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New Graduate Nurses in the Intensive Care Setting

Preparing Them for Patient Death

Colette D. Baudoin, PhD (c), MSN, RN, OCN, CNE[a,*],
Aimme Jo McCauley, DNP, MSN, RN[b],
Alison H. Davis, PhD, RN, CNE, CHSE[c]

KEYWORDS

• New graduate nurse • Stress • Intensive care setting • Transition • End-of-life care • Palliative care • Residency programs

KEY POINTS

- As student nurses transition to practicing nurses, many factors, including the practice readiness gap, lead to burnout and high turnover rates.
- The nursing shortage and recent COVID-19 pandemic has increased the need for new graduate nurses to enter directly into critical care areas upon graduation.
- Intensive care areas complicate the difficult transition process for new graduate nurses with higher acuity patients and increased patient deaths.
- Education regarding end-of-life care and palliative care for new graduate nurses in critical care areas is needed to support new graduate nurse role transition.
- End-of-life and palliative care education provided to new nurse graduates in intensive care areas improves confidence, knowledge, and resilience, while improving patient outcomes.

INTRODUCTION

Nursing is consistently ranked as one of the most stressful professions in health care.[1] Stress and burnout have been researched in nursing since the 1970s as a means to retain nurses and impact the nursing shortage.[1] Nurses consistently identify feelings of being overworked, unable to meet the needs of their patients, inadequately prepared, and unprepared to cope with patient deaths as sources of stress which impact their careers. These sources of stress impact nurses in all stages of their careers,

[a] School of Nursing, Louisiana State University Health Sciences Center New Orleans, 1900 Gravier Street, #417, New Orleans, LA 70112, USA; [b] School of Nursing, Louisiana State University Health Sciences Center New Orleans, 1900 Gravier Street, #5B7, New Orleans, LA 70112, USA; [c] School of Nursing, Louisiana State University Health Sciences Center New Orleans, 1900 Gravier Street, #509, New Orleans, LA 70112, USA
* Corresponding author.
E-mail address: cbaud4@lsuhsc.edu

Crit Care Nurs Clin N Am 34 (2022) 91–101
https://doi.org/10.1016/j.cnc.2021.11.007
ccnursing.theclinics.com
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nationally and internationally. New graduate nurses (NGNs) are more vulnerable because of various factors, most notably, the practice readiness gap.

HISTORY AND DEFINITIONS

Historically, the literature describes the transition period from student nurse to registered general nurse or NGN as a stressful time in a nurse's career.[2,3] The initial work experience of a NGN has been described as the sensation of experiencing a reality shock.[4] Reality shock was then defined as "the shock-like reaction that occurs when an individual who has been reared and educated in that subculture of nursing that is promulgated by schools of nursing suddenly discovers that nursing as practiced in the world of work is not the same-it does not operate on the same principles".[5]

The phenomenon of student nurses transitioning to NGNs became more evident during the United States' response to the novel coronavirus disease 2019 (COVID-19) pandemic. As the numbers of COVID-19 cases were increasing rapidly in hospitals throughout the United States in March, April, and May of 2020, many student nurses nearing graduation from nursing school were quickly recruited into intensive care hospital settings as their first job as a NGN.[6] Along with the usual stressors experienced by NGNs, including learning hospital policies and procedures, roles, responsibilities, and complex tasks beyond the nurse generalists role that are required to work in an intensive care setting, the additional stressors of a global pandemic, staffing shortages, lack of personal protective equipment, and a mounting number of critically ill patients, many of whom were infected with the highly contagious COVID-19 virus, required these NGNs to perform their role on the health care team as nurses who had only begun to understand, yet alone master, the complex content and environment of the intensive care setting. Programs are in place to assist NGNs to transition into their roles as nurses, such as new nurse residency programs and/or preceptor programs. During the COVID-19 pandemic, however, preceptors and fellow staff members were struggling themselves to cope with the rapidly changing and uncertain environment.[7]

End-of-life and/or palliative care, especially surrounding communication, is another stressor in the intensive care setting that NGNs must add to their responsibilities in their new, intense work environment. The practice readiness gap is evident here as schools of nursing focus on the care of patients throughout the lifespan, but not the care of the dying patient. Death education should include palliative and end-of-life care. Internationally, there are inconsistencies in death education for undergraduate nurses including "quality, content, and approach."

Many patients in the intensive care settings are nonverbal for numerous reasons and the nurse must try to facilitate family communication and closure at the end of life for these patients in nontraditional methods. Communication is a difficult task alone when patients are ill. With the addition of the intensive care setting and/or the inability to communicate, the end-of-life or palliative care patient has added complex needs and the NGN is now facilitating family communications among themselves and the health care team. Survey results note that 75% of frontline health care workers under the age of 30 years reported a negative impact on their mental health since the beginning of the COVID-19 pandemic with 69% reporting feeling "burned out."[9] With an ever-present and looming nursing shortage, it is important to consider how NGNs can be adequately supported to ensure their success and commitment to continue their goals of working and succeeding in an intensive care setting. The burnout noted surrounding end-of-life and palliative care patients is especially concerning and

should be addressed to further ensure the continued success of the NGN in the intensive care setting.

BACKGROUND OF THE NGN

As student nurses graduate from nursing school, they are met with a mix of excitement surrounding graduation and the challenge of preparing to take the National Council Licensure Examination (NCLEX). The multiple stressors and steep learning curves continue as the NGN prepares to apply for and receives their first job as a registered nurse, starts their job, begins a NGN residency program, and begins to develop trusting relationships with a preceptor or preceptors. As a NGN, expectations are to independently implement all assessment and nursing skills and tasks learned as a student while learning the roles and responsibilities of a NGN. NGNs were once encouraged to work on units that would provide a variety of patient care experiences, but with lower patient acuity levels, such as medical-surgical, telemetry, or step-down units.[10] The nationwide nursing shortage, associated with a variety of factors such as the aging workforce, increasing nurse-patient ratios, perceptions of lack of support at work, and reported feelings of job-associated burnout, has led to the need for NGNs to be recruited and hired directly into intensive care settings.[9,10] NGNs do not have the opportunity to experience a variety of patient care experiences at lower acuities, nor experience the care of end of life or palliative care patients, as NGNs are accepting first jobs in the intensive care areas at rates that vary from 18% to 23%.[11]

NGNs are excited to start what is deemed to be an enviable position in the intensive care setting as they did not have to wait to specialize or gain experience in a lower acuity area before entering intensive care. However, the added stressors of learning to care for critically ill patients, in addition to refining nursing assessment skills and procedures, as well as time management and delegation, can be difficult for NGNs.[11] The literature notes the existence of a practice readiness gap between nursing curricula and clinical practice experienced by the NGN hired into the intensive care setting.[11,12] Adding to the complexity of the situation, NCLEX confirms that the NGN has entry-level knowledge; however, intensive care nursing "requires in-depth knowledge of advanced assessment and technologies in managing life-threatening, complex nursing situations."[11]

An added complexity to this already intense work environment, the NGN is often tasked with managing patients and families that require not just intense physical care, but psychological and emotional care and counsel as they transition to end-of-life or palliative care. The patient requiring this specialized care may or may not be able to communicate fully, adding another layer of stress and complexity to their care. This complexity results in the NGN reporting a higher amount of work-related stress than their experienced nurse counterparts in the intensive care setting.[13] As colleagues, nurse educators, and employers of NGN, they must receive the support and assistance necessary to facilitate the transition from the role of a nursing student to a NGN working in the intensive care environment where patient acuity is high, technology is complex, and the saving lives is the focus. In the intensive care setting, the reality is that not every life can be saved and/or some patients have reached the end of their lives. An understanding and knowledge of palliative and end-of-life care is needed in the intensive care setting to assist NGN to transition to their roles and decrease the reported feelings of job burnout while decreasing the practice readiness gap and turnover rates.[11,12]

The turnover rate for nurses in the acute care setting averaged 19.5% in 2020 with NGN turnover reported to be as high as 23.9% and 17% in the intensive

care setting.[11,14] Literature reports that new nurses lack confidence and report feeling uncomfortable when starting their new nursing positions.[11,12] It should be noted that NGNs will not begin to feel confident until at least year 2 of their practice. This phenomenon can be explained based on Benner's novice to expert continuum and novice nurses (ie, new nurses) "tend to exhibit competence toward the end of the second year of practice."[11] Competence can lead to confidence as the NGN begins to believe they can handle the stressors of the intensive care environment. The impact of the theory-practice gap has been explored for NGNs in the critical care environment. Findings indicate that knowledge and skill acquisition, workplace culture, and having a resource person are essential for the NGN to transition successfully into the intensive care setting.[15] There is no additional training required to enter practice into the intensive care setting for NGNs, even though the expectations and high acuity of patients are well known. The high-level practice expectations in the intensive care setting result in emotional stress for new nurses.[11,13]

Providing nursing care for a patient at their end of life in an intensive care setting can be problematic for even experienced nurses.[16] End-of-life and palliative care has become a recognized component of the intensive care nurse's role, whether experienced or new, and the nurse must be comfortable with this role and its responsibilities.[16] In the intensive care setting, death can be a common occurrence with death rates ranging from 10% to 29%.[17]

Communication skills are key for the NGN when a patient is at the end of life and actively dying, but they may not have received this training in nursing school.[8] Collaboration with the interprofessional team and communication with families can be "especially stressful for nurses."[16] NGNs find themselves caring not only for the dying patient, but also for the family as other members of the health care team leave for other responsibilities. Emotional and psychological distress and burden can result from attempts to provide care to the patient and family simultaneously, which NGNs have not been specifically trained to do.[8,16,18] Owing to their inexperience, NGNs may face ethical and moral dilemmas as they struggle with feelings that the intensive care setting may not be an ideal place for end-of-life care.[19,20] There is a noted gap in the literature as little evidence is available addressing the support and skills needed for the NGN to care and manage the critical care patient competently, confidently, and empathetically at end of life.

Support for the NGN

A solution to address the turnover rate and other issues that NGNs face, such as the practice readiness gap, was the development of nurse residency programs. Nurse residency programs were designed to support the professional growth of NGNs and support their transition to independent nurses.[21] Nurse residency programs vary in format and content, but the 3 most common programs in place are didactic-based, simulation-based, and clinical preceptorship-based.[22] Nurse residency programs can incorporate orientation programs of other organizations such as the Association of Critical Care Nursing or Association of Women's Health, Obstetric, and Neonatal Nurses. Nurse residency programs vary from 10 to 15 months in length and content can include critical thinking skills, clinical decision making, communication, professional growth through preceptorship experiences, and assimilating to the role of the nurse.[21] Outcomes of nurse residency programs have been noted as positive and include increased retention, improvements in job satisfaction within the first year, and improvements to clinical decision-making.[22] Nurse residency programs do not include care for the end-of-life patient nor palliative care and is a noted gap in the

literature. Inclusion of end-of-life care and palliative care content that would assist NGNs to transition into the intensive care setting and could impact the experience of reality shock.[4]

DISCUSSION

Nurse residency programs are designed and developed to meet the needs of the organization in assuring that NGNs can meet the needs of the patients they care for on a regular basis.[22] Unfortunately, these programs often overlook the practice readiness gap and/or knowledge gap from the undergraduate curricula that NGNs have in managing the patient at the end of life who may have additional complex care needs such as emotional needs or communication requirements with family concerning their status.[8] The knowledge required to meet the needs of an intensive care patient is undisputable, and despite advances in science and medicine, death in the intensive care setting is common. Therefore, it is essential for NGNs to receive adequate preparation to manage the end-of-life patient to be successful beyond the first year of hire in the intensive care setting.

The Association of Critical Care Nursing's (ACCN) orientation program, Essentials of Critical Care Orientation (ECCO), includes more than 75 continuing education (CE) credits for participants, yet only one part of one module totaling 4.4 CEs addresses the mechanics of managing a palliative care patient. This calculates to 5.9% of the total ECCO curriculum as dedicated to palliative care. There is a need for specific knowledge, tasks, and nursing care on end-of-life and palliative care to be addressed for NGNs, yet there remains a lack of resources and evidence-based literature. There is a paucity of literature addressing the role transition of NGNs through either a nurse residency program or a new nurse orientation program that includes the nursing care of the end-of-life patient.[23,24] Specifically, the physical, emotional, or psychological care of the end-of-life patient should be included in the content for NGNs for successful retention in the intensive care area beyond 1 year.[11,12] If this gap remains, NGNs will continue to experience inadequate role transition as well as experience the inability to develop the necessary communication skills, empathetic management, and grit to care for the end-of-life or palliative care intensive care patient and the circle of insecurities and anxieties often reported by NGNs will continue to perpetuate in this population of nurses.

Clinical Relevance

The cost of orienting a NGN is reported to be more expensive than an experienced nurse at a staggering range of $60,000 to $96,000.[22] Estimates show that it takes approximately 137 nonproductive hours to fully orient a new nurse.[25] Once orientation is complete, NGN retention is imperative and nurse residency programs have shown to decrease turnover rates by 36%.[22] The cost to an organization to replace a nurse's position is reported to be approximately one-half of that nurse's salary.[10]

More than cost-savings to the organization though is the positive patient outcomes for the patients cared for and the overall health and well-being of the nurses caring for them. Optimum end-of-life care for patients and families has the ability to provide a lasting memory for the family members that can be carried forward. The feelings from the experience brought forward by the nurse caring for that patient and family can also leave a lasting imprint on the career of that nurse. Intensive care nurses caring for patients at the end of life reported that "critical care nurses need more knowledge, skill, and sense of cultural competency to provide quality care"[26] to patients being cared for at end of life in order to be assured that the care is meaningful and

appropriate for the given situation. The nurses felt they were lacking knowledge in pain management, symptom management, ethical issues, and communication with families and care during the last hours of life that needed to be provided.[26] These needs were gathered from a population of nurses with an average of 11 years of intensive care experience, although 39% of respondents had less than 4 years of experience. If experienced nurses are struggling with these issues, then the added stress of being a NGN in the intensive care setting has the potential to amplify these needs to care for patients at the end of life. To promote resilience in these NGNs, it is essential to promote teamwork, mentoring, and exposure to varying situations.[11] This includes situations surrounding management of patients at the end of life.

FUTURE DIRECTIONS

Palliative-Specific Support for New Nurses

The NGN enters the intensive care setting with the intention of providing curative care and treatments to patients with life-threatening illnesses.[16,26] Forming perceptions of critically ill patients, care, and outcomes based on didactic and clinical experiences in undergraduate education, the new nurse is not prepared to manage the realities of death and end-of-life or palliative care in the intensive care area.[8,27] Traditional hospital onboarding, orientation, nurse residency programs, and professional developmental support programs lack educational content and experiences to support new nurses in caring for dying patients and their families. Focused education and experiences in palliative care and supportive environments are required to achieve the high-quality end-of-life care.[28]

NGNs report feeling unprepared, unsupported, inexperienced, and emotional distress and isolation after a first-time patient death.[16,19] Historically, intensive care nurses have coped with psychological impacts, including depression, moral distress, secondary trauma, performance guilt, and eventual burnout related to experiences in palliative and end-of-life care because of a lack of supplemental education and psychological support.[29] To gain the necessary skills to provide end-of-life or palliative care, NGNs require education specific to end-of-life or palliative care goals and the physiology of death, a supportive environment providing experiential learning during nurse residency programs, written policies, and interprofessional agreements pertaining to end-of-life care, structured debriefing after patient death encounters in the residency period and in postresidency practice, and resilience education that provides tools and practices to sustain mental health and well-being after end-of-life or palliative experiences.[27]

Palliative Education

The prerequisite for quality end-of-life care is comprehensive palliative care education and competency. Although undergraduate nursing programs do include education on hospice, palliative care, and end-of-life care, the didactic content is inconsistent and rarely translated to practicum education, as most end-of-life experiences have limited clinical opportunities for students because of the sensitivity required for patients and their families.[28,30,31] Incorporating the End-of-Life Nursing Education Consortium [ELNEC] Project's Undergraduate Curriculum into NGN residency and/or orientation programs, dependent on the institution, provides end-of-life and palliative specific education, which can be purposefully implemented in the intensive care environment. The ELNEC curriculum comprises the following 6 modules: an introduction to the nurse's role in palliative care, enhanced communication techniques, pain management goals and ethical considerations, symptom management for dying patients, coping and support strategies for nurses and families of dying patients, and the

management of the physiologic, cultural, spiritual, and social dimensions surrounding death.[30] NGNs who received ELNEC education during nurse residency programs reported being able to apply specific interventions and knowledge to their first end-of-life experience. These NGNs reported statistically significant increases ($p = .001$) in 7 of 8 survey questions using a 10-point Likert scale, to include comfort ($M = 7.7$), competence ($M = 7.7$), and knowledge in providing palliative care ($M = 8.2$), pain assessment and management ($M = 8.4$), symptom assessment or management ($M = 8.1$), communication in serious illness ($M = 7.5$), loss grief bereavement ($M = 7.2$), and caring for a patient in final hours ($M = 7.1$).[30]

Enhanced communication skills needed to manage palliative care requires specialized training for the NGN.[28,30,32] As attention shifts from the dying patient to the family during death, NGNs are often overwhelmed by family needs, questions, and emotions; all while coping with their own personal beliefs, awareness of, and inexperience with death.[17,32] Lacking confidence, experience, and knowledge, the NGN may avoid the patient and family, and use vague and evasive communication techniques because of inexperience and lack of confidence.[17] Simulation for palliative and end-of-life care events can provide NGNs with a safe and controlled experience for practicing therapeutic communication with dying patients and families, model professional behaviors and dialogue in palliative care, and reduce event-related feelings of being overwhelmed by providing early opportunities for self-reflection and insight into the NGN's own beliefs about death and loss through reflection and debriefing. Simulation standards of best practice close all simulation events with debriefing, another opportunity for reflection and closure of the experience.[33]

The NGN has novice level experience in the assessment, ethical and safety considerations, and pain management of patients with transient illness, with the expectation that pain will gradually lessen with healing and eventually resolve, correlating with the goal of reducing pain medication. NGNs report avoidance, frustration, and moral distress during end-of-life care, with the fear of hastening death.[27,30,34] Having limited to no palliative practicum experiences, new nurses lack the knowledge, confidence, and skills to pharmaceutically facilitate palliative goals.[27,31] Pain management education for the end-of-life and/or palliative patient informs NGNs that end-of-life pain management goals cannot be accomplished solely with foundational pain management skills, and requires understanding that palliative pain management addresses many symptoms other than pain, specific interventions for obtaining comfort through stages of dying, and that the pathophysiological knowledge of death for the education and support families of dying patients through this process is essential.[27,28,32]

The greatest challenges in palliative nursing care are the shifting of care goals from patient to the family and managing the internal and external stressors of death and dying. This shifting of priorities of care requires specialized training, self-reflection, peer support, and opportunities for integration for the NGN. Education, including grief, loss, the physiology of death, honoring cultural needs and unique family requests, and how to manage, support, and respect the family and wishes of dying clients, provides NGNs the ability to fully engage as the coordinator of care.[27,28,30,32]

Supportive Environment

Numerous effective and evidenced-based programs for peer and environmental support are available to provide NGNs with experience and the necessary support in end-of-life and palliative care. Transitional support programs, such as preceptorship, peer coaching, mentorship, and nurse residency programs, which include direct and intentional exposure to palliative and end-of-life experiences with experienced nurses, provide the necessary exposure, wisdom, and opportunity to observe professional,

proficient nursing management of dying patients and their families.[11,21,26,27,31] Death is not unique to the intensive care environment.[17] Nurses, especially NGNs, must be able to recognize when additional support is needed, whether for themselves and/or for coworkers. Without the engagement of peer support systems, the NGN can experience emotional isolation, distress, and powerlessness, resulting in low-quality palliative outcomes, burnout, and depression.[17,28]

Palliative Policies and Agreements

Institutional policies on palliative care and end-of-life procedures provide concrete guidelines and references, underpin interprofessional agreements and shared expectations, support appropriate decision-making, and reduce barriers and stressors for nurses providing end-of-life and palliative care.[26–28,32] Hospitals and organizations should provide documented policies, procedures, and resources for end-of-life and palliative care that are reliable and administratively supported for NGNs to review and confidently use when sharing information with families, honoring family requests, or managing interprofessional disagreements. Instituting palliative and end-of-life policies and procedures increases patient care quality and outcomes, and reduces feelings of NGN powerlessness, stress, confusion, and conflict, allowing NGNs to build confidence and decision-making abilities surrounding this stressful topic.[27,28,32]

Debriefing

Evidence-based simulation and education in end-of-life and palliative care introduces the NGN to structured debriefing methods. Structured debriefing after the end-of-life or palliative care is an evidence-based method for preventing unresolved emotional and psychological impacts of moral and emotional distress and secondary trauma.[16,27,33,34] Debriefing should consistently be used by health care teams after all death events to support emotional well-being, improvements in future care and practice, and provide event closure for all health care providers.[29,33,34] Debriefing is especially important for the NGN, as internal beliefs and context surrounding death and dying are likely only in the formative stages.[16,27,33] NGNs need the support that debriefing can provide through the facilitation of self-reflection, peer-to-peer sharing, discussion of ethical issues and concepts in palliative decision-making, and opportunities for improvement in nursing practice.[16,27,33–35]

Resilience Training

Resilience training provides education and opportunities supporting NGNs in managing the psychological, physiologic, emotional, and spiritual impacts caused by stress and high-stress events, such as the death of a patient or conflict with the family of a dying patient. Psychological impacts encountered include guilt, bereavement, moral distress, emotional distress, and secondary trauma, which can significantly impact the quality of care and the well-being of the NGN, and indirectly impact the palliative outcomes of the dying patient.[11,17,27,29,34] Throughout palliative programs, education, and sustained support systems for NGNs, consistent and frequent promotion of self-care, self-assessments for well-being, and tools for resilience are evidenced to positively impact empowerment, work satisfaction, critical thinking, competency, and the quality of care delivered.[11,17,27,29,34]

SUMMARY

The transition period for NGNs is historically a time of increased stress. NGNs are known to experience a practice readiness gap, especially in the areas of palliative care and end-of-life care. Undergraduate nursing curricula are inconsistent in the

provision of content on death and dying, further compounding the problem. Nurse residency programs have the opportunity to offer this much-needed education to NGNs. With the inclusion of palliative and end-of-life care content, nurse residency programs can reduce stress, burnout, and turnover rates in NGNs while impacting the quality of patient care for the dying patient and their families. The circle of life includes death and so the topics of palliative and end-of-life care must be addressed so that patients and their families can benefit from an increased quality of care provided by a confident, satisfied, resilient nurse, no matter the stage of their career.

CLINICS CARE POINTS

- In the intensive care setting, new graduate nurses report higher work-related stress and will not begin to feel confident until at least year 2 of their practice
- Nurse residency programs support the professional growth of new graduate nurses and decrease turnover rates by 36%
- New graduate nurses need palliative and end-of-life education to supplement the readiness to practice gap
- Nurse residency programs should include palliative and end-of-life care content as well as mentoring and simulation to guide and support professional development and exploration of internal beliefs and content surrounding death and dying
- Positive patient and family outcomes can result from new graduate nurses who attend nurse residency programs with palliative and end-of-life care content

DISCLOSURE

The authors have nothing to disclose.

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