

COVID-19: Addressing Emotions on the Front Lines

Audience: Front-line hospital staff and providers

Purpose: This resource identifies techniques for front-line providers to use when patients are experiencing increased emotion, worry or frustration. Using empathy, active listening and transparency enables hospital staff to provide support for patients and their families, build trusting relationships and diffuse conflicts even in times of crisis.

Techniques to address emotions, build trusting relationships and diffuse conflicts

TECHNIQUE	DO	SCRIPT	DO NOT
Empathy	<ul style="list-style-type: none"> Acknowledge the emotions your patients disclose. Practice empathy. Empathy is sharing in the feelings of another. Although we might not understand their exact situations, we can understand the emotions they are experiencing. 	<ul style="list-style-type: none"> "This information would make me nervous as well, but we are going to do everything we can." "You are raising your voice, and this seems to me you might be frustrated. I am here to help, and I want to work together to make a plan. Are you willing to work on this with me?" 	<ul style="list-style-type: none"> Avoid saying, "I know exactly how you feel," "Don't worry" and "You'll be fine."
Active Listening	<ul style="list-style-type: none"> Use nonverbal cues including head nodding and open body language. Rephrase or reflect what our patients have said to demonstrate that we are listening and understand their concerns. 	<ul style="list-style-type: none"> "Thank you for sharing your concerns with me. I want to make sure that I understand you correctly. From what I am hearing, you are concerned that there is not a clear plan in place for you to receive your CT scan." 	<ul style="list-style-type: none"> Try not to respond defensively; be patient as you listen and remain calm. Avoid saying, "All of our patients are feeling this way."
Transparency	<ul style="list-style-type: none"> Be transparent. Patients and their families can ask difficult questions and request answers that we may not have; it is important to let them know our limitations. 	<ul style="list-style-type: none"> "I do not have an answer for that question right now. I anticipate we will get that answer in two days and we can discuss next steps then. Until then, we will watch the chest X-rays to help guide care." "I do not know when a bed will become available but, in the meantime, we will do everything possible to care for you here." 	<ul style="list-style-type: none"> Do not make promises that cannot be kept. Do not provide false or incorrect information.

Additional Tips:

- Proactively involve management or patient representative services when patients appear upset. Including these individuals provides additional support to patients and helps connect patients to resources within the hospital system.
- Build trust by following through; for example, if you say you will talk again tomorrow, do it.
- Include the interdisciplinary team caring for a patient and their family in difficult or emotional conversations. Taking a team approach can help patients and their families feel fully supported with their concerns, and demonstrates that everyone is working together to resolve conflicts.
- Share patient concerns or emotional conversations with team members during shift change reports or patient handoffs so staff can be prepared if additional concerns or questions arise.
- Include information in this resource and additional scripting from the following COVID-19 resources in team huddles and reports so that all hospital staff are prepared for emotional conversations, and have a standard approach to supporting patients during this unprecedented time.

COVID-19-specific Questions and Conversations:

These resources offer examples on communication specific to COVID-19.

- COVID-19 PFE Scripting: [VitalTalk COVID-19 Ready Communication Playbook](#).
- Center to Advance Palliative Care COVID-19 Response Resources: [COVID-19 Response Toolkit](#).

Sources

- “Addressing patients’ emotional needs during COVID-19 workup and diagnosis: Guidance for Clinicians.” Michigan Department of Health & Human Services, 2020. https://www.michigan.gov/documents/coronavirus/BH_Guidance_for_Clinicians_diagnosing_COVID19_685878_7.pdf
- “De-escalation in health care .” The Joint Commission’s Quick Safety Issue 47, Jan. 28, 2019. https://www.jointcommission.org/-/media/tjc/documents/resources/workplace-violence/qs_deescalation_1_28_18_final.pdf?db=web&hash=DD556FD4E3E4FA13B64E9A4BF4B5458A