NNN (NANDA-NIC-NOC), pharmacology, manual skills, and general knowledge.

'*Working with the books NIC, NOC, Nursing diagnoses (nursing plan, nursing anamnesis, epicrisis).*'
'*Innovative knowledge in pharmacology...*'
'*... an update on manual skills again.*'

What knowledge was the most modernised during the training? The answers were divided into six topics: NNN (NANDA-NIC-NOC), pharmacology, first aid, nursing specialty subjects, manual skills, and general knowledge.

'*Nursing theory, NANDA, NIC, NOC.*'
'*I learned a lot about pharmacology.*'
'*Maybe first aid...*'
'*Hands-on activities for me.*'

What other knowledge and skills should have been covered? The answers were divided into five topics: mental health, primary care, pharmacology, practical skills, and general knowledge.

'*The topics of mental problems were interesting.*'
'*Geriatric patient, interpretation of analyses, more about the importance of vaccination.*'
'*Pharmacology remained too superficial. I would have liked to have more lessons.*'
'*Perhaps different procedures could have been carried out (probes, ECG, surgical instruments in the operating room would also have been interesting).*'
'*Perhaps I would have liked a psychologist's consultation to understand my suitability for a certain position, which direction to choose...*'

3.2.3. Returning to professional work

The survey included four questions about returning to professional work, which included supporting and hindering factors for returning to work, the need for additional support, and the purposefulness of clinical practice.

What/who supported you in returning to professional work? The answers were divided into eight topics: 'Nurses back to healthcare' course, practice, not returned/not currently working, personal motivation, family/relatives, colleagues, changes in the labour market, and lack of support.

'*Certainly the "Nurses back to healthcare" course is supportive.*'
'*The internship supervisor has been supportive...*'
'*The desire to return to medicine.*'
'*... my family and my colleagues supported my wish...*'
'*Employment fund.*'
'*Redundancy.*'
'*No one.*'

What were the difficulties when returning to professional work? The answers were divided into nine themes: lack of knowledge/skills, high burden/responsibility, language problems, lack of a suitable job, learning difficulties, knowledge about medicines, financial difficulties, can't say/not working now, and no difficulties. Eight respondents pointed out that they had no difficulties in returning to work.

'*The difficulty is still limited knowledge and skills.*'
'*Great lack of staff, great responsibility, great burden /.../ and many patients are discouraging.*'
'*I was most afraid that I would have to study in Estonian.*'
'*I haven't found any part-time positions that match my current job.*'
'*It wasn't particularly difficult for me because I worked in this hospital before.*'

What support would you have needed to return to professional work? The answers were divided into seven topics: support from Tallinn Health Care College, support from colleagues, support from oneself and loved ones, need for counselling, financial support, practical skills and experiences, and can't say/didn't need support. Among the answers to the question regarding the type of support received, participants tended to describe the support they actually received, rather than the support they felt was needed.

'*Tallinn Health Care College could have direct connections with employers (hospitals, health centres, etc.).*'
'*Future colleagues were very supportive and encouraging and helpful in weaker areas.*'
'*The decision is still in my head, and support would be given by my relatives working in medicine.*'
'*Counselling would have been helpful.*'
'*I would have needed financial support.*'

3.2.4. Suggestions for training development

The survey included three questions about suggestions for training development, which included suggestions about teaching materials and teaching, about the curriculum and the organisation of the study, and about the organisation of the examination and the process of registration for healthcare workers.

What are your suggestions for teaching materials and teaching? The answers were divided into nine topics: NNN (NANDA-NIC-NOC), mental health, primary care, pharmacology, first aid, practical skills classes, general knowledge, organisation of teaching, satisfaction with teaching materials, and teaching.

'*Maybe this NANDA was scary and too extensive.*'
'*The mental health nursing course was very good.*'
'*I missed the importance of vaccination in the work of a nurse.*'
'*Some of the pharmacology tests were very difficult for me.*'
'*Perhaps the topic of resuscitation should be taught in more depth.*'
'*... the practical part of the training and the exercises in the simulation centre were very good.*'
'*More on-site lessons, not as many Zoom lessons.*'

What are your suggestions regarding the curriculum and study organization? The answers were divided into eight topics: satisfaction with the curriculum and study organisation, don't know/can't say, share of Zoom/contact learning, share of theory and practice, order of subjects, NNN (NANDA-NIC-NOC), pharmacology, and nursing specialty subjects.

'*Teachers are very nice and good, continue in the same way. The joy of getting together and learning together at school gave a particularly good emotion.*'
'*I understand that we live in modern times, but I learn better when the lecturer is actually standing in front of me. It is a time saver, but maybe once a week in Zoom would be OK.*'
'*Increase the practical part, that's what I missed the most when I started working.*'
'*It seems that it would be more convenient if, for example, the pharmacology course was done consecutively, and then the subjects of the nursing specialty, first aid, etc....*'
'*It seems to me that no one actually uses NNN, and it is not necessary either.*'
'*Less pharmacology lectures, more need-to-know which drug, against what, side effects, interactions.*'

What are your suggestions regarding the organisation of the exam and the process of registering healthcare workers? The answers were divided into five topics: satisfaction with the arrangement of the exam and entry into the register, the need for revision questions, the time sequence of the exam, the complexity of entry into the register, and can't answer/no suggestions.

'*I liked your three-part exam. Although it was stressful, it was also exciting and playful. The arrangement was very correct. /.../ Everything is correct in terms of registration and organisational aspects.*'
'*Each teacher could prepare revision questions according to what she considers most important in her subject.*'
'*It would be much more convenient to do the major assignment/exam of that subject right after the end of the subjects, not after the internship.*'
'*Submitting documents to the register of healthcare workers was difficult.*'

4. Discussion

Since 2015, the 'Nurses back to healthcare' project has brought back nurses who had been away from the healthcare field for years. The project has allowed nurses to update their skills, modernise their knowledge, and return to the healthcare employment. Previously, the experiences of those who participated in the project from 2015 to 2018 have been studied (Kööp and Tupits 2025); this study examined the experiences of those who had participated in the project in Tallinn from 2020 to 2024. The results of the research provide the opportunity to improve the training curriculum and prepare the participants for a successful return to work.

The reasons for starting the training included the need to update one's knowledge and skills, societal demands due to the COVID-19 pandemic, and for several participants, it was important to be registered as healthcare workers to have the right to work as nurses. The need to register as healthcare workers as the reason for starting the training was also mentioned among the 2015 to 2018 participants (Kööp and Tupits 2025). The factors supporting the completion of the training were mentioned as the support from peers, relatives, and the college. Support from relatives is important, as according to Matsuo et al. (2021), a comfortable work-life balance would reduce the nurses' desire to quit professional work. The in-service training provider can support learners by matching training programmes with andragogic needs to ensure educational empowerment (Chaghari et al. 2017).

Many participants completed the training during the COVID-19 pandemic when teaching was predominantly delivered via Zoom. Even after the pandemic, theoretical lectures have remained on Zoom, and only practicum classes are held on-site at the college. Although it is flexible and well-suited for students living in remote areas, several participants responded that they would have liked more on-site learning and fewer Zoom classes. This was brought out in both the interviews and online survey responses. This blended delivery of online classes and in-person labs continued after the COVID-19 pandemic (Martens et al. 2024), which caused increased perceived stress, lack of confidence in academic skills, and reduced classroom support.

The vast majority of those who participated in the training had been away from professional practice for many years and felt insecure in their hands-on practical skills. In both interview responses and online surveys, there was a desire for more practical exercises, and the proportion of theoretical subjects was considered too high. For example, the topic of NANDA's nursing diagnoses was new to most participants and was perceived as complicated and too voluminous. A similar suggestion was made in a previous study (Kööp and Tupits 2025). Curriculum developers and lecturers consider theoretical subjects equally important and their volume in the curriculum cannot be reduced. Increasing the proportion of practical training would mean extending the overall project study time, which would require additional financial resources.

Theoretical knowledge was reinforced through practical experience in healthcare facilities. According to the participants, the practical sessions and especially the simulation classes held at school contributed to the successful completion of clinical practice. According to Zyoud (2023), simulation training is significantly related to students' abilities to link practice with theory. Both interviewees and survey respondents liked that practice could be distributed across different healthcare institutions. It was noted that the practice could be divided even more among various places to gain a more diverse practical experience.

The interviewees and survey respondents agreed that completing the training supported their return to professional work. Many stayed at the same workplace where they had completed their clinical practice and experienced support from colleagues and employers. On the negative side, it was noted that the expectations for their skills were high, which created pressure on those returning to work. It has also been pointed out in several earlier studies (Kent 2015; Garside et al. 2021; Mohammadi et al. 2021) that returning nurses have unique needs and should not be treated like new graduates. To better support returnees, participants were asked what kind of assistance they would have needed when returning to professional work. They mentioned the need for counselling on specialisation in their field and guidance from the college in finding a job. Since some participants had faced difficulties in finding a suitable job, they wished that a job would be guaranteed after completing the project, where graduates could return to professional work.

Although several of the above-mentioned topics were presented in the earlier research, which was based on the experiences of the participants from 2015 to 2018 (Kööp and Tupits 2025), new insights also emerged. One of the differences was certainly that the training of those who participated during 2020 to 2024 was largely affected by the COVID-19 pandemic, which necessitated distance learning, and the restrictions also made clinical practice and employment more difficult. In addition to this, this research highlighted the need for job offers by the college and a recommendation for mandatory sharing of internships between different internship bases, which had not been mentioned before. Another novel suggestion was the desire to change the order of subject delivery, proposing that subjects be taught one by one, with exams immediately after the end of each subject. Currently, all subjects are alternated in the lesson plan, with exams scheduled at the end of the project after clinical practice, when the theoretical subjects might not be fresh in the participants' minds.

According to Mohammadi et al. (2021), it is difficult for returnees to achieve clinical competence, because the nursing profession changes every day. Therefore, returnees need to be supported in a multifaceted way (Yamamoto et al. 2024), considering their experiences and life arrangements. Longer and more individualised training sessions, supervised work practice, and mentor support when starting a job could be helpful (McMurtrie et al. 2014; Mohammadi et al. 2021). Since most returnees have family commitments, flexible work schedules and part-time work opportunities would also be beneficial (Kent 2015; Garside 2021). According to Scammel (2019), in the context of a growing shortage of nurses, it is crucial to attract as many nurses back as possible

and support them in adapting to modern practices. Half of the survey respondents had already started working in health care, and a third plan to do so, indicating that the 'Nurses back to healthcare' project has achieved its goal, as every returning nurse is extremely important.

To further develop the 'Nurses back to healthcare' training, discussions with the Ministry of Social Affairs and stakeholders are necessary to better train and support returnees to health care, considering the results of conducted studies. The development of the training should be based on best practices from other countries and consistently incorporate feedback from participants.

5. Conclusion

The 'Nurses back to healthcare' training allowed nurses to update their skills, modernise their knowledge, and return to work in health care. The participants agreed that completing the training supported their return to professional work, yet they also had suggestions for improvement regarding the organisation of the studies. They expressed the need for more contact learning, which would facilitate the achievement of learning outcomes and strengthen social contacts. Theoretical learning was sometimes considered overly comprehensive, and more practice was desired. The participants found that the studies were sometimes intense and suggested that practice could be distributed across various healthcare institutions. It was suggested that the college establish direct contact with employers who would forward specific job offers. Nurses who have been away from professional work for a long time need more opportunities to practice manual activities and more support during their return into the workforce.

Data availability statement

All research data are contained within the article and can be shared upon request from the authors.

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Õdede kogemused koolituse „Õed tagasi tervishoidu" läbimisest ja erialasele tööle naasmisest aastatel 2020–2024

Kadri Kööp, Mare Tupits ja Siret Piirsalu

Õdede töölt lahkumise peamised põhjused on suur töökoormus ja toetuse puudumine. Üle viie aasta erialaselt töölt eemal olnud õdede pädevus on vähenenud ning nende teadmisi ja oskusi tuleb täiendada. Koolitusprogrammi „Õed tagasi tervishoidu" läbinute kogemuste uurimine võimaldab teha õppekavas vajalikke muudatusi ja toetada tööle naasmist. Uurimistöö eesmärk oli kirjeldada õdede kogemusi koolituse läbimisel ja erialasele tööle naasmisel aastatel 2020–2024. Selleks kasutati nii kvalitatiivset kui ka kvantitatiivset meetodit. Esimeses etapis (mai–august 2023) viidi läbi poolstruktureeritud intervjuud kaheksa osalejaga, kes läbisid koolituse aastatel 2020–2021. Teises etapis (aprill 2024) viidi läbi veebiküsitlus kõigi nende seas, kes läbisid koolituse aastatel 2020–2024 (n = 70), millele vastas 43 osalejat (61,4%). Vastanud soovisid rohkem kontaktõpet, mis hõlbustaks õpitulemuste saavutamist ja tugevdaks sotsiaalseid kontakte. Teoreetilist õpet peeti mõnikord liiga põhjalikuks ja sooviti rohkem praktikat. Osalejad leidsid ka, et õpingud olid kohati liiga intensiivsed ja et praktikal võiks viibida erinevates tervishoiuasutustes. Tehti ettepanek, et kõrgkool võiks vahendada tööandjate konkreetseid tööpakkumisi. Pikka aega erialaselt töölt eemal olnud õed vajavad rohkem võimalusi käeliste tegevuste harjutamiseks ja rohkem toetust tööle naasmisel.