Covid-19 as a career shock and its influence on career development for nurses in the Netherlands

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Abstract

Even though existing literature about career shocks is present, little is known about the Covid-19 career shock and potential consequences for career development coming from it. This research aims to obtain a better understanding of how the covid-19 pandemic acts as a career shock for nurses in the Netherlands and examines the way this can be a possible source for decisions about their careers. The research answers the following research question:

How does the Covid-19 crisis act as a career shock for nurses in the Netherlands and how do nurses in the Netherlands perceive this to affect their career paths?

To answer the research question, this research uses a qualitative research design embracing the analysis of ten semi-structured interviews with nurses from different hospitals and care institutes from the Netherlands. The results show that uncertainty in work because of Covid-19 impacts the nurses in a great way. On an individual level, individual competences, family situation and personal events turn out to determine the impact the Covid-19 career shock has on an individual. Moreover, the Covid-19 career shock initiates a thinking process about the job content and job values of nurses which turns out to be a source for potential career decisions.

Key words: Covid-19, career shock, career development, crisis, nurse, health care, career path

Preface

With this Master thesis, I am finishing the Master Business Administration in Strategic Human Resource Leadership at the Radboud University Nijmegen. I can say that I can happily and proudly look back at the past years. I have experienced a lot of joyful moments and educational experiences and I believe the theoretical and analytical knowledge I acquired during the last years will be beneficial for the rest of my career.

Writing this thesis has been a real learning experience for me to which I can proudly look back on. I would like to thank all the nurses who wanted to offer their little spare time for my interviews. Although they were often very busy in the middle of the crisis, they still took time to give me extensive and open answers to an emotionally charged topic. I have really appreciated that.

Second, I would like to thank my supervisor dr. Caroline Essers for the support and feedback during the process of writing this thesis. Also I want to thank my second examiner prof. dr. Beatrice van der Heijden for the reading and rating of my thesis and my fellow students, friends and family who provided me feedback and supported me in the process.

I hope you enjoy reading my thesis.

Bram de Wild

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1. Introduction

Currently the world is dealing with the Covid-19 crisis. Covid-19 has changed everyone's life drastically. Although the Covid-19 virus is at first a danger for people's physical health, it has some serious impact on other areas as well (Kniffin, Narayanan, van Vugt, 2021). Many social activities are not possible and for many people, ways of working have changed in order to prevent the spreading of the disease (Rijksoverheid, n.d.).

When looking at the past, this is not the first pandemic or crisis situation we are going through. Historic literature tells us that pandemics and other crisis situations can be antecedents for changes concerning the workforce (Rudolph et al., 2020). For example, the Spanish flu pandemic in 1918 resulted in many people walking away from their jobs in protest to their working conditions (Clay, 2020; Freeman, 2020) Following the protests, health and safety protection improved, for example by implementing employer- sponsored health insurance (Papadima, 2020). Also more recently, the SARS virus in 2003 impacted the workforce in a great manner. Especially the health care sector experienced a big impact of the pandemic in terms of emotional well-being, working conditions and uncertainty (Maunder et al., 2006). These stressful factors resulted in a high employee turnover level in this sector at that time (Chen, Lin, Ho, 2006). Changes in labor were also seen in other crisis situations. A good example is the crisis of 9/11 which was a source for many motivational factors to join the military which resulted in a boost for military enlistment (Hite & McDonald, 2020).

Current research about the Covid-19 pandemic also underlines the presence of stressful factors to nurses in the health care sector like in 2003 with the SARS virus. During the Covid-19 pandemic nurses have to deal with a high workload which causes an increase in sick leave, stress and fear among nurses (Inspectie Gezondheidszorg en Jeugd, december 2020; Radboudumc, september 2020). But other changes to the occupation of a nurse can be seen as well. Where earlier this decade the occupation of a nurse was more in the news as being a subject of governmental cuts (Cbs, 2016), nurses are now more in the news as being hero's fighting the virus. Their social recognition used to be problematic (Miers, Rickaby, Pollard, 2007) but now, this seems to have increased which will most likely affect their occupational status (Kramer & Kramer, 2020).

The above mentioned pandemics and other crisis situations can ultimately turn into a career shock for an individual. A career shock is a disruptive and extraordinary event, outside

someone's control (Akkermans, Seibert, Mol, 2018). “It comprises two key elements: an event and a process of initial sensemaking, which means that a disruptive and extraordinary event is not necessarily a career shock in itself. For example, unexpectedly losing a mentor or valued coworker can be interpreted as a major shock by one person, whereas another may continue with business as usual” (Akkermans, Richardson, Kraimer, 2020, p. 2). Therefore, a career shock can be seen as an external event that creates an intraphysic response (Rummel, Blokker, Akkermans, Van Gelderen, 2019). Responses can for example be that the individual makes decisions regarding their career or personal development because opportunities become salient or the individual can become more determined to follow their current career path (Rummel et al., 2019).

Studying career shocks, teaches us about the implications of the shock on individual careers (Akkermans et al., 2020). It helps us to understand how the Covid-19 pandemic is perceived by an individual and how this can possibly affect careers. This research will focus on nurses in the Netherlands who are heavily impacted by Covid at work as well as privately. It aims to obtain a better understanding of how the covid-19 pandemic acts as a career shock for nurses in the Netherlands and the way this can be a possible source for decisions about their careers. The following research question will be addressed in this master thesis:

How does the Covid-19 crisis act as a career shock for nurses in the Netherlands and how do nurses in the Netherlands perceive this to affect their career paths?

Akkermans et al. (2018) state that the amount of research on career shocks is still limited. Also, the situation of the Covid-19 pandemic is new. Research on this field is still limited and asks for more research about how it affects career trajectories (Rudolph et al., 2020). Akkermans et al. (2020) already examined Covid-19 as a career shock and stated that it is expected to be perceived differently among occupations. This research will focus on the Covid-19 career shock for the specific occupation of a nurse and will thereby make a scientific contribution to career shock theory.

By means of this research, further knowledge can be obtained about the consequences of Covid-19 for nurses and their career. With this knowledge, employers like the hospital and policy makers can anticipate possible changes in the supply of labor. This knowledge can also help employers and policy makers to build practices to support the employers who have to cope with this shock. This research, thus, makes a societal contribution.

This research will consist of six chapters, including the introduction. In chapter two, theory about career shocks will be provided. Chapter three explains the methodology of the research. Next, chapter four provides an overview of the analyses of the results. In chapter five a conclusion will be made with next up the discussion and, finally, in chapter six there will be an overview of the practical implications based on the main findings.

2. Theoretical framework

This chapter elaborates on the central concepts in this research. First, a theoretical background for the concept of career shocks will be given and there will be indicated how Covid-19 can be seen as a career shock. Next, the concept of career development will receive further explanation.

2.1 Career shock

A career is a concept that is not solely affected by an individual's agency. People can guide their careers to some extent but also experience events that are beyond their own control (Seibert, Kraimer, Holtom, & Pierotti, 2013). These events can be referred to as 'career shocks'. Career shocks are disruptive and extraordinary events that are, at least to some degree, caused by factors outside the individual's control. "It comprises two key elements: (1) an event, and (2) a process of initial sensemaking, which means that a disruptive and extraordinary event is not necessarily a career shock in itself. Career shocks, thus, trigger a deliberate thought process concerning someone's career (Akkermans et al., 2018; Lee and Mitchell, 1994; Seibert et al., 2013). Akkermans et al. (2018) describe in their research different attributes of career shocks. In the following section these attributes will be discussed and linked to the current Covid-19 situation, as Akkermans et al. (2020) described in their research where they discussed Covid-19 as a career shock.

First, a career shock happens *infrequently*. Its infrequent character creates a situation where people should cope with a situation to which they are not used to. This results in a deliberate thought process (Akkermans et al., 2018). A pandemic like Covid-19 does not happen frequently. No one alive has ever experienced a pandemic with a scope as big as Covid-19.

Second, Akkermans et al. (2018) refer to the research of Holtom, Mitchell, Lee and Inderrieden (2005) where they mention foreseeability as an attribute of career shocks. However, they go somewhat further and discuss *predictability and controllability.* Events can differ in the amount of controllability and predictability and this can result in different outcomes. Especially the interaction between these two, creates a thinking process and has an impact on career outcomes. The current situation of Covid-19 has not been possible to predict and individuals have no real control about the situation (Akkermans et al., 2020). The government makes rules about what is allowed and people are expected to follow these. This

makes it hard to control the situation but it is possible to control how one can cope with the career shock by developing career competences that make people more employable and more resilient for potential setbacks (Akkermans et al., 2018).

The third attribution of career shocks is *duration*. Shocks that are longer in duration have more severe consequences than shorter shocks, when all other aspects remain constant (Akkermans et al., 2018). The Covid-19 pandemic can be considered as a shock of long duration. It also is a shock existing in fluctuation of severity. Because the measurements in order to prevent the spread of Covid have been different per period, people experienced a setback multiple times. This can have more severe consequences for an individual in comparison to a short term shock (Akkermans et al., 2018).

Also the *locus of source* is an important attribute of career shocks. A career shock can come from different levels as for example personal or societal. Therefore it has a different impact on individuals, on the entire organization or on a whole society. These different levels can have implications to the resources present in order to cope with the consequences (Akkermans et al., 2018). The Covid-19 shock can be seen as a global shock. This means that it impacts the whole world. Instances like the organization or the government will more likely provide resources to cope with the shock when this shock is global (Akkermans et al., 2018).

The last attribute of career shocks is *valence*. This refers to the notion that career shocks can be positive and negatively evaluated. According to Seibert et al. (2013), a negative career shock is an event that potentially has a negative impact on someone's career and a positive career shock is an event that potentially has a positive impact one someone's career. Whether a shock is positive or negative depends on the shock but also on the attribution an individual gives to the shock (Akkermans et al., 2018). In other words, people can perceive the shock in different ways. It is expected that different occupations experience the shock in different ways (Kramer & Kramer, 2020). Also, shocks vary in terms of impact from the point of view of the individual (Seibert et al., 2013). Some people have more internal resources to cope with a sudden shock than others so some people can perceive the shock as potentially more harmful than others (Akkermans et al., 2020). For the Covid-19 crisis, the valence is expected to be negative in general. However, as above stated, this can vary according to individual circumstances. For most people the Covid-19 situation resulted in negative outcomes such as job insecurity, loss of income, negative emotional impact of social distancing and increased general anxiety (Akkermans et al., 2020). However, it is also possible that such career shocks

can contribute to positive outcomes (Akkermans, 2020). Some companies (e.g. software companies) benefited from the pandemic and also for individuals that experience the negative impacts it can result in positive outcomes eventually. (Akkermans et al., 2020). Such positive outcomes can be for example that the person develops in his or her ways to cope with unexpected situations or that it results in a change to an occupation where the person feels better in (Akkermans et al., 2020).

Morgeson, Mitchel and Liu (2015) investigated the impact and consequences of shocks. They state that the stronger such events are, the more consequences these events are likely to have. Stronger events are events that are extraordinary, disruptive and have a critical impact on the individual's life. When events score higher on these characteristics, it is more likely that (more) consequences will follow (Morgeson et al., 2015; Rojewski, 1999; Seibert et al., 2013). Consequences can be a change in attitude, for example a nurse who sees their occupation as more meaningful because it takes a central role in fighting the Covid-19 virus or a nurse who sees his/her occupation as exhaustive because he or she feels that the workload is too much. A second consequence according to Morgeson et al. (2015) can be that a shock can create new behaviour. New behaviour can for example be that the way work is performed will change or that the individual will make a decision to quit his or her job. Last, subsequent events can occur as a consequence of a shock (Morgeson et al., 2015). An example of a subsequent event that we have seen already, is the bonus that caretakers have received from the government because of their role in fighting the virus (Rijksoverheid, n.d.).

As mentioned by the research of Akkermans et al. (2020), the Covid-19 crisis seems to be an event that is very extraordinary, disruptive and has a critical impact on people's life. Because of that, it can be considered as a strong event. It is expected that it will have consequences for many nurses and will impact their career paths (Morgeson et al., 2015; Rojewski, 1999; Seibert et al., 2013).

2.2 Career development

A well-established definition of a career is the definition stated by Arthur, Hall and Lawrence (1989, p. 8): "a career is the unfolding of a person's work experiences over time". In the past years, careers have changed. Earlier it was most common that people started working at an organization and continued this for their entire lifespan but this is not the case anymore. People strive for a job that will help them to obtain career success (Arthur, Kapova, Wilderom, 2005). When a job does not fulfill the demands of an individual to obtain career

success, the individual will more likely switch between jobs in order to achieve success (Arthur et al., 2005; Miers et al., 2007).

Career success can be described in two fundamental ways: objective career success and subjective career success (Arthur et al., 2005). Objective career reflects the shared understanding rather than an individual's own understanding of success (Arthur et al., 2005). It comprises more directly observable, measurable and verifiable elements like salary, promotions and occupational status (Heslin, 2005). Subjective career success is the individual's own understanding of career success. It can be defined as the individual's evaluation of his or her career, across any dimensions that are important for that individual (Arthur et al., 2005, p.3). People have different career aspirations, and place different values on such factors as income, employment security, the location of work, status, progression through different jobs, access to learning, the importance of work versus personal and family time, and so on (Arthur et al., 2005, p. 3). The objective and subjective career success cannot be seen on itself but they mutually affect each other (Arthur et al., 2005). In order to understand social processes behind someone's career, it is important to conceive both sides (Arthur et al., 2005).

In general, the biggest reason why people want to work as a nurse is because they define success in terms of altruistic reasons (Miers et al., 2007). They place big value on helping others and perceive subjective career success when they are able to make a difference for the patient. The second biggest reason why nurses in general perceive subjective career success in their occupation is because the occupation offers them an opportunity to exercise their capabilities and personal interests (Miers et al., 2007). According to the research of Miers et al. (2007), nurses think it is important that these values are in line with more objective values such as professional rewards and social status. This is in general the third most valued job characteristic for becoming a nurse (Miers et al., 2007).). Since nurses are seen as 'heroes' fighting the virus, it seems that the Covid-19 crisis has increased the social status of nurses (Kramer & Kramer, 2020). An increase in social status can positively affect attraction to the occupation and affects how the individual perceives his or her job to be meaningful (Kramer & Kramer, 2020; Miers et al., 2007).

As mentioned in section 2.1, if Covid-19 acts as a career shock for an individual, it triggers a deliberate thought process about an individual's career. This thought process about a person's desired objective and subjective career success and the likeliness of attaining that in the future is further discussed in the image theory by Beach and Mitchel (1987). Image theory elaborates on the non- routine decision process for career decisions. It outlines different

images that are specific to decision behavior and represent the decision makers' guiding principles, goals and what he or she is doing to attain those goals (Beach, Mitchell, 1987). The first image is the self image. This image is about beliefs, values, morals and ethics. This image guides the decision whether an individual should pursue or reject particular goals and govern the choice of actions taken in pursuing the goal (Beach, Mitchell, 1987). The second image is the trajectory image. This image is about the individuals' goals where he or she wants to be in the future. These goals can be abstract like being happy and achieving objective and subjective career success or more concrete like working in a specific occupation (Beach, Mitchell, 1987). The third image is the action image. This contains different plans that the individual uses in order to reach his or her goals. These are sequences of behavior as trying to prevent, achieve, acquire, avoid, or accomplish some event or state. It is about the activities that the individual sees that are part of the plan in order to make progress towards a goal (Beach, Mitchell, 1987).

These three images are the basis for the decision process of the decision maker. During the decision making process, the decision maker tries to look in the future and forecasts if his or her current way of doing things (action image) is enough in order to fulfill the needs of the trajectory image and the self image. In other words, the decision maker looks if he is on the right track in order to reach his goals while at the same time taking his personal values, norms, morals and ethics in account. According to Beach (1990) decision makers prefer to maintain the status quo but when the number of violations of the trajectory image exceeds the rejection threshold, individuals try to change the plan in order to diminish the gap between desired image and actual image.

This theory gives important principles to understand the effects of career shock and their importance on an individuals' career (Akkermans et al., 2018). Hence career shocks trigger a deliberate thought process, they can cause people to think about their desired image, ideals, goals and strategies and their current ones. When someone thinks that his or her work does not lead to images and the career success he or she desires, this can result in a decision to change his or her career path (Akkermans et al., 2018).

3. Methodology

In the following section the methodology of the study is described. This chapter therefore concerns the elaboration of the research approach and how the data is collected in order to gain an answer on the research question.

3.1 Method

This research aims to investigate how the Covid-19 career shock acts and how this can affect an individual's career path. It therefore aims to look at this situation in depth and seeks to understand and analyze how people see reality. It takes an interpretive point of view wherein human interpretation is seen as the starting point for developing knowledge (Symon & Cassell, 2012). A qualitative research design is used in order to find out what meaning people give to reality in order to understand their behavior (Wester, 1991). It uses linguistic material to be able to make a statement about a social phenomenon by interpreting this material (Bleijenberg, 2015). With qualitative research it is possible to achieve more depth in this than with quantitative research (Bleijenberg, 2015).

Within this qualitative research, the data is analyzed by using a deductive approach. Already existing theories about career shocks and career development helped to set expectations about the concepts. These expectations have been part of the analysis process.

3.2 Data collection

The primary source of data collection is through semi-structured interviews. In these interviews, the respondents received open questions. These kind of questions create space for the interviewee to come up with unexpected matters and because the variation of answers will be broader it can provide broader information (Bleijenberg, 2015). With semi-structured interviews the researcher can also go further on what the respondent said in order to get deeper insights (Saunders, Lewis, Thornhill, 2015). The interview guide is concluded in appendix 1. The interviews were held between 3 may 2021 till 13 may 2021 and lasted 45 minutes on average. Because the respondents were all Dutch, the interviews were conducted completely in Dutch.

Since the Covid-19 crisis is an emotionally charged topic, some respondents got very emotional during the interview. The interviewer tried to pay attention to this as much as

possible in order to create a safe environment for the respondent. He did this by acknowledging the feelings of the respondent, by showing empathy and offered to pause the interview whenever needed.

3.3 Respondents

In qualitative research often a small number of respondents are selected that represent the observed phenomenon in a maximum way (Plogh, Juttman, Klazinga, Mackenbach, 2007). These respondents are not randomly chosen as with quantitative research because the aim is not to produce representative information but the aim is to produce in-depth information about the observed phenomenon (Maxwell, 1996). According to Symon and Cassell (2012), it is important to have some breadth and variation among interviewees so they can cover the social category that the research seeks to examine. Besides that, it is important that the respondents can provide quality in their responses. This means that they can provide relevant information for this particular research (Symon & Cassell, 2012).

In order to gain in-depth information about how the Covid-19 crisis impacted the respondents, it was important that the respondents were highly influenced by the crisis. It was expected that there might be a difference between nurses in the hospital or in a covid-19 department and nurses who for example work in a care institute for mentally disabled youth in terms of impact from Covid-19. Therefore this research aimed to interview nurses who work at a department in a hospital or in another care institute which are highly influenced by Covid-19. Because these nurses are directly confronted with the Covid-19 virus in their work, it was expected that they could provide relevant information. Also respondents from different organizations and different departments were selected for the interviews so the other criteria of Symon and Cassell (2012) for breadth and variation among respondents was met.

To get in touch with these nurses the snowball technique was used. The snowball technique is appropriate when it is complicated to select the right respondents (Symon & Cassell, 2012). This research has tried to select nurses that are impacted by the Covid-19 crisis but because the research was written while the crisis was still going on, the respondents were often busy fighting the virus. Therefore, it had been hard to find respondents that were willing to sacrifice their little spare time for an interview. Via mail, LinkedIn and within the researchers network, different hospitals and care institutions were approached and nurses who responded were asked if they know other nurses who could provide relevant insights. This way 10

interviews were conducted with nurses who are in 'the frontline' of the crisis. In appendix 2 a description of the respondents is included. Every respondent received a codename in order to guarantee anonymity. The first letter of the codename stands for the type of organization the respondent works at. An "H" stands for hospital and a "C" stands for care institute. The second letter of the codename is just in alphabetical order to make every codename unique and does not stand for anything.

3.4 Data analysis approach

As earlier mentioned, this research uses a deductive approach to analyze the data from the interviews and documents. With help of the theoretical framework, theoretical expectations were made and translated into dimensions and indicators. These dimensions and indicators help with the coding of the text fragments.

Key Concepts	**Dimensions**	**Indicators**
Covid-19	Career shock attributions	Frequency of the shock perceived
		Valence of the shock perceived
		Controllability/predictability of the shock perceived

		Duration of the shock perceived
		Locus of source
		Deliberate thought process
	Occupational differences	Change in job status
		Change in way of working
		Different impact between occupations
	Individual differences	External resources available to cope with the shock*
		Career competences
		Personal events

	Shock consequences	Change in behavior
		Changes in attitude
		Subsequent events
Career path development	Objective career success	Salary
		Job status
		Hierarchical position
	Subjective career success	Altruistic values in career
		Exercise capabilities
		Personal interests
	Self image	Values
		Morals

		Ethics
		Beliefs
	Trajectory image	Abstract goals
		Specific goals
	Action image	Plans to achieve own goals
		Expectation of the likeliness of goal attainment in current situation
		Satisfaction about current images
		Willingness to change current actions

Figure 1: Operationalization

** The indicator 'external resources available to cope with the shock' means all resources outside the individual that help the individual to cope with the shock.*

3.5 Research quality

Because the research is conducted during the Covid-19 crisis, face to face interviews were not possible. This have made it harder to observe non-verbal communication and

misunderstandings could have occurred from noise during the call. Therefore video calls were used in order to see non-verbal communication and attention was given to a steady internet connection and good camera quality. Also, the interviewer has checked with the respondents extensively if everything was interpreted well.

In order to build high quality research, assessment criteria of quality research by Guba and Lincoln (1989) and research ethics are considered. First, big attention is given to the *credibility* of the research. This means that there is a good fit between the constructed realities of respondents and reconstructions attributed to them. In order to build credible research, the researcher makes notes of what he faces during the process, the interviews were recorded and transcribed and the data is extensively checked with the respondents so misunderstandings are prevented. Also the method of peer debriefing is used within the master thesis circle where other students looked at this research and gave feedback on the process.

Second, attention is given to the assessment criteria *transferability.* This means that there is a thick description present with enough detail about the respondents that provided the data so that the reader can judge if this case is applicable to what he or she searches (Guba and Lincoln, 1989). This description is included in appendix 2.

Third, the research provides an overview of methodological changes and shifts by providing a research diary. This is included in appendix 5. This way the third criteria of *dependability* is also met (Guba and Lincoln, 1989).

Last, this research has paid attention to the fact that in qualitative research it is important that the research is confirmable (Guba and Lincoln, 1989). A codebook has been built so also this criteria is met. Also because the interviews were held in Dutch, the quotes used in the results were translated from Dutch to English. Appendix 3 shows a translation of the quotes that are used in the results section in order to meet the criteria of confirmability.

3.6 Research ethics

Besides the assessment criteria for qualitative research, the important aspect of research ethics is considered. The data is handled very discreetly and respondents remain anonymous at any time. Respondents were informed very thoroughly about what the research entails and got full freedom of choice whether they want to participate.

At the beginning of every interview, the respondents were asked if they agreed that the interview was recorded. At the end of the interview, respondents were asked if they wanted to add something and if they felt like something was missing. Subsequently, the interviews have all been transcribed and sent to the respondent so he or she has had the opportunity to check if everything was well understood.

4. Results

In the following section, the results will be presented. The results are divided in different subchapters based on the central concepts of this research: Covid-19 as a career shock and career development.

A career shock is a disruptive and extraordinary event beyond the control of an individual that triggers a deliberate thought process (Seibert et al., 2013). In general, the Covid-19 pandemic can be seen as a disruptive and extraordinary event (Akkermans et al., 2020) but individual's circumstances like occupation and individual attributes determine if the event is perceived to be a career shock for the individual (Akkermans et al., 2020; Kramer & Kramer, 2020). In the following section the way respondents perceive the different attributes of a career shock (frequency, controllability/predictability, duration, locus of source and valence) as stated by Akkermans et al. (2018) and the way this affects their career paths will be discussed.

4.1 Covid-19 as a career shock

In this section the attributes of a career shock will be discussed. The different attributes of a career shocks are: frequency, controllability/predictability, duration, locus of source and valence.

4.1.1 Frequency

C.A., H.B., H.C., C.B., H.F. and H.G. agreed with the notion that although they have experienced more horrifying events or virus and isolation situations in their work, this kind of situation has never happened before. H.C.: *"Covid was very fiercely, of course I experienced more sad things in my career. Very sad things. If you work at the intensive care this long, you see very sad things… I am used to people dying and people who lay on a respirator, people who were kept in sleep. But these are the kind of patients I have never seen before".* H.C. says that she experienced more sad things in her career. She has worked on the intensive care for a longer period of time and has seen people on a respirator and people dying. Since she has seen these kinds of situations before, she got kind of used to it. These situations have some similarities with the Covid-19 situation. However, as she mentions, this type of patient she has never seen before. Although the respondent is familiar with some aspects that are

present in treating the virus, this situation is completely new to her. These two points are also indicated by H.B.: "*Well of course this is very big. This is completely different but in my work more things happen where I have to act quickly. React quickly."* The words 'completely different' indicate that she has never seen a situation like this before. A situation this big is completely new for her and can therefore be considered to be an event with low frequency. In the second part H.B. mentions the aspect 'act quickly, react quickly'. This aspect of her work where she has to respond quickly in order to provide good care for the patient is an aspect to which she is more familiar with. This way of working has similarities with the way of working in the Covid-19 situation.

H.A., H.D., C.C. and H.E. only mention the novelty of the Covid-19 crisis. An example, said by H.D.: ``*Of course this is something we have never experienced before".*

Regarding the attribution *frequency* of the Covid-19 career shock it can, thus, be concluded that the event is in the eyes of the respondents low in frequency. Such an extraordinary event, with such scope, has never happened to them before. The infrequent character of an event creates a situation to which the nurses are not used to and can trigger a deliberate thought process (Akkermans et al., 2018).

According to theory, career competences can make an individual more resilient to an impactful event (Akkermans et al., 2018). As some quotes indicate that some aspects of the Covid-19 crisis are inherent to the work of a nurse, it tells us that nurses may have developed competences that have helped them cope with the Covid-19 crisis and can consequently make the impact on an individual a bit lighter. The impact from Covid-19 on nurses and competences to cope with it are further elaborated on in section 4.1.4.

4.1.2 Controllability/predictability

H.F. :*"Of course the first wave was impossible to foresee and that really happened to us".* This quote gives a clear description of the predictability of the Covid-19 crisis. H.F. says in this quote that they had not expected the virus and were kind of overwhelmed by it. C.A.: *"It was a lot what happened,, it was tense and new and something hard… It is with the Covid… how should we do this? What is this? This uncertainty comes from the contagiousness and that makes it hard… we did not know anything"* From this quote it can be derived that the nurses did not know what to do with the new and unpredictable situation because many things were uncertain. They did not know anything about the disease which raised many

questions. The uncertainty of the Covid-19 crisis is a topic that can be seen in 9 of the 10 interviews.

C.A.: "*Family has many more questions and uncertainties. What is happening to my partner? What is happening to my grandfather? Or grandmother? We do not know that either. That was very hard*". The respondent says in this quote that she could not give answers to questions from family because her knowledge about the disease was limited as well. She faces uncertainty regarding the symptoms of the disease and experiences this as hard. H.D. says the following about this: "*It was more the unknown of the symptoms, people could get worse in no time and you have no grip on it. That makes it very capricious and uncertain. Also that the doctors did not know what it was, you think that the doctor knows but that was also not the case.".* This quote also indicates that H.D. faces uncertainty regarding the symptoms of the disease. She and also the doctors did not know how the disease progression would develop. The words "capricious" and "uncertain" indicate that H.D. experience difficulties with this ignorance. This notion is also corroborated by the following quote of H.E.: *"The people who die because of Covid, that was initially very hard because you could not contribute in the beginning because it was so unknown. That felt very powerless".* H.E says that she could not make a contribution to the patients because she did not know what to do. The words "really hard" and "powerless" indicate that she felt difficulties with the uncertainty regarding the symptoms of the disease as well.

Beside uncertainty about the disease itself, the respondents also face uncertainty from constantly changing policies. C.C. a home care nurse: *"I think mostly the uncertainty among colleagues. Because the policy is constantly changing and one week a person has to be tested after five days and then again after ten days. It changes all the time and people find it unclear. They are wandering around in the dark".* It can be derived from this quote that the way how work is performed has changed constantly. This is because they have to listen to policy which resulted in a lack of clarity. The respondents working in the hospital also stated that they experienced uncertainty in the structure of work because of Covid all departments were reorganized. More help was needed at Covid departments and the care at other departments had been scaled down. This caused many movements between departments with people who are not used to their new department, people who have no affinity with that department and teams who are not used to each other. H.F.: *"On all departments are unknown doctors, with doctor's assistant gynecology with doctor's assistant psychiatry who*

should handle people with a shortage of breath. That is a big deal.".. All kinds of different employees in the hospital had to work with each other and doctors and assistants with different kinds of specialization had to work with symptoms they are not used to. It is indicated in this quote that this movements in labor between departments impacted the workforce of the hospital as it was "a big deal". H.B., a nurse who had to work in another department than her own, says the following about this: *"Now I had to work on another department. I continuously had to ask what I had to do and that is not a pleasant way of working. It is very exhaustive."* H.B. says in this quote that her job became exhaustive because she worked at another department. She did not know what to do because work at that department was unfamiliar to her.

In line with the theoretical framework, it can be concluded that the respondents see the Covid-19 pandemic as an event that was impossible to predict and had a low level of controllability. The respondents had no control over the measurements taken from above and experienced problems in terms of controllability because they have faced uncertainty. Uncertainty was present because the respondents did not know anything about the disease progression and the way to treat the virus. Moreover, uncertainty in policies and work structures were present because these were constantly changing. According to Akkermans et al. (2018), a low level of controllability and predictability can trigger a deliberate thought process about an individual's career. The deliberate thought process of nurses is further elaborated on in section 4.2.

4.1.3 Duration

From the data it can be derived that the Covid-19 crisis is still going on but there seems to be a difference over time. H.C.: *"Well currently we are still in a crisis situation. The intensive care is full but in some way… we are in a wave right now, this one is more calm than the first one".* H.C. says that the crisis is still going on right now but it is more calm than it was before. Also, The respondent mentions different waves in this quote and implies that the impact of the Covid-19 crisis have been different in different periods of time.

All respondents, except C.B. who stopped working during the Covid-19 crisis, state that there is some kind of habituation going on during the crisis. H.B.: *"In the beginning it was chaos. In no time everything was converted and there was a lot of extra work. But now I notice that*

management knows how to deal with it. There are clear rules, clear protocols and if there are this many patients, this many people have to work. In the beginning this was unclear." In the first part of the quote, H.B. says that at first the Covid-19 crisis had a big impact on the way work was organized. The word "chaos" indicates that the crisis resulted in a lack of structure in the work of the respondent. But out of the second part of the quote it can be derived that there became more clarity about how the work was structured and organized.

A change over time is also clearly indicated by the following quote of H.C.: *"Now we know the disease profile. You know to some extent what to expect and what you can do but in the first weeks we did not even know that people make clots. A lot of people died because of that. I had a man, 50 years old who had a clot in his leg and woke up without his leg``* This quote illustrates the change over time and the impact it had on the respondent. Because of the uncertainty about the disease profile, H.C. experienced negative events like a man losing his leg. They did not know what to do but later on, they learned this better. C.A., H.B., H.C., C.C., H.F. and H.G. explain that uncertainty has decreased because they obtained more knowledge about the situation. H.C.: *"Because of the knowledge, I notice that there is more routine. Yes the knowledge, you know better what to do ".* This quote illustrates that more knowledge about the disease profile came over time. It helped them in knowing better what to do.

Regarding the duration of the shock we can conclude that the Covid-19 crisis is still impacting the respondents but because more habituation came and knowledge about the virus increased a situation arises where the severity of the shock perceived by nurses seems to be less than in the beginning. This is in line with the theory of Akkermans et al. (2018) which states that competences can help the individual cope with a situation in which he or she has low control. It seems that nurses have acquired more competences to cope with Covid-19 which decreased the severity of the shock perceived. Akkermans et al. (2018) also state that more consequences will follow when the shock is of long duration. It can be derived from the data that the shock is still going on so we can conclude that the shock is long in duration. From theory it can, thus, be expected that consequences will follow. These consequences will be discussed in chapter 4.2.

4.1.4 Locus of source

The Covid-19 crisis is a global crisis. A global event makes it more likely that instances like the governments and organizations provide resources to cope with the crisis (Akkermans et al., 2018). In this section, the resources that the respondents have perceived to help them cope with the crisis will be discussed.

All respondents working in the hospital have had access to support initiated by the organization. C.C.: *"Sometimes a psychologist came by during lunch breaks. They also have a buddy system with which you cooperate. That is not necessarily a nurse but that buddy is always with you so you can always fall back on him and can always consult him and that one can identify things. That is very pleasant."*. This quote indicates that the organization arranged different things to support the respondent. Help was available from a psychologist and also with the buddy system, they built systems in work which arranged support by co-workers. The word "pleasant" indicates that the help by the organization is positively perceived by the respondent.

The respondents not working in a hospital but in another health care institute did not receive support from their organizations. C.B., who temporarily stopped working, says two things about this*: "I think it is quite hard because my employer wants me to come back to work as soon as possible. I do not perceive any cooperation from him"* and *"I am kind of a Covid-19 victim. I was already doing a trajectory to get help but all help was scaled down so that was not possible. I could not go anywhere. I was going to do a course but that was all cancelled. In that sense I did not have any help".* The first quote indicates with the word "hard" that she experiences negative feelings because the employer puts pressure on her to come back to work. No support was given to her from the organization. The second quote refers to the measurements taken by the government to prevent the spreading of the virus. During the lockdown, psychiatrists were obliged to close their doors so other mental help from outside was not available. C.B. says in this quote that because of that she did not receive any support to cope with the shock and even feels a victim of the Covid-19 crisis. C.A. and C.C. did not have any support from their organization as well but they mention the support from co-workers, friends and family as sufficient for them in order to cope with the shock.

The help from co-workers, friends and family is mentioned by all respondents. For example C.C. who says: "*Yes, by friends and co-workers. We called and facetimed. That way I perceived support from that. And within the job, with co-workers. Everyone is very open. If something bothers you, it is discussed. Everyone is there for each other".* Respondents H.C. and H.E. feel like nurses have an advantage in this sense in comparison with other professions: *"The advantage you have as a nurse against all other people who are obliged to work from home, is that you have co-workers around you. This way you can discuss it with each other."* This quote indicates that she feels advantaged because they do not have to work from home while other professions do. This creates an opportunity to talk to co-workers in real life which can support you in dealing with the crisis.

Out of the above we can conclude that for all respondents, friends, family and co-workers helped them to cope with the Covid-19 crisis. The respondents who work at the hospital also perceive support from the organization while nurses who are not working at the hospital do not have this support.

4.1.5 Valence

As already mentioned in the previous sections, the Covid-19 crisis resulted in a unique situation where the respondents had to cope with a violent work environment and great uncertainty for a longer period of time. H.D.: *"Most definitely it resulted in more stress".* H.C.: *"There were extremely many people who went on stress leave. Because it was all too much for them. It was very hard*". H.B.: "*I think all departments received more stress. The care has been much harder".* In all of these quotes, the word stress is mentioned. It indicates that the Covid-19 has increased the stress level of the respondents and co-workers of the respondents. In line with the theoretical framework, Covid-19 seems to be in general a negatively perceived event for the respondents. From the data, three big themes can be derived that have influenced the level of impact Covid-19 have had on the individual: personal capabilities, family situation and personal events.

4.1.5.1 Individual capabilities

From the interviews different individual capabilities came up that made the crisis lighter or heavier for the respondents. H.C.: *"Everyone always says, it is important to unleash your work. I can't. That is why the Covid-19 crisis was extra hard for me. Because I cannot do that.".* H.C. says in this quote that she perceived the Covid-19 crisis as more difficult than it

might be for other people because she does not have the capacity to let her work go. Other people who can let it go, can potentially perceive the crisis as lighter according to H.C. H.B.: "*Yes, especially letting it go. It is really pleasant that I'm good at that".* H.D.: "*That really helps. Just doing your work and if you know you did it the best you can, you have to let it go. That is the advantage. There are always people that take over after your shift. You do whatever you can and then you are done.".* C.C.: *"I am good at letting the work go… that really helps".* The words 'pleasant' and 'that really helps' indicate that the ability of letting things go helped the respondents with handling the Covid-19 crisis. It underlines the notion of H.C. that people who can let the work go, can perceive the Covid-19 crisis as lighter. H.D. perceives it as an advantage that after her shift, someone else comes. If she has done her job the best she can do, then she is okay with letting her work go when her shift is done.

Respondents H.A., C.B., C.C., H.F and H.G. mention the importance of seeing things in perspective in order to cope with the Covid-19 crisis. H.A.: "*I am really sober about my work, that helps me"*. C.C.: *"I think my trait that I can see everything in perspective really helps".* C.B.*: "I am very sober in these kind of things".* H.F.: *"I can see things in perspective, that it is part of life*". H.G.: *"I have a high ability to see things in perspective".*

H.A. and C.C. mention the importance of setting boundaries in order to cope with the Covid-19 crisis. H.A.: *"Young nurses, I am not that old but of course I am not recently graduated. So I know how far I can go. A lot of young people in our team keep on going and going. For tonight they are looking for three more nurses and mostly these places are filled in, in no time. People are really motivated but if it takes this long, you have to be able to set boundaries… I can set my boundaries and I think this is very important if you want to hold on."* This quote shows that it is important to set boundaries when to work and when not to work. She states that she has learned through the years to set these boundaries and that there could be a difference with young people who keep on going because the opportunity to work is often available. H.A. also refers to the duration of the shock and says that especially for a crisis this long, boundaries are important to hold on. C.C. also mentions setting boundaries which helps handling the Covid-19 crisis: "*Now I am much better in keeping my boundaries. I have learned to say no. That is really something I benefit from."* This quote indicates that she has not always been able to set boundaries and that she has learned this ability. Because she learned this ability she benefits from this in the current crisis. C.B. experienced the situation where she did not say no to the work available: *"I buried myself in work. If there*

were extra shifts available, I took them. Otherwise I would be sitting at home, on my own. In that sense I did not feel good and felt depressed. This reinforced it. It reinforced it big time". Because the respondent was single during the Covid-19 crisis and was, due to governmental rules, not allowed to see many people, she took a lot of shifts in order not to be lonely at home. Because of this, she did not set boundaries which had severe consequences for her. It reinforced her depression. H.C., who is also single, underlines this situation: *"It was lonely. I filled it up with working extra. A lot of extra shift were available, you get a big list of when people are needed… it was literally the case that sometimes people left the department crying and stayed home overworked".* This quote also tells us that the respondent took a lot of extra shifts because otherwise she would be alone at home. There were always extra shifts available so the call from the organization to work extra was always present. H.C. says that she has seen people who did not say no to work as well and saw this result in negative consequences like leaving the department crying and staying home overworked. The aspect of loneliness which is mentioned by H.C. and C.B. is further discussed in the next section.

It can be concluded that the respondents experienced during the Covid-19 crisis different capabilities that helped them dealing with the Covid-19 crisis. It was helpful for them to be able to see the situation in perspective, to set boundaries and to be able to let the work go. This is in line with the theory of Akkermans et al. (2018) which states that career competences can help the individual to be more resilient to the shock. The above mentioned capabilities could be seen as career competences that helped the respondents with this particular situation.

4.1.5.3 Family situation

8 out of 10 respondents (H.A., C.A., H.C., C.B, H.D., H.E., H.F., H.G.) indicated his or her family situation as a factor that influences the way Covid-19 is perceived. H.A.: "*As long as your family situation is good. My husband and children often do the laundry and cook. In this we are a real team. From home. That saves a lot."* This quote indicates that the respondent feels support from her family because they can relieve her from other tasks at home. H.E.*: "People who are single or have young children. I believe that could be very tough for those people".* Out of this quote it can be derived that H.E. sees that there could be a difference between different family situations in the way how the individual can cope with the crisis. This notion is also indicated in the following quote by C.B.: *"They demanded from us that you follow the measurements. No contacts. In the beginning I obeyed these really well. I went*

to work, did the groceries and at some point I did not even see my children anymore. They did not go here. No social contacts. The only person I kept in contact with was my coworker. That was a friend of mine and we saw each other at work and besides work. That was the only one which I had contact with. Your entire social life ends, you obey the rules and you see no one. It made me very lonely. Like, I am divorced, my children left the house. It reinforced my depression." For the respondent, the rules for preventing the virus have resulted in a situation where the respondent could barely see anyone in private time. Because of her family situation she was constantly alone at home and this has resulted in negative consequences as mentioned by C.B. in the sentence: *"it reinforced my depression*". The notion of loneliness is also mentioned by H.C.: *"The loneliness made it… at some point your work… when you come home on your own, that makes it hard. That there is no one present to tell your story to."* This quote indicates that the respondent experiences difficulties in processing their experiences in work because there is no one to talk to at home. The other respondent, C.A., who also lives alone mentions this notion of loneliness as well but says to cope with this: *"I am lucky that I am very good at being alone".* This quality makes it easier to cope with loneliness according to the respondent.

6 out of 10 respondents state that the occupation itself has stimulated the feeling of isolation. H.C.: *"I could not go to my parents. I had to work on the Covid department and I did not want them to get ill… my family did not dare to see me".* H.D.: *I can spread it at home or sometimes you do not dare to say you work at a Covid department because people think: oh I'll watch out."* C.C.: "*You go to a lot of people and you have responsibility in work… You cannot go to ten different people at work and then go to all your friends. And the other way around. I am afraid that I will take it home and infect my parents."* These quotes indicate that because of the fact that a nurse is more often confronted with Covid-19 during work than other occupations, nurses feel like they have to be careful to others because they can spread the virus. Also, as H.D. indicates, other people may be more alert because you work with Covid patients.

Out of the above we can conclude that an individual's family situation seems to be a crucial factor in how the Covid-19 shock is perceived by an individual. Since the respondents worked with Covid-19, respondents could not have many contacts because they could potentially spread the disease. This way there is more focus on family at home in order to not get lonely.

4.1.5.3 Personal events

Some respondents mention personal events caused by Covid-19 as a factor of how Covid-19 is perceived.. H.C.: *"I have three cousins who had to lay on a respirator for a long time. Then it comes very close. It was very fierce… also two co-workers were infected by Covid-19 because of the work they do. Because of it they had to lay on a respirator. That made it very confronting. Direct co-workers from the i.c. Eventually they brought them to another hospital because it was not doable. Imagine you and I are co-workers and I lay on a respirator and you have to help. That is way to close".* H.C. mentions two situations where the virus had caused severe health issues for family and co-workers. The respondent indicates that this way the virus comes very close to her because she knows these people in person. She has experienced this as very fiercely and very confronting and states that it determines a big part of how she looks back at this crisis ("*I lost family, that made it extra severe").* H.D.: "*Luckily I did not lose any family, I believe that is a big difference*". This quote also indicates that the impact of Covid-19 can differ based on personal events like losing familiy.

From this section we can conclude that personal factors like individual competences, family situation and personal events, influenced the way an individual has perceived the Covid-19 crisis. Individuals are impacted because of these personal factors in a different amount. This can make a difference between individual's in triggering a deliberate thought process about potential career decisions (Morgeson et al., 2015) which underlines the notion by Akkermans et al. (2018) that a disruptive and extraordinary event does not necessarily cause a deliberate thought process because it can have a different impact per individual.

4.2 Career path development

In the data there are two big themes visible of how the Covid-19 crisis has influenced the respondents view on their current jobs: job values and job content.

4.2.1 Job values

To the question about why they became a nurse, the respondents unanimously answered in terms of altruistic reasons. C.A.: *"I always wanted to help other people"*. H.B.: *"I really like caring for other people. Really means something to them*". H.C.: *"I like to help other people".* H.F.: *"I think it is important to feel useful, really add something to that day, to*

patients, to other people. Contribute in curing the patient". H.G.: *"It is all about adding value".* They all value helping others and see making a contribution as the most important thing in their careers. H.C.: *"I am really happy that I stood at the front line. Because I really had a feeling that I could contribute. Although I am just one puppet in an entire hospital, I really had a feeling that I could do something that matters"* H.E. says: *"I am grateful to be at the front line. I could make myself useful this way".* H.C. and H.E. indicate that they were happy to be at the front line of the crisis. They both say that during the Covid-19 crisis they could execute altruistic things within their work, like making a contribution and doing something that matters. As stated above, these are the aspects of work that are generally valued by the respondents. H.A. adds to this: *"I became more proud to work in a hospital. We are doing it so well. I realize that. That this place makes a real difference… I started to like the profession more and more. Before this I wondered, is this what I want? Right now I do not have that… the feeling to contribute, to be useful, to be valued. Yes I am very happy I made this choice".* H.A. says that her attitude towards her job has increased because during the Covid-19 crisis she sees the value of her job. The word 'proud' indicates that she places big value on what nurses did during the crisis and positively looks back to this. She has seen that during the Covid-19 crisis she was able to contribute, to be useful and felt valued. This has confirmed that this is the job she wants. Also C.A., H.B., H.D. and C.C. mention a feeling of pride when they look back on the crisis and on their jobs. C.A.: "*Clients who recover now but may have died a year ago. We have contributed to that."* This illustrates, again, a feeling of being able to contribute during the Covid-19 crisis. H.D.: *"It became clear that we matter. We already did but now you see how necessary the occupation is".* Also H.D. says in this quote that during the Covid-19 crisis it came forward what nurses do and how necessary they are.

Although the Covid-19 pandemic had severe negative consequences for C.B. personally, as mentioned in 4.1.5, her opinion about the occupation did not change: *"No, my opinion about the occupation of a nurse is still the same. You constantly work with people and there are challenges".* H.F. also mentions that there is no difference for her in how she sees the occupation. *"No, my opinion has not changed. At one side heroic but also just working hard".* With this quote the respondent indicates that the work she did during Covid-19 did not significantly differ from the work she normally does. The work of a nurse always has some heroic aspects and nurses always work hard, the Covid-19 pandemic has only confirmed this. This notion is underlined in the following quote by H.C.: *"It shows that you are very*

important. But I already was". H.C. also says here that the Covid-19 crisis did not change her attitude towards her job but it confirmed it. She already was important but this highlights it. H.G.*: "I can say that I became more aware about the role you always had as a nurse but now this is enlarged".* In this quote, H.G. says that the role of a nurse in general and the role of a nurse during Covid-19 is the same. However, it has been enlarged in this situation.

We can conclude that the respondents place big value on altruistic values in their careers. During the Covid-19 crisis, the respondents felt that these altruistic values were highlighted because of their role in fighting the Covid-19 virus. For some respondents it has confirmed the way they look at their job as valuable and for some respondents the way they look at their jobs has been positively reinforced. This is in line with theory by Morgeson et al. (2015) who states that a career shock can cause a change in attitude.

Regarding the way how the respondents think other people look at their jobs, 9 out of 10 respondents mention that, especially in the beginning, they experienced many appraisals from the outside world. For example H.B. says the following: "*People started to appreciate more what we do* ". H.E.: "*In the first period, especially last year, everyone thought: respect for the health care sector, they all clapped for the health care sector, we got a lot of gifts, chocolates, flowers."* C.C.: *"in my surroundings, everyone has a lot of appreciation. Everyone thinks it is really good what we do while we all think it is just a part of our jobs. I think this is because it got so much attention now. So many views were broadcasted on television".* H.A.*: "In the first wave there was enormous appreciation".* These quotes indicate that the respondents felt support and appreciation for the work that they do. Because the occupation got more attention, their work was more visible to society and appreciation and support followed. However, 6 out of 10 respondents (H.A., H.C., C.B., H.E., H.F. and H.G.) experienced "hypocrisy" (H.C.) regarding the external appreciation of nurses. H.G.: "*Who does still worry about nurses right now? Who still work their asses off. You do not hear anything about that. In the first wave we were central in the attention and we were heroes, deserved bonuses but that is all gone. Society wants to go on and it is more important to have a place on the terrace than a place at the intensive care. That was different in the first wave. Regarding before the crisis, nothing has changed"* This quote tells us that during the Covid-19 crisis there has been a difference in appreciation over time. In the beginning they were heroes and received much attention but now the respondent feels like no one worries about nurses anymore. While they are still working hard. The notion that a place on the terrace is

more important than a place at the intensive care can be interpreted as dissatisfaction about what is important for society at the moment. H.G. says that society does not care anymore and nothing has changed. H.A. also clearly mentions a feeling of dissatisfaction regarding the attitude of society: *"They look at the care sector with a big middle finger. Because when the terraces go open then… what kind of appreciation for the care sector?".* This quote also indicates the duality in society between appreciation for the care sector and their behaviors. The appreciation does not mean much for them because their behavior, like going to the terraces, shows no support to the health care sector.

A conclusion can be made that there seems to be some ambiguity in how the respondents perceive other people to look at their jobs. At first they perceived a high level of appraisal but many respondents indicate that this support is not sustainable and will not be for the longer term. A robust conclusion about a change in attitude from the outside world can, thus, not be made.

4.2.2 Job content

Changes were present during the Covid-19 crisis that affected the respondent's job content. The way of working has changed tremendously for the respondents in order to prevent them from getting infected with the virus. H.G.: "*We had to work in a cohort, your whole unit was isolated and you had to do everything in special suits. You could not go for a cup of coffee normally or go to the toilet. It was very special".* This quote indicates another way of working. It was very special and not like the respondent was used to. H.A. and H.D. experienced negative consequences from the other way of working. H.A.: "*The entire day in a suit. Always with a mouth mask. I became partly deaf because of that mask."* H.D.: *"It is terribly hot all the time, no isolation, doors are always closed, some way that takes a lot of energy. I was always tired and had a headache when I came home from work. But in some way, you get used to it."* These quotes indicate that in order to prevent them from getting infected, they had to work in suits and other protection material. It caused several negative consequences like H.A. becoming partly deaf because of the mask and for H.D. being hot all the time, no isolation, exhaustion and headaches. Although these inconveniences were present, some habituation, as stated in section 4.1.3 as well, took place over time.

A second big change in terms of job content is a change in division of labor caused by Covid-19. Since all the attention of the health care sector went to Covid, many care at other

departments became less in order to make labor and space available to fight Covid-19. For C.A., H.B, H.C., H.D., C.C. and H.E. this had, temporarily or permanently, resulted in a whole different function than they had before. C.A. was transferred to a specialized Covid team within the health care institute and H.B. was transferred to the Covid-19 department on a temporary basis because more work was needed there. H.B.: *"From the operating room we had to go to another department to help and so I saw other departments and that is very interesting to see how things are done over there… but now it is: oh I have to go to IC again. I want to do my own job and I am kind of fed up with it "*. H.B. says in this quote that she was transferred to a different department and evaluated this as interesting in the beginning. It helped her to learn things about other departments. But over time she desired to perform her own work again. She experienced aspects at the intensive care department that she did not like and this way learned what she did not want in her career: *"I think the intensive care is very interesting but I realized that this is something I just do not want."* H.E. experienced the opposite: *"Because of the Covid I came to the emergency department, I went back to the children department but then I realized: no this is not what I want. I am a nurse who loves hectic situations and pressure and sometimes working with stress.".* H.E. experienced aspects of work in the emergency department that better fitted with her interests than her current job. It made her realize what aspects of work she desires in her career. H.F. also mentions that she sees many people who were transferred across departments who found out aspect in work that they do or do not desire: *"At my own department there are some people who thought he intensive care is much more interesting than the geriatric department. They left us and went to intensive care education. It might also be possible that people think that when you have to work this hard, with the working condition and irregular working hours, night shifts…"* It can be interpreted from this quote that H.F. saw nurses in her department make a switch to another department because they saw more desirable aspects of work in that department. But the other way around is also mentioned by H.F. where people saw things they did not like in the other department and came back to their original department. This outlines the two points of views as stated by H.B. and H.E.

H.C. and H.D. got a different job during Covid-19 as well. H.C.: *"I work at the cardiology department but because I am also qualified to be an intensive care nurse, in March I suddenly became a nurse on the Covid ic.".* H.D.: "*Because some departments are closed, personnel are free so they can go there."* H.A., H.F. and H.G. saw other people from other departments come to their departments. H.G. says the following about this: *"You work with other teams, different support employees, some occupational differentiation arose. People*

from anesthesia, ambulance, and the emergency department all came to the intensive care as support employees. Of course this was a whole other dimension, other division of labor, taking responsibilities. The responsibilities are mostly at the intensive care nurses so this increased." This quote indicates that the changes in division of labor impacted the nurses at the intensive care as well. It influenced the tasks of nurses at the intensive care and their responsibility increased.

H.A. notices that the work is performed with very diverse teams as well but she has not experienced negative consequences: "*I'm surprised that there is no tension in the teams".* The word "surprised" indicates that she expected some tension within the teams but she has not experienced this. H.F. indicates that diverse teams ask for some level of flexibility but she also has not experienced problems with that: "I have not experienced it as hard, you only have to be a little bit more flexible."

Last, C.B. did not experience changes in division of labor but noticed that her work content has increased in complexity. *"That work has become so complex. I think young people can better… That is not a challenge for me anymore."* C.B. indicates that the work has changed and became very complex. She feels that it does no longer match with the way she wants to perform her work.

4.2.3 Career decisions

While analyzing the data, three categories can be made: respondents who experienced no impact of Covid on their careers, respondents who deliberately continued with their work and respondents who changed their career paths.

First, C.A., H.D. and H.G. did not perceive any impact of Covid-19 on their careers. H.D. says that she wants to change her career path but states that this is not caused by the Covid-19 crisis. She says: *"I always have that unrest. I always want to do lots of things. But not because of Covid".* Covid, thus, did not play a role in the decision process of H.D. to change her current career path. H.G. will also change his career path and says to question if Covid have played a role in changing his career path: *"No absolutely not, the choices I make in my career are not because of Covid. Even though it was tough for a while."* He says that although the Covid crisis was a tough time, it did not cause him to change his career path. He

had other reasons to do that. C.A. says that she is satisfied with her own job and did not experience a difference regarding her career because of Covid: *"No it did not affect my career at all".*

Second, respondents H.A., H.B. and H.C. say that the Covid-19 crisis resulted in a thought process where they deliberately decided to continue with the work she is doing right now. H.A.: *"Yes it affected it certainly. I am going to work less at school so I can have more time to take my tasks at the hospital. Because now I see that I like this occupation the most".* H.A. indicates with the words "*now I see*" that this situation helped her to see which occupation fits with what she desires in her work and impacted the decision to increase her work hours in the hospital. H.B., who was transferred to another department, says the following: "*I think the i.c. is also interesting but I noticed that that is something I do not want. So that is what Covid did for me. That I do not want to do anything different than I did before. I started to appreciate it more."* H.B. indicates with this quote that she realizes that she likes her own job more because she had to work in another department. She experienced aspects of work in the other department that she did not want and this way started to appreciate her own occupation more. H.C. also started to appreciate her own occupation more: *"It made me look different in a sense that it is underestimated… it confirmed the importance of a nurse,* ". H.C. says that the Covid-19 crisis confirmed the way she looks at her job and makes her more willing to continue her career trajectory.

For respondents C.B., C.C. and H.E., the Covid-19 crisis has resulted in a change in their career paths. C.B.: "*Because of Covid I have seen that I was only working and got no satisfaction out of my personal life. I started to evaluate that and I think it is now time to take care of myself and to be no longer available to constantly serve others".* For C.B., the words *" I have seen"* and "*evaluate*" indicate a thought process initiated by Covid. It helped her see that she is not satisfied with her current work. This way, Covid has influenced her to quit her job. C.C. also decided to change her career path. *"I became more aware of what our job entails, what it takes, what is asked. I think it was a last push. Yes it made it clear that I do not want to continue with this work. It has been an eye opener. You started to think about what you want."* This words *"it made clear"* , *"eye opener*" and "*started to think"* indicate that Covid-19 has initiated a thought process about the occupation for C.C. as well. It has shown her what being a nurse entails and wonders if this fits with what she wants. This way she decided to quit her job. A thought process about what the respondent wants is also

mentioned by H.E. Because of Covid, H.E. had been transferred to another department which introduced her to a job she prefers more. *"Then I came to that job and I thought, who am I kidding? I really like it here so this will be my new career path".* In this quote she says that the new job has helped her in her thinking process of what she wants in her career and this initiated her to change her career path.

H.F. also mentions that the Covid-19 crisis initiated a thinking process about what she wants in her career. She says the following: *"You really get aware of the vulnerability. You think, we all work with high workload and hectic situations. You start to think, is this what I want to do until I am 67? Or is there more? That way it set me thinking".* The respondent, thus, also started to think about her career path because of Covid-19. For her, however, it did not result in a change in career path because she says she is still happy in her current occupation. She, thus, wants to maintain the status quo because the number of violations does not exceed the rejection threshold as mentioned in Image theory (Beach, 1990).

It can be concluded that for most respondents, the Covid-19 has initiated a deliberate thought process as stated by Akkermans et al. (2018). The Covid-19 crisis has made the respondents think about their jobs and careers in terms of job values and job content and initiated decisions about their careers. In order to diminish the gap between desired image and actual image as stated by Beach (1990), some respondents have altered their career paths and for some it confirmed their current career path. Also some respondents did not experience a deliberate thought process. For them the Covid-19 crisis cannot be seen as a career shock.

5. Conclusion

In this chapter, an answer to the following research question will be provided: *How does the Covid-19 crisis act as a career shock for nurses in the Netherlands and how do nurses in the Netherlands perceive this to affect their career paths?*

Based on this research it can be concluded that the Covid-19 crisis has been an extraordinary event for nurses in the Netherlands. Although they have worked with severe illnesses and isolation situations, an event of such long duration and impact on the whole world is never experienced before by nurses.

The Covid-19 crisis has impacted the occupation of a nurse in a great way because they had to deal with uncertainty in two aspects. First, nurses felt uncertain because they did not know anything about the disease. They had no knowledge about the disease progression and felt powerless in treating the virus. Second, uncertainty was present for nurses in terms of policies and work structures. Policies were constantly changing and in the hospital, departments were all reorganized. This has resulted in nurses working at unfamiliar departments and in unfamiliar teams. The Covid-19 crisis is still going on right now but due to habituation by nurses and an increase in knowledge about the disease, the ability of nurses to cope with the Covid-19 crisis has increased.

On an individual level, the ability of nurses to cope with the Covid-19 crisis is based on this research determined by individual capabilities and family situation. Individual capabilities like letting the work go, seeing things in perspective and setting boundaries turn out to be crucial for coping with the Covid-19 crisis. Also the family situation of a nurse can play a big role in coping with the Covid-19 crisis. Because the government has set measures to limit social contacts, nurses are to a big extent dependent on their own household for social interaction. In this research it comes forward that nurses are even more dependent on their own household because of the work they do. They are more often in contact with Covid-19 patients than many other occupations which causes a fear of infecting other people with the virus. This results in less social interaction beyond the own household of nurses. Especially for nurses who are single, this can result in feelings of isolation and loneliness.

Individual capabilities and family situation determine different impacts of Covid-19 among nurses. Also personal events like the death or illness of a loved one because of Covid-19 or fierce Covid-19 related experiences, turn out to make a difference regarding impact of the Covid crisis. When someone is heavily impacted by the crisis, it is more likely that the individual has a deliberate thought process about his or her career (Akkermans et al., 2018). In case someone is not heavily impacted, no thought process about an individual's career may be present which means that it does not function as a career shock for that individual (Seibert et al., 2013). In case Covid-19 has acted as a career shock for an individual it has caused, based on this research, a deliberate thought process about job values and job content. A deliberate thought process about job values and job content turns out to initiate career decisions for nurses.

Regarding job values, Miers et al. (2007) already stated (and also seen in this research) that in general the most important job values for nurses in their careers are altruistic values like making a contribution and making a difference for another. Based on this research, it can be concluded that Covid-19 as a career shock highlights these values for nurses. Since nurses feel that they could execute these values in this situation, they feel that the things they value in the job of a nurse are confirmed and sometimes reinforced during the Covid-19 crisis. Positive values of an individual about current work can contribute to a decision to continue his or her ways of doing things (Beach, 1990). A confirmation and sometimes a reinforcement of values by nurses can thus contribute to a decision to continue his or her career path.

Second, Covid-19 as a career shock emphasizes for nurses what the job content of the occupation entails. Because of Covid-19, nurses are faced in a confronting way with what it takes to be a nurse. Fierce things as well as valuable things. For many nurses, this can make them think whether this fits with what they desire in their careers and can initiate decisions to continue or change current career paths. Moreover, Covid-19 has caused many shifts in division of labor in hospitals. Since all attention from hospitals went to Covid-19, many care at other departments was limited in order to make labor and space available to fight Covid-19. Nurses were temporarily transferred to other departments which brought them in contact with other aspects of work in other departments. Some nurses have seen aspects of work that fitted better with what they desired (e.g. excitement). But also some nurses have seen aspect of work in other departments that they value less in comparison with aspects in their own

department (e.g. weekend shifts). This has made them appreciate their own department more. For many nurses in the hospital, the Covid-19 career shock has, thus, made them think about aspects of work in different departments and it made them think about what they desire in their careers. This thought process can initiate decisions for nurses to continue working in their own department or to make a switch to another.

6. Discussion

Within this chapter the contribution to knowledge, practical implications, reflection on the research, reflexivity and suggestion for further research will be discussed.

6.1 Contribution to knowledge

This research has built on theory by Akkermans et al. (2018) which describes five attributes of a career shock. These general attributes of career shocks have been used to make a contribution to the career shock literature by applying it to a specific situation and group: Covid-19 for nurses in the Netherlands. Since Akkermans et al. (2020) already examined Covid-19 as a career shock in general and stated that the Covid-19 career shock is expected to be perceived differently per occupation, this research has made a relevant contribution to knowledge by focusing on a single occupation at the front line of the crisis.

This research has examined what specific difficulties nurses have perceived because of the Covid-19 career shock. It has given insights about nurses who have experienced difficulties because of the uncertain aspect in work. Moreover it has made a contribution since it has examined what individual factors have determined the impact of Covid-19 on a nurse. Hereby, it has shown that personal events and family situation play an important role in the amount of impact the Covid-19 crisis has on an individual. Since these factors are specific factors for nurses in the Netherlands it has made a contribution to existing theory by providing specified and more in depth knowledge for this group.

Also, individual capabilities determine to what extent a nurse is capable of coping with the event, which has underlined the theory of Akkermans et al. (2018). This theory states that individual competences can help an individual to become more resilient to a shock. This research has extended that literature by indicating the following competences as crucial in order to cope with the Covid-19 career shock for nurses: the ability to let things go, seeing things in perspective and setting boundaries.

Moreover, this research has made a contribution to literature about consequences of the Covid-19 career shock for nurses in the Netherlands. It has underlined the notion of a thought process initiated by a career shock that can lead to career development (Akkermans et al.,

2018; Seibert et al., 2013) and has extended the literature by providing in depth knowledge of one group in a specific situation. From this, new knowledge about the deliberate thought process of nurses about job values and job content as a source for career development has been provided.

6.2 Practical implications

This research has provided relevant insight on how the Covid-19 situation is perceived by nurses and how this can result in changes in their career paths. For organizations it is relevant to see how this situation is perceived by their employees so they know what is going on in their workforce. Organizations can build policies based on this knowledge in order to support employees in coping with this event. Since it is expected that this is not the last pandemic, this research can also help organizations see where problems are located and what they could do better next time. Based on this research, it is important for organizations to decrease uncertainty for nurses by setting clear protocols when such crisis situations occur. This can decrease stress by nurses because this way they know what to do and do not have to adjust constantly to changing policies. Moreover, it is recommended for individuals as well as organizations to invest in individual capabilities of nurses to cope with the shock. This can make them more resilient to future pandemics.

Also this research has provided relevant insight about potential turnover in organizations. It can provide organizations knowledge about the decision process of their employees to quit or continue in their jobs. This knowledge can help organizations to build policies in maintaining their employees and helps them to anticipate on future changes in labor.

6.3 Critical reflection on the limitations of the research

This research is conducted in the third wave of the Covid-19 crisis. Although the impact of the shock has decreased, the respondents are still fighting the virus. This could have had an impact on the results. At this point it could be that their attitude towards the crisis is different than it will be when the crisis is totally over. For example, over a period of time their attitude changes because the duration of the shock is longer. Also it could be that in the following months something happens in the life of an individual with respect to Covid which alters the attitude of the individual.

Second, the respondents are approached using the snowball technique and via the network of the researcher. This can potentially lead to bias (e.g. respondents only recommend certain types of people). It might be possible that many nurses who were heavily struggling with the Covid-19 crisis at that moment were not willing to spend their precious time on an interview. This way it is possible that the interviews were conducted with mostly nurses who were able to do so at that moment of time and the group that is struggling most was not reached.

Last, the factor 'age' has been beyond the scope of this research. However, age might impact the choice process to make a change in the individual's career path or to continue in the same path. It might be possible that a middle aged or young person is prepared to change his or her career path easier than someone who is almost retiring but this is not included in the scope of this research.

6.4 Reflexivity

In qualitative research, the researcher plays a central role in conducting the research. Therefore, reflexivity is an important thing to consider. Prior to the research, the researcher did not know much about nurses but the occupation did draw his attention because of the Covid-19 crisis. Hence the researcher saw the occupation more on the news, his attitude towards the job positively changed during the Covid-19 crisis. While conducting the interviews he felt a sense of admiration but tried not to show this in his questions. Within the interviews, the researcher tried to keep an objective and open attitude so the answers of the respondents would not be affected.

While writing this thesis the researcher was also affected by the Covid-19 crisis. Within this time, he also experienced negative feelings like isolation. This could have, unconsciously, given him a priori expectation about certain attitudes towards the Covid-19 crisis which could have steered the research into a certain direction.

The researcher is a young male at the beginning of his career. The respondents differed in age. Some respondents were also in the beginning of their careers and some already had a whole career behind. It might be possible that respondents at the beginning of their careers more easily felt understood by the interviewer because they could relate to each other easier. There could be more distance between the researcher and older interviewees.

Occasionally, the interviews got very emotional. This could have impacted the researcher and potentially the research. The emotional stories and consequences perceived by nurses changed the attitude of the researcher about Covid-19. It let him realize the severity of the crisis for many people. Also, respondents crying over the online connection caused some discomfort for the researcher because he found it hard to estimate how much he could ask. He did not want to go beyond someone's limits but did want to acquire as much relevant information as possible. It could be that some topics are not discussed because of this.

Last, the researcher has studied a bachelor and master's in Business Administration. In these programs he already developed some knowledge about the central concepts, career shocks and career development. This might have given some a priori expectations about the concepts and expected outcomes of the research. Since the researcher is personally most interested in the human behavior aspect, he could be pushed to certain directions unconsciously. This resulted in some follow up questions out of personal interests but these questions did not always make a contribution to the research.

6.5 Suggestions for further research

Based on the described limitations and contributions of this research, there are several suggestions for further research. First it is recommended to study the long term career consequences of the Covid-19 crisis. It might be possible that changes in labor are invisible now but may become visible in the future. It is expected that the consequences of Covid-19 may be present for the coming years and shifts in labor can still arise in the long term. Therefore, it is relevant to investigate the long term consequences of the Covid-19 crisis for nurses following a longitudinal research design.

Second, in this research different kinds of nurses were interviewed. These different functions got in contact with Covid in a different way. Some nurses constantly worked with Covid patients directly, some did occasionally and some got indirectly in contact with Covid patients. It is recommended for further research to examine whether different functions are impacted by the Covid-19 crisis in different ways and if this has different consequences on an individual's career path. Also, the respondents worked in different types of organizations.

Within different organizations, different factors play a role in coping with a crisis situation as for example organizational support and support by co-workers. In order to examine the differences between organizations it is recommended to conduct a comparative case study between different organizations. With this research more information could be obtained about differences in how the Covid-19 crisis is perceived between organizations and about differences in terms of career consequences. It can help to investigate what organizational practices helped to support nurses and to build best practices for coping with such events.

Third, it is recommended to conduct further research on differences between age. Since career competences can be developed throughout an individual's career, it might be possible that age and experience play a role in how the Covid-19 crisis is perceived. Also, the willingness to change career path might be different for nurses at the end of their careers than for nurses at the beginning or in the middle of their careers.

Last, based on the conclusion it is recommended to conduct further research on differences between family situations in coping with Covid-19. This research has indicated that being single in the Covid-19 crisis can result in some severe consequences for nurses. Since this has only been a part of this research it is recommended to obtain more in depth knowledge about this aspect of coping with the Covid-19 crisis.

6.6 Personal reflection

During the process of writing my master thesis I experienced troubles in terms of structure. I noticed that I found difficulties in writing the research down with a logical structure which occasionally made the text unclear. I followed a workshop in order to improve this skill and put real effort in developing my writing skills. At the moment I feel like I have improved in structuring my text but see that there is still a way to go.

Second, a lot was asked of me in terms of flexibility. Since the respondents were very busy, they often canceled the meeting at the last moment. Although this caused some frustration to me, I did manage to stay flexible and understandable. The ability to be understandable and compassionate also came back in the interviews. The interviews sometimes became very emotional. In these situations it was important to create a safe space for the respondents to

express his or her feelings. I think I did this in a good way. Also after the interviews I heard from the respondents that they experienced the interviews in a pleasant way and felt openness to talk about the situation. For me as well the interviews sometimes had a big impact. It touched me emotionally to hear of family members who died or respondents who got into a depression. I noticed that it helped a lot to talk about this with friends and family while obviously taking research ethics in mind.

Last, the interviews were kind of relativizing to me because while writing the thesis I felt frustrated about the Covid-19 crisis. I wrote the whole thesis from home and could not do other activities because we were in a lock down. The conversations with nurses helped me to see why we are doing all of this and showed me what is really important. It was double for me to have on one hand a desire to go for example to the terraces again and on the other hand to hear from nurses that they experience fear when the terraces open again because it can result in pressure on their work again. I experienced a big contrast between these two worlds.

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Appendix 1: Semi-structured interviews

This appendix includes the guideline of the interviews that are conducted in the research and an explanation of how the questions have been used to gather the needed information to answer the research question. The interviews were conducted in Dutch and are translated in English for this thesis. The text below that is underlined explains the aim of the questions, this is not part of the interview itself.

[At first I want to thank you for taking the time for the interview. It is important to notice that everything that will be discussed is strictly confidential. Your name and organization will not be made public and will not be possible to trace the information that you said back to you. I will make a transcript for the interview and send it to you so you can check if all information that is said is interpreted well. Do you mind if I record the interview from now on?]

The first questions are asked to get some general information about the respondent.

1. Kunt u uzelf voorstellen?

Can you introduce yourself?

2. Welke opleiding heeft u gedaan?

Which education did you follow?

3. Sinds wanneer werkt u als verpleegkundige?

Since when do you work as a nurse?

4. Waarom heeft u ervoor gekozen om verpleegkundige te worden?

Why did you choose to be a nurse?

Questions 5 till 9 were used to get more information about how severe the shock is perceived by the respondent. Also, these questions help to get more information about the internal competences as mentioned in the theoretical framework to cope with the shock.

5. Hoe heeft de Covid-19 crisis uw werk beïnvloedt?

How did the covid-19 crisis impact your work?

6. Hoe heeft de Covid-19 crisis uw privé beïnvloedt?

How did the covid-19 crisis impact your private life?

7. Hoe bent u omgegaan met Covid-19 crisis?

How did you handle the Covid-19 crisis?

8. Waar heeft u moeilijkheden ervaren in de Covid-19 crisis?

Where have you experienced difficulties during the Covid-19 crisis?

9. Welke eigenschappen hebben u geholpen om goed om te kunnen gaan met de Covid-19 crisis?

Which characteristics have helped you cope with the Covid-19 crisis?

10. Wat denkt u dat het verschil is met collega's die deze eigenschappen niet hebben voor het omgaan met de Covid-19 crisis?

What do you think is the difference between you and co-workers that do not have these characteristics in terms of coping with the Covid-19 crisis?

11. In welke mate bent u zelf, als persoon, verandert door de crisis? Op welke manier?

To what extent have you changed, as a person, during the crisis? How?

Questions 11, 12, 13 and 14 were used to get more information about the Covid-19 situation and the attributes of a career shock. In combination with question 5 till 9, more information is received about the frequency, valence, controllability, duration and locus of control of Covid-19 as discussed in the theoretical framework.

12. In welke mate is het omgaan met de crisis verandert door de tijd heen?

To what extent has the crisis changed throughout the years?

13. Op welke manier wordt u ondersteund met het om kunnen gaan met de Covid-19 crisis? Door wie?

How do you receive support in coping with the Covid-19 crisis? By who?

14. De Covid-19 pandemie is een gebeurtenis die niet vaak voorkomt en veel teweegbrengt. Heb je al een keer eerder een soortgelijke onverwachte gebeurtenis gehad met grote impact?

The Covid-19 pandemic is an event that does not occur often and has a big impact. Have you ever experienced such kinds of events before that had a big impact on your life and/or career?

15. Heeft u in deze situatie dingen geleerd die nu ook mogelijk van pas komen in de Covid-19 situatie? Wat?

Did you learn things that can come handy within the Covid-19 situation?

Dat waren de inleidende vragen. In het volgende gedeelte zullen er vragen worden gesteld over hoe u tegen het vak van een verpleegkundige aankijkt.

These were the introductory questions. In the next part, questions about how you look at the profession will be asked.

Questions 15 till 18 are used to get information about how the respondent looks at his/her occupation and how others look at it (job status).

16. Wat vindt u van het vak 'verpleegkundige'? Wat zijn de mooie en minder mooie kanten?
17. Is uw mening over het vak verandert door covid-19?
18. Hoe denkt u dat andere mensen naar uw baan kijken?
19. Is dit veranderd door Covid-19? Hoe?

Nu zal het meer over uw carrière gaan.

Now your career will be further discussed.

The next questions are used to get information about the objective and subjective ideas of career success of the respondents and their images. Also these questions are used to get information about their career paths.

20. Wat vindt u van uw carrière tot nu toe?

What do you think about your career till now?

21. Wat is voor u het meest belangrijke dat u wilt terugzien in uw keuze voor een bepaalde baan?

What is the most important thing that you want in a job?

22. Wanneer vindt u dat in uw ogen uw carrière succesvol is?

When do you think your career is successful in your eyes?

23. Wat vindt u belangrijk voor de toekomst van uw carrière?

What do you think is important for the future of your career?

24. In welke mate denkt u dit te kunnen bereiken in uw functie als verpleegkundige?

To what extent do you think you can achieve this as a nurse?

25. Bent u door corona anders over uw carrière na gaan denken?

Do you think differently of your career because of Covid-19?

26. Hoe denkt u dat de crisis uw carrière heeft beïnvloedt of gaat beïnvloeden?

How do you think that the crisis has influenced or will influence your career?

27. In hoeverre overweegt u, gezien deze crisis, om een carrièrestap te maken?

To what extent do you consider making a career move?

28. Hoe komt dit?

Where does this come from?

29. Hoe denkt u dat uw carrière verloop er in de komende 10 jaar uit zal zien?

What do you think your career will look like in the coming 10 years?

30. Hoe denkt u dat u terugkijkt op deze tijd over 20 jaar?

How do you think you look back at this time in 20 years?

Dat is het einde van het interview.

This is the end of the interview.

31. Heeft u nog iets dat u wilt toevoegen?

Do you have something to add?

Bedankt voor het interview. Ik zal het interview transcriberen en naar u toe sturen. Zo kunt u verifiëren wat u heeft gezegd, mocht u dat willen. Indien u geen vragen of niks meer toe te voegen hebt, beëindig ik het interview.

Thanks for the interview. I will transcribe the interview and I will send this to you so you have the opportunity to verify what you said. In case you do not have any question left or nothing to add, I'll end the interview.

Appendix 2: Description of respondents

Respondent number	Age	Type of organization and department before Covid-19	Type of organization and department now	Family situation	Code Name
Respondent 1	48	Hospital, intensive care	Hospital, intensive care	Married, 3 children	H.A.
Respondent 2	38	Care institute, nurse	Care institute, nurse Covid-19 team	Single	C.A.
Respondent 3	27	Hospital, operating room nurse	Hospital, intensive care	Single	H.B.
Respondent 4	56	Hospital, cardiology nurse	Hospital, intensive care	Singe, 1 child	H.C.
Respondent 5	62	Care institute, home care nurse	Not actively working	Single	C.B.
Respondent 6	50	Hospital, call nurse (oproepverpleegkundige in Dutch)	Hospital, call nurse (oproepverpleegkundige in Dutch), different departments including intensive care	Married, 4 children	H.D.
Respondent 7	30	Care institute, home care nurse	Care institute, home care nurse and hospital, Covid department	In a relationship, no children	C.C.
Respondent 8	27	Hospital, gynecology nurse	Hospital, emergency department	In a relationship, no children	H.E.
Respondent 9	60	Hospital, geriatric department	Hospital, geriatric department	Registered partnership, no children	H.F.
Respondent 10	58	Hospital, intensive care	Hospital, intensive care	Married, 3 children	H.G.

Appendix 3: Translation of the quotes

Because all interview were held in Dutch, the quotes that are used in the research are all translated from Dutch to English. In order to increase the confirmability of the research, the translation of the quotes are included in this appendix.

Dutch	English
Covid-19 as a career shock	
Ja corona was gewoon heel heftig hoor. Ik heb natuurlijk wel meer heftige dingen meegemaakt. Hele verdrietige dingen meegemaakt. Als je zolang op de ic werkt dan zie je gewoon echt hele verdrietige dingen… ik ben dus echt wel wat gewend met mensen die overlijden en mensen die aan de beademing liggen, mensen die in slaap worden gehouden maar dit was een categorie patiënten... dat heb ik nog nooit van mijn leven gezien	*"Covid was very fiercely, of course I experienced more sad things in my career. Very sad things. If you work at the intensive care this long, you see very sad things… I am used to people dying and people who lay on a respirator, people who were kept in sleep. But these kind of patients I have never seen before".*
Dit hebben we natuurlijk nog nooit meegemaakt	*"Of course this is something we have never experienced before".*
wat veel gebeurd is dat het spannend is en dat het iets nieuws is en iets moeilijks. Hoe zit het nou? Hoe moet ik het doen? Die onzekerheid wordt ook gevoed door die besmettelijkheid en dat maakt het gewoon lastig.	*"It was a lot what happened,, it was tensive and new and something hard… It is with the Covid… how should we do this? What is this? This uncertainty comes from the contagiousness and that makes it hard… we did not know anything"*
En de mensen die overlijden aan corona op die manier was in eerste instantie heel erg heftig omdat je heel weinig kon bijdragen in het begin dus je voelde je echt machteloos omdat het zo onbekend was Reespondent 8	*"The people who die because of Covid, that was initially very hard because you could not contribute in the beginning because it was so unknown. That felt very powerless".*
Het was meer het onbekende van het ziektebeeld dat mensen opeens zo konden verslechteren... je	"*It was more the unknown of the symptoms, people could get worse in no time and you have no grip on*

hebt er geen grip op. Dat maakt het heel uhm... heel grillig en onzeker. Ook dat de artsen niet wisten wat het was. Je denkt avn ach die weet het wel maar die wisten het ook niet.	*it. That makes it very capricious and uncertain. Also that the doctors did not know what it was, you think that the doctor know but that was also not the case."*
En familie die veel meer vragen heeft en onzekerheid heeft. Zo van wat gebeurd er met mijn partner, wat gebeurd er met mijn opa of oma. Wij weten het eigenlijk ook niet. Dat was heel lastig	"*Family has many more questions and uncertainties. What happens to my partner? What happens to my grandfather? Or grandmother? We do not know that either. That was very hard.*"
Maar omdat op die afdelingen ook allemaal onbekende artsen zaten dus als je in een keer een arts assistent gynaecologie met arts assistent psychiatrie die met die erg benauwde mensen om moeten gaan. Dat is natuurlijk nogal wat. Dat zijn ze niet gewend om te hanteren en als je dan een jonge verpleegkundige bent	*"On all departments are unknown doctors, with doctor's assistant gynecology with doctor's assistant psychiatry who should handle people with a shortage of breath. That is a big deal.".*
Ik werk liever gewoon helemaal door maar nu moet ik op een andere afdeling... dat ik continu moet vragen wat ik allemaal moet doen en zo werk je gewoon niet fijn. Dat is heel erg vermoeiend	*Now I had to work on another department. I continuously had to ask what I had to do and that is not a pleasant way of working. It is very exhaustive*
Ja het is nu ook echt weer crisis hoor. De ic ligt nu ook gewoon vol. Maar op een of andere manier is deze crisis... het is nu weer een golf eigenlijk he. Deze is rustiger dan de eerste golf.	*"Well currently we are still in a crisis situation. The intensive care is full but in some way… we are in a wave right now, this one is more calm than the first one".*
in het begin was het echt allemaal heisa. Van de een op de andere dag werd alles helemaal omgebouwd en was het een hele boel extra werk. En nu merk je gewoon dat ze in het management dat ze beter doorhebben hoe het zit. Ze hebben duidelijke regels, duidelijk protocollen en als er zoveel mensen liggen moeten er zoveel mensen werken en in het begin was het natuurlijk echt dat het allemaal door elkaar heen liep	*"In the beginning it was chaos. In no time everything was converted and there was a lot of extra work. But now I notice that management knows how to deal with it. There are clear rules, clear protocolles and if there are this many patiënt, this many people have to work. In the beginning this was unclear."*

Nu zijn we echt meer bekend met het ziektebeeld. Je weet een beetje wat je kunt verwachten en je weet beter wat je kunt doen. Maar van die eerste weken wisten we zelf niet dat die mensen stolsels maakte en uhm... daar zijn heel veel mensen aan overleden. Ik heb een man van vijftig waar een stolsel in zijn been was geschoten en die werd wakker zonder been. moest het been geamputeerd worden. Dat soort dingen... mijn eigen neef is overleden niet aan zijn longen van corona maar aan een herseninfarct… Net toen we daar achter kwamen	*Now we know the disease profile. You know to some extend what to expect and what you can do but in the first weeks we did not even know that people make clots. A lot of people died because of that. I had a man, 50 years old who had a clod in his leg and woke up without his leg… my cousin died of a celebral infarction in the week we found that out."*
Door de kennis denk ik. Dat daar wat meer routine is gekomen... de kennis. Je weet wat beter wat je moet doen	*Because of the knowledge, I notice that there is more routine. Yes the knowledge, you know better what to do*
Ja die psycholoog kwam wel eens langs in de pauzes... ze hebben ook een buddy systeem waar je mee samenwerkt. Dat hoeft niet perse een verpleegkundige te zijn maar dat je altijd een maatje hebt waar je op terug kan vallen en mee kan overleggen die dingen signaleer tbij jou. Dat is wel heel erg fijn.	*Sometimes a psychologist came by during lunch breaks. They also have a buddy system with which you cooperate. That is not necessarily a nurse but that buddy is always with you so you can always fall back on him and can always consult him and that one can identify things. That is very pleasant.*
"Ja ik heb een... ik heb wel van het werk ja uhm... dat vind ik eigenlijk wel moeilijk want mijn werkgever wil eigenlijk dat ik zo snel mogelijk weer aan het werk ben maar ja daar- daar ondervind ik wat minder medewerking van.	*"I think it is quite hard because my employer wants me to come back to work as soon as possible. I do not perceive any cooperation from him*
t ik ook eigenlijk een corona slachtoffer ben geworden. Ik kwam namelijk... ik was al bezig met een traject voor hulp maar die... alles was weg en opgeschaald en dat kon niet... ik kon nergens meer terecht. Want ik zou een cursus gaan doen en dat werd allemaal afgezegd. In die zin had ik ook geen ondersteuning meer.	*"I am kind of a Covid-19 victim. I was already doing a trajectory to get help but all help was scaled down so that was not possible. I could not go anywhere. I was going to do a course but that was all cancelled. In that sense I did not have any help*

Mensen die dus of helemaal alleenstaand waren of jonge kinderen hadden. Ik denk dat dat ook wel echt heel erg zwaar zou kunnen zijn geweest. Voor die mensen.	*People who are single or have young children. I believe that could be very though for those people".*
als je gezinssituatie goed is he... dus mijn man en mijn kinderen doen vaak de was of die koken. Daarin ben je wel echt een team. Vanuit huis dan. Dat scheelt een helemaal hoop.	*As long as your family situation is good. My husband and children often do the laundry and cook. In this we are a real team. From home. That saves a lot*
. ja door vrienden en familie denk ik wel... Er wordt toch wel gebeld en gefacetimed. Daar heb ik op die manier wel veel steun aan gehad. En binnen het werk ook wel bij collega's. Iedereen is bij ons toch wel heel erg open. Als er iets dwars zit dan wordt het besproken... iedereen is er erg voor elkaar	*Yes, by friends and co-workers. We called and facetimed. That way I perceived support from that. And within the job, with co-workers. Everyone is very open. If something bothers you, it is discussed. Everyone is there for each other*
a ja dit is wel heel erg groot en natuurlijk wel echt enorm anders maar ik merk wel dat ik op ok ook echt wel veel crisissituaties gebeuren waarbij we ook snel moeten handelen	*Well of course this is very big. This is completely different but in my work more thing happen where I have to act quickly. React quickly*
Ja ik dacht vooral het loslaten. Dat maakt het wel heel fijn dat ik dat wel goed kan	*Yes especially letting it go. It is really pleasant that I'm good at that.*
Dat hielp wel. Gewoon je werk doen. Weten als je het gedaan heb naar eer en geweten dan moet je het ook weer loslaten. Dat is het voordeel in het ziekenhuis. Je hebt altijd ploegendienst dus mensen nemen het ook weer van je over. Je doet wat je kan	"*That really helps. Just doing your work and if you know you did it the best you can, you have to let it go. That is the advantage. There are always people that take over after your shift. You do whatever you can and then you are done.".*
iedereen zegt altijd, je moet je werk meteen loslaten. Ik kan dat niet. En daar was de corona crisis denk ik voor mij ook extra heftig. Omdat ik uhm... je kunt wel zeggen van oh bij de deur moet je het loslaten, van je aflaten maar dat is niet zo	*Everyone always says, it is important to unleash your work. I can't. That is why the Covid-19 crisis was extra hard for me. Because I cannot do that.*

Ik kan nu bijvoorbeeld veel beter mijn grenzen bewaken. Ik heb geleerd om nee te zeggen. Dat is ook wel iets waar ik nu ook wel heel veel profijt van heb.	*Now I am much better in keeping my boundaries. I have learned to say no. That is really something I benefit from*
Ik heb me toen op het werk gestort, als er extra diensten waren dan draaide ik die want als ik thuis zat, zat ik ook maar thuis in mn eentje. In die zin ging het al af en toe wat minder met mij dat ik wel depressief was maar dat heeft het wel versterkt. Dat heeft het zelfs behoorlijk versterkt	*"I buried myself in work. If there were extra shifts available, I took them. Otherwise I would be sitting at home, on my own. In that sense I did not feel good and felt depressed. This reinforced it. It reinforced it big time*
Jonge verpleegkundigen... niet dat ik zo oud ben maar ik ben natuurlijk niet net gediplomeerd dus ik weet wel een beetje hoe ver ik kan gaan. Veel jonge mensen in ons team die maar doorgaan en doorgaan en doorgaan. Vanochtend waren er weer drie openstaande plekken om vanavond en vannacht nog op te vullen. Dus er zijn voor vanavond nog drie mensen nodig en meestal hoe je maar met je ogen te knippen en dan is het al ingevuld. Mensen willen heel graag maar je moet als het zo lang duurt zoals nu dan moet je ook grenzen kunnen stellen... Ik kan wel grenzen ook aannemen en ik denk dat dat wel echt belangrijk is als je dit wil volhouden op deze manier	*Young nurses, I am not that old but of course I am not recently graduated. So I know how far I can go. A lot of young people in our team keep on going and going. For tonight they are looking for three more nurses and mostly these places are filled in, in no time. People are really motivated but if it takes this long, you have to be able to set boundaries… I can set my boundaries and I think this is very important if you want to hold on."*
de eenzaamheid maakt het... je wordt gewoon op een begeven moment door het werk... als je daarna alleen thuis komt dan is het wel moeilijk. Dat er niemand is waar je even je verhaal aan kwijt kunt.	*The loneliness made it… at some point your work… when you come home on your own, that makes it hard. That there is no one present to tell your story to.*
Dat wel van ons geëist werd is dat je je eigen goed aan de maatregelen houdt. Geen contacten, en in het begin heb ik me daar ontzettend goed aan gehouden. Ik ging werken, ik ging boodschappen doen en op een begeven moment ging ik niet meer naar mijn kinderen, die zijn ook niet hier geweest, geen sociale contacten. Er was 1 persoon waar ik wel contact mee bleef houden,	*They demanded from us that you follow the measurements. No contacts. In the beginning I obeyed these really well. I went to work, did the groceries and at some point I did not even see my children anymore. They did not go here. No social contacts. The only person I kept in contact with was my coworker. That was a friend of mine and we saw each other at work and besides work. That was the*

dat was mijn collega. Dat is ook een vriendin van mij en we zagen elkaar op het werk en we zagen elkaar buiten het werk om. Dat was de enigste waar ik op dat moment contact mee had. Dat heeft mij behoorlijk uhm... heeft een behoorlijke impact op mij gehad. Je hele sociale leven stopt, je houdt je aan de regels en je ziet niemand en ik ben daar best wel eenzaam door geworden. In die zin, ik ben alleenstaand, mijn kinderen zijn het huis uit, ik ben gescheiden en uhm... ja ik had niemand meer om me heen Dat heeft mijn depressie behoorlijkversterkt.	*only one which I had contact with. Your entire social life ends, you obey the rules and you see no one. That had a big impact. It made me very lonely. Like, I am divorced, my children left the house. It reinforced my depression.*
want als ik het over breng als ik bijvoorbeeld thuis of of je voelt je soms haast ook een beetje... dat je zelfs soms niet helemaal goed durft te zeggen dat je op een corona afdeling werkt. Dan zullen mensen wel denken van oh ik kijk wel uit.	*I can spread it at home or sometimes you do not dare to say you work at a Covid department because people think: oh I'll watch out."*
Ik ben heel nuchter wat betreft werk, dat helpt.	"*I am really sober about my work, that helps me".*
. Ik kon niet bij mijn ouders komen, ik moest natuurlijk op de corona afdeling. Ik wilde niet dat zij ziek werden.	*"I could not go to my parents. I had to work on the Covid department and I did not want them to get ill… my family did not dare to see me".*
ik was heel blij dat ik aan de frontlijn stond. Omdat ik... ik had echt het gevoel dat ik wat kon... dat ik wat kon... ook al ben ik maar een poppetje in een heel groot ziekenhuis. Omdat ik echt het gevoel had van ik kan nu iets doen... wat belangrijk is. Resp 4	*"I am really happy that I stood at the front line. Because I really had a feeling that I could contribute. Although I am just one puppet in an entire hospital, I really had a feeling that I could do something that matters*

Je komt toch bij heel veel verschillende mensen en je hebt ook verantwoordelijkheid in je werk. Je kan ook niet in je werk bij 10 verschillende mensen komt en met vriendinnen dat je van alles gaat doen. Maar ook wel andersom ja... dat ik wel bang ben dat ik het mee naar huis neem en dat ik mijn ouders besmet. Ja.	"*You go to a lot of people and you have responsibility in work… You cannot go to ten different people in work and then go to all your friends. And the other way around. I am afraid that I take it home and infect my parents*
Ik heb drie neven die ook aan de beademing lagen. Dan komt het heel dichtbij. Dat was wel heftig. Ja en die twee collega's die door het werk dat zij doen het op hebben gelopen en daardoor aan de beademing hebben gemoeten. Dat is wel echt heftig. Ja dat maakte het echt wel uhm... confronterend. Directe collega's van de ic... die hebben ze wel naar andere ziekenhuizen overgebracht want dat was niet te doen. Stel je voor dat jij en ik collega's zijn en dat je aan de beademing ligt en dat je moet helpen. Dat is echt veel te dichtbij.	*I have three cousins who had to lay on a respirator for a long time. Then it comes very close. It was very fiercely… also two co-workers were infected by Covid-19 because of the work they do. Because of it they had to lay on a respirator. That made it very confronting. Direct co-workers from the i.c. Eventually they brought them to another hospital because it was not doable. Imagine you and I are co-workers and I lay on a respirator and you have to help. That is way to close*
Ik heb zelf geen verliezen geleden door corona. Dat scheelt ook wel denk ik.	Luckily i did not lose any family. That really makes a difference.
dankbaar want dat is een beetje de frontlinie op dit moment dus daar kan ik mezelf nuttig maken. – resp 8	*I am grateful to be at the front line. I could make myself useful this way*

Career development	
Nee ik vind het vak van verpleegkundige nog steeds een- een - een ontzettende uitdaging. Mensen denken van je doet handelingen maar je werkt continu met mensen en daar liggen de uitdagingen in.	*No, my opinion about the occupation of a nurse is still the same. You constantly work with people and there leigh the challenges".*
Ik heb altijd mensen willen helpen	*I always wanted to help other people*
Ik denk dat we in de eerste periode, vooral vorig jaar, dat iedereen zoiets had van oh nou zo'n respect voor de zorg, we gaan klappen voor de zorg maar uhm... we werden overladen met presentjes en uhm... chocola enzo haha. Bossen bloemen.	*In the first period, especially last year, everyone thought: respect for the health care sector, they all clapped for the health care sector, we got a lot of gifts, chocolates, flowers*
Wat ik zo hoor uit mijn omgeving heeft iedereen er wel heel veel bewondering voor. Heel veel respect... vind iedereen het wel heel knap dat we het toch wel doen terwijl wij wel vinden dat het gewoon bij ons werk hoort. Ik denk het wel maar ik denk ook dat dit vooral komt omdat het zoveel aandacht heeft gekregen, zoveel beelden van op televisie komen	*In my surroundings, everyone has a lot of appreciation. Everyone thinks it is really good what we do while we all think it is just a part of our jobs. I think this is because it got so much attention now. So many views were broadcasted on television.*

Tijdens de eerste golf was er heel veel waardering.	*In the first wave there was enormous appreciation*
Wie bekommert zich nu nog over verpleegkundige? Die nog steeds het snot voor de ogen rennen. Daar hoor je nu nog maar heel weinig over. In de eerste golf stonden we natuurlijk compleet centraal. En waren we helden, verdienen bonussen en nu is er gebakkelei over bonussen. Dat is weg en iedereen is nu voor zich. De maatschappij wil gewoon door en is het belangrijker dat men morgen een plek op het terras heeft dan dat men een plek op de ic heeft. Dat was anders in de eerste golf. En: ja we werden wel een beetje als helden gezien dat wel… wat dat betreft is er niet veel verandert tov van voor de crisis.	*Who does still worry about nurses right now? Who still work their asses of. You do not hear anything about that. In the first wave we were central in the attention and we were heroes, deserved bonusses but that is all gone. Society wants to go on and it is more important to have a place on the terrace than a place at the intensive care. That was different in the first wave. Regarding before the crisis, nothing have changed*
er wordt gewoon met een dikke middelvinger naar de zorg gekeken. Want als de terrassen weer open mogen dan is de hele zorg weer van ja wat nou voor waardering voor de zorg. Daar heb ik het ook niet voor nodig. Ik uhm... kijk als jij de zorg heel erg waardering... je belooft twee keer een bonus en het wordt de eerste keer gegeven en de tweede keer is er geen geld meer voor. Dan denk ik dikke neus. Maar daar gaat het me niet om	*They look at the care sector with a big middle finger. Because when the terraces go open then… what kind of appreciation for the care sector?*

door de covid periode ben ik dus op de spoedeisende hulp terecht gekomen. Ik ben nog heel even terug gekomen naar de kinderafdeling maar toen ik op die afdeling kwam ik erachter van nee dit is het helemaal niet. Ik ben juist de verpleegkundige die wel houdt van hectiek en van druk en soms onder wat stress werken.	*Because of the Covid I came to the emergency department, I went back to the children department but then I realized: no this is not what I want. I am a nurse who loves hectic situations and pressure and sometimes working with stress.*
vanuit uhm... de ok moesten we ook naar afdelingen om te helpen en daar heb ik wel verschillende afdelingen gezien en dat is ook wel heel interessant om te zien op welke afdelingen... hoe het daar er aan toe gaat Maar nu is het wel zo van... oh nu moet ik weer naar de ic. Ik wil gewoon mijn eigen werk doen en ik ben er wel een beetje klaar mee	*From the operating room we had to go to another department to help and so I saw other departments and that is very interesting to see how things are done over there… but now it is: oh I have to go to IC again. I want to do my own job and I am kind of fed up with it*
Op mijn eigen afdeling zijn een paar mensen die dachten van he die acute zorg vind ik eigenlijk veel leuker dan geriatrie. Dus die zijn bij ons weggegaan en naar de ic opleiding.Mogelijk dat er ook wel mensen zijn die denken van uhm... jeej als het zoveel en zo hard werken is voor met wie er allemaal... met de arbeidsomstandigheden met het onregelmatig werken dus de avonden en nacht werken	*At my own department there are some people who thought he intensive care is much more interesting than the geriatric department. They left us and went to intensive care education. It might also be possible that people think that when you have to work this hard, with the working condition and irregular working hours, night shifts…*
Dat we in een cohort moesten werken. Dat je complete unit helemaal afscherm van de buitenwereld en daarin helemaal geïsoleerd werkt. In pakken. Niet zomaar de gelegenheid om een kop koffie te pakken of naar de toilet te gaan. Het was wel een bijzonder hektische tijd ja. Nog steeds heel bijzonde	*We had to work in a cohort, your whole unit was isolated and you had to do everything in special suits. You could not go for a cup of coffee normally or go to the toilet. It was very special*
je werkt met andere teams en je werkt met allemaal ondersteuners. je kreeg een stuk functiedifferentiatie dat er mensen van de verpleegafdeling, van anesthesie, van ambulance van SEH die allemaal op de ic's kwamen te werken als ondersteuners. Dat was natuurlijk een	*You work with other teams, different support employees, some occupational differentiation arose. People from anesthesia, ambulance, emergency department all came to the intensive care as support employee. Of course this was a whole other dimension, other division of labor, taking*

hele andere dimensie, andere taakverdeling, verantwoordelijkheid nemen. Die verantwoordelijkheid lag met name bij de ic'ers dus die verantwoordelijkheid was veel hoger	*responsibilities. The responsibilities are mostly at the intensive care nurses so this increased.*
Ik sta ervan te kijken dat er niet meer spanning is binnen de teams	*I'm surprised that there is no tension in the teams*
Het werk is zo complex geworden. Ik denk dat jonge mens het beter… die uitdaging is er niet meer voor mij.	*That work has become so complex. I think young people can better… That is not a challenge for me anymore*
Ja. Zeker. Want ik ga vanaf de zomer iets minder op school werken zodat ik meer ruimte hou om mijn taken in het ziekenhuis op te kunnen nemen.	*Yes it affected it certainly. I am going to work less at school so I can have more time to take my tasks at the hospital. Because I see that I like this occupation the most*
Ik vind de ic ook zeker interessant maar ik ben gaan realiseren dat dat is wat ik niet wil. Dat heeft Covid wel voor me gedaan. Dat ik niks anders wil dan wat ik eerst deed. Ben het wel meer gaan waarderen.	*I think the ic is also interesting but I noticed that that is something I do not want. So that is what Covid did for me. That I do not want to do anything different than I did before. I started to appreciate it more*
door de corona heb ik wel gezien dat ik de laatste jaren alleen maar met mijn vak bezig was en uhm... dat ik wel mijn... dat ik niet meer de voldoening uit mijn persoonlijke leven haalde en door de corona ben ik heel erg terug geworpen op mijn persoonlijke leven. En uhm... dat heb ik geëvalueerd en ik denk dat het nu tijd is dat ik voor mezelf heel erg ga zorgen en niet meer dienstbaar bent aan andere.	*Because of Covid I have seen that I was only working and got no satisfaction out of my personal life. I started to evaluate that and I think it is now time to take care of myself and to be no longer available to constantly serve others*
Ja het heeft het me wel duidelijk gemaakt dat dit niet datgene is waarmee ik door wil gaan. Het is hierin wel meer een eye opener geweest, zeg maar. Ja dan ga je toch nadenken over wat wil ik eigenlijk..	*I became more aware of what our job entails, what it takes, what is asked. I think it was a last push. Yes it made it clear that I do not want to continue with this work. It has been an eye opener. You started to think about what you want.*
En toen kwam ik weer daar in aanmerking en toen dacht ik, wie ben ik voor de gek aan het houden? Het is hier gewoon helemaal leuk dus dit wordt mijn nieuwe pad	*Then I came to that job and I thought, who am I kidding? I really like it here so this will be my new career path*
je wordt je wel echt bewust van de kwetsbaarheid, dat je denkt van we werken allemaal met hoge werkdruk en hectiek en dat je dan echt denk van ga	*You really get aware of the vulnerability. You think, we all work with high workload and hectic situations. You start to think, is this what I want to*

ik dit echt tot mijn 67ste doen? Of is er nog meer in de wereld? Op die manier heeft het me wel aan het denken gezet	*do until I am 67? Or is there more? That way it set me thinking*

Appendix 4: Adjusted operationalization

Key Concepts	Dimensions	Indicators
Covid-19	Career shock attributions	Frequency of the shock perceived
		Valence of the shock perceived
		Controllability/predictability of the shock perceived
		Duration of the shock perceived
		Locus of source
		Deliberate thought process

	Occupational differences	Change in job status
		Change in way of working
		Change in work content
		Different impact between occupations
	Individual differences	External resources available to cope with the shock*
		Individual capabilities
		Personal events
	Shock consequences	Change in behavior
		Changes in attitude
		Subsequent events

Career path development	Objective career success	Salary
		Job status
		Hierarchical position
	Subjective career success	Altruistic values in career
		Exercise capabilities
		Personal interests
	Self image	Values
		Morals
		Ethics
		Beliefs
	Trajectory image	Abstract goals
		Specific goals

	Action image	Plans to achieve own goals
		Expectation of the likeliness of goal attainment in current situation
		Satisfaction about current images
		Willingness to change current actions

Figure 2: Adjusted operationalization

** The indicator 'external resources available to cope with the shock' means all resources outside the individual that help the individual to cope with the shock.*

Some changes are made in the coding of the transcripts. Since coding is an iterative process, some minor adjusted were made to the operationalization table in order to create a better fit with the data. "Personal events" came forward in many interviews so this code is added. Moreover, the code "change in work content is added" because of the same reason. Last, the code "career competences" is renamed as the code "individual capabilities" because the researcher assessed this to be a better fit with the data.

The coded transcripts were all processed in a software program and cannot be easily transferred to this document. An entire overview of the quotes can be requested from the researcher.

Appendix 5: Research diary

1-12-2020 I started with thinking about a possible research question for this master thesis. It was focused mainly on what I thought was interesting. I was looking for interesting topics in the courses I followed that period. Career shocks was something that interested me a lot so I started to search for researches about this topic. I immediately saw a link with the current Covid-19 situation which I thought was really interesting to explore because I thought this has never been examined before. I was struggling a bit with the subject of my master thesis circle 'leadership' as I thought I had to include this in my research. Also practical research gab is still a bit unclear for me.

20-3-2021 When I was almost finished with writing my theoretical framework I found a research which had already examined the link between career shocks and Covid-19. It turned out that it was not something new in literature so I had to adjust my research and build further on this research. Although it felt as a setback that the topic was already examined, I was happy to find it out this early in my research so I could easily make some adjustments. Besides that I was in doubt whether to take a deductive or an inductive research approach. I decided to make a combination.

2-4-2021 I received feedback from my supervisor and from other students who were writing a master thesis. This resulted in some adjustments to the research. The most adjustments were made in language and structure of the text. Also I received feedback that the core concepts were kind of vague and should be more elaborated on. I thought 'leadership' had to be included in the research but as my feedback indicated, this was not the case. Moreover, my supervisor and my thesis circle did not agree with the combination between deductive and inductive. I decided to switch to deductive. Last, feedback pointed out the research about subjective and objective career success which gave me input to clarify the theoretical framework. In the weeks after that I adjusted this feedback. The concept 'leadership' was deleted which made it less complex and especially the research about subjective and objective career success was a missing link which helped me to put more structure in the theoretical framework. After that I started to look for respondents.

7-4-2021 I started to look for respondents and initially mailed to the local hospital. I approached different parties like the hospital itself, the labor union of nurses and via my own network and the network of people I know. Response was very disappointing. No one wanted

to do an interview and a lot of people did not even react. This was very frustrating. After 1,5 week I made the decision to switch to other hospitals and other care instances as well which turned out to be a good move. More people were open for an interview.

10-4-2021 Before the interviews were conducted with nurses, I did my interview with a family member. This way I could practice my interview and see if I could improve things in my interview guide. The family member works in a health care organization but not as a nurse. He was able to give some answers about the topic because he works with nurses so he was able to understand the research and the questions. It was very important not to take the content of the answers seriously for the research so it would not affect my results. The 'practice interview' gave me relevant insights about weaknesses in my interview guide. The questions about subjective and objective career success were formulated in a way that the respondents could interpret it like it was only aimed at objective career success. First it was formulated the following: "When do you perceive success in your career?" This was changed to "When do you think your career is successful in your eyes?" The part "in your eyes" putted more emphasis on how the respondents sees success. This way objective and subjective career success is included in the question.

3-5-2021 I conducted my first interview with a nurse from an hospital. After the interview I asked if she knew more nurses in the hospital who would be willing to make a contribution to the research. She was very enthusiastic and made a message in the group chat for all intensive care nurses of one hospital. This was a boost for the research as well as for me.

18-5-2021 I conducted my last interview. I had spoken to a lot of interesting people and the research became more concrete. This made it more interesting for me to do this research because I became quite enthusiastic about the results. I wanted to find out what the answer of the research question was going to be. This way I found more motivation to proceed my research.

18-5-2021 I received feedback from my supervisor about my first three chapters. Some minor changes were made. Mostly in language. "A lot of" can better be replaced with "many".

20-5-2021 I started with my analysis. Before I did not know very well how to do this so I discussed it with people in my thesis circle and searched for theses in the thesis repository. After this I just started but was kind of insecure if this was the right way.

2-6-2021 I received feedback on my analysis from my supervisor. I had to adjust some things in my analysis and had to add more depth. It was better to analyze the quotes per word so depth could be reached. Also I should argue more what it means for the research. In the week after the feedback I started to adjust this and started writing the conclusion.

9-6-2021 I received feedback on my conclusion. I did notice that my conclusion was not entirely what I wanted but found it hard to know what to approve. Therefore this feedback was very pleasant. I saw in the feedback that it had the potential to improve and this could be done in a few days. The conclusion was very unstructured again so I had to improve this. The coming days I will make these adjustment and will make everything ready to hand in. I still have to closely which time I use in the conclusion and in other sections of the research. Also, attention should be payed to the layout and other minor things.

12-6-2021 I approached a friend who was willing to check my thesis. He gave notes about grammar and correct English.