

COMMUNICATION

Communication is important when nurses care for patients with serious illness, particularly near the end of life. Nurses are essential in advocating for, implementing, and communicating patients' wishes and preferences. Optimal and effective communication ensures an individualized and respectful approach to care from diagnosis to potential death while considering values, preferences, culture, and beliefs.¹

Communication regarding COVID-19 should focus on goals of care, advance care planning, and comfort options based on an individual patient's condition and severity of illness in the framework of whole-person care.

Nurse's Role in Communication (via phone or digital sources if necessary):

- Meet the informational needs of the patient and family
- Provide information on illness specifics, treatments, symptom management, medications, and rationale for care, with consideration of the patient's level of health literacy.¹
- Advanced practice nurses may offer diagnosis, prognosis, and treatment options.¹
- Assess the patient's and family's knowledge and concerns. Offer reinforcement of health information.¹
- Facilitate information exchange with other team members as able.¹
- Provide education about illness, treatment, and any noted declines in patient status.¹
- Consider values, preferences, culture, and beliefs in all communications.
- Discuss advance care planning and overall goals of care.¹

Communication Behaviors Valued by Patients and Families:

- Sometimes the best support is simply the act of listening: being present and being silent, being in the moment, knowing and being comfortable with oneself, connecting, affirming and valuing, acknowledging vulnerability, utilizing intuition, empathizing, being willing to be vulnerable, and providing serenity and silence.¹
- Let the patient or family set the agenda, if able. For example, there is no need to ask about fear, unless the patient opens the door to that discussion.
- Listen patiently. Don't anticipate what might be said. Avoid interrupting the patient or family. Practice reflective listening, reflecting the thoughts and feelings you heard in the patient's and family's own words.
- Try not to give advice unless asked.
- If in person, consider nonverbal communication.
- A person generally isn't looking for advice, just someone to listen and affirm that fear, anger, and sadness are normal and not indicative of weakness.

Useful Open-Ended Questions to Initiate Conversations with Patients and Families:

- How are things going for you?
- How are you coping with you or your loved one's COVID-19 diagnosis?

- What concerns do you have about you or your loved one's COVID-19 diagnosis?
- What worries you about you or your loved one's COVID-19 diagnosis?
- What has been most helpful to you?

Patient Assessment Regarding Goals of Care:

- I am talking to all my patients about the type of care they desire based on previous goals. Have you ever talked to your family or friends about getting seriously ill? What did you tell them? Is that still how you feel?
- Have you ever thought about life support or life-prolonging treatment measures?
- What are your hopes in terms of your treatment for COVID-19 and overall illness?
- What brings meaning to your life?
- What do you hope for in the future? Have you ever thought about if things don't go the way you hope?

Patient Assessment Regarding Surrogate Decision-Maker:

- Do you remember filling out any paperwork about naming someone to make health decisions for you if you could not do that? Who helped you with that form?

Family Assessment Regarding Goals of Care:

- I am talking to all my patients' families about previously stated wishes. Has your loved one ever talked about getting seriously ill? Did they tell you the types of care they would want and not want?
- Did they ever talk about life-prolonging measures?
- Did they ever witness another loved one undergo treatment for serious illness and comment on their own preferences for care?

Family Assessment Regarding Surrogate Decision-Maker:

- Do you remember your loved one filling out any paperwork about naming someone to make health decisions for them if they could not?

Cultural Assessment Questions:

- Ask permission: I understand this topic can be hard to discuss, but many families have told me how important these discussions were to them. I wish to offer that support to you and your family. May we talk?
- I find that it is important that we discuss the spiritual beliefs about your or your family member's health care.
- What areas of health or medical care do your beliefs discourage or forbid?
- Are there any people you would like us to include in this spiritual care discussion?
- What practices or rituals would you like to have available if possible?

Questions to Address Coping:

- How have you and your family coped with difficult situations or crises in the past? How did you cope and react?

- Who is supporting you now? Is there anyone you would like us to call?

Additional Interventions:

- Interprofessional team: Use the interprofessional team in conversations with patients and families. Physicians can have prognostic and diagnostic conversations. Social workers, chaplains, and counselors can have supportive conversations about the challenges of care decisions.
- Consider referral to palliative care for difficult conversations.

For additional information, please access HPNA's COVID-19 Resource page at www.advancingexpertcare.org.

REFERENCES

1. Dahlin C, Wittenberg E. Communication in palliative care: an essential competency for nurses. In: Ferrell B, Paice J, eds. *Oxford Textbook of Palliative Nursing*. 5th ed. New York, NY: Oxford University Press; 2019.
2. End-of-Life Nursing Education Consortium. Communication Guide for Nurses and Others During COVID-19. <https://www.aacnnursing.org/Portals/42/ELNEC/PDF/ELNEC-Communication-Guide-During-COVID-19.pdf>. Accessed April 2, 2020.
3. VITALTALK. COVID Ready Communication Playbook. <https://www.vitaltalk.org/guides/covid-19-communication-skills/>. Accessed April 2, 2020.