ELNEC COVID-19 Communication Resource Guide

Supporting a New Graduate Nurse Colleague

In the best of times, the successful transition from a new graduate to a new nurse is essential. However, in the COVID-19 era, it is even more important. In their first registered nurse role, many new graduate nurses are being deployed across health systems and hospitals, to care for a high percentage of COVID-19 positive patients. This is often in critical care settings, as well as medical surgical units or geriatric units. The care of these patients is particularly challenging since the science and care protocols are evolving on a daily basis, because there was little understanding about this virus until it appeared. The result is that the new graduate nurse has no experience from which to build their skills.

As part of their transition to the registered nurse role, new nurses need to adapt to a change in identity from student to a registered nurse. This means accepting the roles and responsibilities of a nurse within a new setting, from the previous protected environment with supervision by faculty. There are many stressors of a new graduate in conventional times, lack of confidence in nursing skills, lack of confidence in communication skills, and the ability to respond to urgent clinical situations. These stressors remain just a pertinent within the COVID-19 era and necessitate even greater attention.

Of particular note, new graduate nurses describe a lack of confidence in the early stage of their career. When new nurses are caring for sicker patients in complex settings, they report more stress which results in increased patient errors and negative safety practices. This can be reduced with timely feed-back and positive support. In addition, within COVID-19 it has been demonstrated that nurses on the frontline of bedside care in the hospital are at greater risk of moral distress, psychosocial grief and suffering. Therefore, it is vital to attend to new nurse graduates within the COVID-19 era. Support, including orientation, peer support, and ongoing communication, must occur at the individual and unit levels; particularly if there is more than one new graduate nurse.

ORIENTATION

1. Orient the nurse to unit.
2. Familiarize the nurse to the COVID-19 care delivery – very sick individuals, whose condition may rapidly change or deteriorate, and who need intensive nursing care.
   a. Include the signs and symptoms of COVID-19 and the acute and rapid decline of patients who may need to be on ventilators for a long time with many medications.
   b. Make sure to prepare the new graduate nurse for frequent deaths due to COVID-19, particularly for older adults and people with co-morbid illnesses.
3. Delegate an experienced nurse to serve as a preceptor mentor for education purposes and debriefing patient care issues.
4. Normalize and encourage use of institutional resources in particular for new nurses, but for all nurses as well.
5. Promote support resources (how-to-guides, gratitude areas, sticky notes about good work, debriefing sessions, interdisciplinary members) that impact the unit-based culture.
6. Communicate, with the support of nursing leadership, that wellness and support is a part of orientation and daily practice.

**PEER SUPPORT** (Watson 2020)

1. Find the best way to check in on the new nurse without overwhelming or annoying them (e.g. In-person, Email, Texting, Phone calls).
2. Find a place away to check in with/approach the new nurse away from patient care rooms.
3. Begin with a casual two-way communication to facilitate a discussion and have the new nurse talk.
4. Be approachable and authentic.
5. Show understanding, validate concerns, and provide information about reactions and coping.
6. Praise and give positive feedback.
7. Be a neutral, curious, compassionate witness, stand in non-judgement, and just be with the nurse.

Use opening questions or statements such as:
- I wonder how things are going.
- I wonder what your experience as a new nurse has been.
- I want to make sure we are supporting you

**ONGOING COMMUNICATION WITH THE NEW GRADUATE** (Watson 2020)

1. Offer your presence and ask how the nurse is are dealing with the care.
   - What are/have been your greatest challenges, hassles or frustrations?
   - What are/ have been your greatest rewards or successes?
   - What does it mean to working with this team? How is it working with this team?
   - How are you doing with providing care to COVID-19 positive patients?
   - How are you coping with being a new nurse on a COVID-19 unit?
   - Is this work/role what you expected?
2. Ask the nurse how they are perceiving the work. Validate their perceptions.
   - How does working on this unit compare to your previous work?
3. Ask the nurse if they have a support system. Provide some possibilities for support.
   - Who supports you in your nursing practice?
   - What supports do you have when you get stressed?
4. Provide simple strategies they can integrate into the work (e.g. short intervals [30 second to 1 minute] of mindfulness between patient rooms, deep breathing, stretching, yoga poses in break rooms). The section on Proactive Wellness offers more suggestions.
5. Incorporate empathic presence in statements and open body language. NURSE Statements may also be helpful.
   - I can hear in your voice how hard it is to start your nursing career at such an extraordinary time.
   - It must be hard to have your first job as a nurse on COVID-19 floor.
   - It sounds like you are trying to make sense of your new role and COVID-19 care.
   - I am here for you.
   - Thank you for sharing your experience.
NURSE STATEMENTS

Naming - It sounds like this has been overwhelming for you.
Understanding - This helps me understand how hard this is for you.
Respecting – I can see you have been trying to integrate all your nursing education.
Supporting – I will do my best to make sure you have the resources you need.
Exploring – Can you tell me more about how hard this is?

6. If you don’t know how to respond, say something like: “That must’ve been incredibly hard. I can’t imagine how I would feel in that situation.”

7. If you want more information say something like: “It sounds like you’ve experienced something that a new graduate should not have to experience. Are you able to tell me how that’s impacting you now?”

8. Schedule ongoing formal sit-down “check-ins” away from patient care area for de-briefing and self-reflection.

Unhelpful and Helpful Communication Statements

<table>
<thead>
<tr>
<th>Unhelpful Comments</th>
<th>Helpful Comments</th>
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<tbody>
<tr>
<td>I know exactly how you’re feeling, I was a new nurse once.</td>
<td>I can imagine this must be hard to be a new nurse working with COVID positive patients as your first role.</td>
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<tr>
<td>All new jobs are hard. This is just one of those times.</td>
<td>Care of COVID-19 patients is very complex for any of us.</td>
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<tr>
<td>You will need to figure out how to develop a thicker skin.</td>
<td>Care of COVID-19 patients may cause stress, anxiety, and grief.</td>
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<tr>
<td>I understand how you are feeling.</td>
<td>I can imagine how overwhelming this is. Caring for COVID-19 patients takes a lot of focus for any nurse.</td>
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<td>I’m always here for you, just call me if you need anything.</td>
<td>For a nurse preceptor on the unit</td>
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<td></td>
<td>- I will check in with you at the beginning of the shift or the end of the shift.</td>
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<td></td>
<td>For a nurse preceptor/coach outside the unit</td>
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<td></td>
<td>- I will check in with you every few days.</td>
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<tr>
<td>You should be/get acclimated to the stress.</td>
<td>Psychological aspects of nursing are hard. It is important to develop ongoing strategies to help.</td>
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<tr>
<td>It is unhealthy to be so sensitive to the grief of losing patients.</td>
<td>It is not easy to have a patient die. What are important rituals for you when a patient dies?</td>
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PROACTIVE WELLNESS

1. Promote education to new graduates about the five domains of Wellness and encourage them to attend to them both personally and professionally.

   **The Five Domains of Wellness**
   - Physical (e.g., walking, swimming, dancing)
   - Mental (e.g., learning something new; positive self-talk)
   - Emotional (e.g., expressing feelings through art or journal)
   - Social (e.g., connecting with family, friends regularly)
   - Spiritual (e.g., prayer/meditation; being in nature)

2. Offer the new graduate mindfulness strategies that are easy to integrate into their nursing shift.
   - Place a post-it at the nursing station or on their computer that says BREATHE.
   - Integrate mindfulness and breathing into their everyday practice.
     - when washing their hands deep, breath in and out for 30 seconds with their eyes closed.
     - the nurse feels a little too busy ... stop and take 5 conscious, deep, diaphragmatic breaths.
     - the nurse feels moderately busy ... stop and take 10 conscious, deep, diaphragmatic breaths.

3. Provide positive reinforcement and appreciation for their work.

4. Encourage self-care during shift including:
   - Take meal breaks, preferably away from the unit. It may not be possible to leave the unit due to groups restrictions in cafeterias and break areas.
   - Take bio breaks as needed, preferably on a regular basis
   - Do mini-stretches in between patients in lounge area
   - Use the chapel for prayer, meditation, and reflection
   - Use the FACE mnemonic to reduce anxiety

   **Focus on what is in your control;**
   **Acknowledge thoughts and feelings;**
   **Come back into your body (Notice your body, Breathe, Press feet into floor, and/or press fingertips together);**
   **Engage in what you’re doing - refocus on the activity in hand (Harris 2020)**

5. Encourage self-care while off-shift including:
   - Use the commute to and from work to meditate, walk, and de-stress.
   - Take a technology break—spend time away from the internet, the phone, email, or fax.
   - Take a media break—spend time off shift away from social media, spend time away or take a break from radio news, watching TV, or reading the newspaper.
6. Promote recognition of normal grief reactions and provide opportunities for debriefing care and patient deaths.

**Normal Stress Reactions in COVID-19**

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<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
<th>Cognitive</th>
<th>Behavioral</th>
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<tbody>
<tr>
<td>Rapid heart rate</td>
<td>Fear or Terror</td>
<td>Difficulty thinking</td>
<td>Risk taking</td>
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<tr>
<td>Heart palpitations</td>
<td>Perceived danger</td>
<td>Inability to concentrate</td>
<td>Failure to use PPE</td>
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<td>Muscle tension</td>
<td>Anger</td>
<td>Disorientation</td>
<td>Conflict with others</td>
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<tr>
<td>Headaches</td>
<td>Anxiety</td>
<td>Confusion</td>
<td>Withdrawal</td>
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<tr>
<td>Gastrointestinal disturbances</td>
<td>Depression</td>
<td>Difficulty problem solving and in making decision</td>
<td>Isolation</td>
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<tr>
<td>Nausea</td>
<td>Hostility</td>
<td>Memory issues</td>
<td>Reduced ability to support peers</td>
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<tr>
<td>Sleep disturbances</td>
<td>Frustration</td>
<td>Distortion</td>
<td>Refusal to follow orders</td>
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<tr>
<td>Inability to relax</td>
<td>Irritability</td>
<td>Misinterpretation of situations and comments</td>
<td>Endangerment of others</td>
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<tr>
<td>Appetite changes</td>
<td>Sadness</td>
<td>Depersonalization</td>
<td>Increased use/misuse of drugs and alcohol</td>
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<tr>
<td>Vulnerable to illness</td>
<td>Emotional lability</td>
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<tr>
<td>Nightmares</td>
<td>Loneliness</td>
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<tr>
<td>Flashbacks</td>
<td>Helplessness</td>
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<tr>
<td>High adrenaline</td>
<td>Hopelessness</td>
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- C Dahlin for ELNEC COVID-19 Communication Resources
References


