

Revamping Communication Strategies: Emphasizing Emotional Connect in Times of Crisis

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In the realm of critical care, family involvement has evolved from being a passive observer to becoming a crucial participant in the patient's journey, influencing decisions, prognosis, and outcomes. The significance of engaging families at various stages of critical illness, from communication and counseling to aiding in decision-making and offering emotional support, cannot be overstated. Such family-centered care not only improves patient outcomes but also eases the burden of stress and anxiety experienced by families during the critical illness of a loved one. Central to this care approach lies family satisfaction, a vital component in fostering a strong bond between healthcare providers and families.

Traditionally, trust-building and satisfaction between families and treating physicians thrived on face-to-face interactions and in-person conversations. However, the advent of the global health pandemic, COVID-19, presented an unparalleled challenge to the healthcare community. As patient populations became increasingly critically ill, safety concerns necessitated unprecedented restrictions on physical interactions between families, physicians, and patients, alluding to the risk of transmission. In this unforeseen circumstance, the power of advanced communication technology emerged as an opportunity to bridge the gaps that the pandemic created.

The COVID-19 pandemic witnessed the rapid and widespread utilization of telecommunication portals to maintain essential connections in critical care setups. Although not a perfect replacement for in-person interactions, telecommunication proved to be the best feasible alternative during these unprecedented times. Its efficacy in facilitating communication between patients, physicians, and families cannot be undermined, but the method comes with its limitations and caveats that may impact patient outcomes and family satisfaction.

Critical illness not only affects the patient physically and emotionally but also has profound implications for their families and relatives. Post-Intensive Care Syndrome-Family (PICS-F) is a term used to describe the anxiety disorders and post-traumatic stress experienced by family members after witnessing their loved ones' critical illness.^{1,2} These distressing experiences can be so overwhelming that family members may struggle to recall the details or cope with the emotional burden caused by their loved ones' illness. In the study done by Varghese MP et al.,³ more than half of the family members who declined to participate in the research cited personal reasons, which could be attributed to the traumatic memories associated with the illness, and perhaps, the loss of their loved ones.

While some studies suggest that the level of education or literacy may influence the responses to satisfaction questionnaires,⁴

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current study findings³ challenge this notion. Understanding the empathy of healthcare providers, developing trust in communication, and expressing feelings and emotions in response to medical care does not depend on one's educational background. Instead, these responses are deeply rooted in the domain of affect and emotions, transcending the boundaries of formal education.

The study by Varghese MP et al.³ not only explored the objective details like the calls and modes of communication but also explored some aspects like quality of communication in terms of empathy of the health care provider and trust in communication provided by the health care provider which makes this particular study stand out.

Language plays an important role in communication. As a tertiary care and referral center, the author's hospital received patients from diverse regions of the country. This diversity often presents a language barrier during crucial communication in the COVID-19 critical care unit. Both the patients' families and the attending physicians who come from various parts of the country encounter challenges in effectively communicating with each other. This issue becomes particularly evident as physicians work in rotations within the ICU, leading to situations where not every physician is fluent in the language spoken by the patient's family. As a result, there may be instances of misunderstanding of the information or incomplete information conveyed, especially when discussing sensitive matters with the patient's family. Addressing this language barrier is vital to ensure accurate and compassionate communication between all parties involved in the patient's care.⁵ These lacunae in verbal communication create potential risks, leading family members to perceive it as a lack of honesty, inadequate care, or unequal treatment for their loved ones. Non-verbal communication involves using facial expressions, gestures, body language, body position, touch, intonation, etc., and generally reinforces verbal communication. Telecommunication lacks many

of these aspects of nonverbal communication like touch and body language. Addressing language barrier issues, especially in telecommunication is crucial in fostering a stronger bond of trust and ensuring that every family feels adequately informed and cared for during their loved one's critical care journey amid the COVID-19 pandemic. Proper communication directly impacts overall satisfaction, as over a quarter of the patients' family members express dissatisfaction with the trustworthiness of the communication in the author's study.

Assessing the empathy of a physician towards their patients proves to be a challenging yet critical aspect that significantly impacts the trust and satisfaction of patients' family members with both the healthcare provider and the medical facility. The authors of the article have endeavored to measure this aspect through a questionnaire, evaluating the perceived approachability and friendliness of the attending physician during communications throughout the patient's stay in the critical care unit. Remarkably, over half of the respondents expressed contentment with the friendly and approachable demeanor of the physicians, highlighting the profound significance of empathy as a primary characteristic for healthcare providers in any healthcare setting, including ICUs. Understanding and acknowledging the emotional needs of patients and their families during times of vulnerability foster an atmosphere of compassion, trust, and overall satisfaction with the care provided. As the healthcare landscape continues to evolve, nurturing empathy remains an indispensable quality for every healthcare professional dedicated to delivering patient-centered care.

Through this editorial, we delve into the delicate balance between the technological pathways that facilitated virtual

interactions and the irreplaceable value of in-person connections. Our endeavor is to shed light on the challenges faced during this transformative period in healthcare communication and discover opportunities to enhance family-centered care in the face of adversity. As we embrace the lessons learned from this unique era, we envision a future where the power of technology merges seamlessly with the essence of compassionate care, ensuring that families continue to be active partners in the journey of critical care, irrespective of the circumstances that unfold.

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