TREATMENT

Therapeutic Relationship in the Era of COVID-19: An Emergency Nurse Practitioner's Perspective

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Therapeutic relationship (TR) has been at the core of nursing education and practice. Establishing a meaningful therapeutic relationship allows nurses to provide patient-centered care based on trust and professionalism. Therapeutic communication is a major aspect of establishing professional intimacy and connecting with the patient. The COVID-19 pandemic has changed the direction and environment of health care institutions. For example, communication with patients is now more challenging than ever due to the use of personal protective equipment (PPE), including facial coverings. The emergency department (ED), an area of healthcare with pre-existing challenges, is now becoming an even more ambiguous and difficult working environment for healthcare providers.

The Emergency Department, particularly, is an area where patients present with situations requiring urgent intervention. Fast-track units in the emergency department are staffed by Nurse Practitioners and other nursing staff in an effort to improve patient flow (Deotzel et al., 2016). The increased focus on patient flow has resulted in large numbers of patients going through the fast-track unit. At the beginning of the COVID-19 pandemic, emergency department visits initially decreased. As people got accustomed to the pandemic and restrictions started easing, however, patient volumes started to return to similar levels as before. The existing stress of working with unpredictable patient situations and ambiguous conditions has increased tremendously for emergency department providers, including NPs like me. With such high patient turnover and high acuity, establishing a therapeutic relationship is now more challenging than ever.

According to the College of Nurses of Ontario (CNO), nurses are required to establish and maintain TR using appropriate skills, behaviours, and caring attitudes (CNO, 2009). While some emergency departments and physicians reported an end to hallway care at the start of the pandemic, that is certainly not the case in the fast-track unit of a small-town hospital. NPs in these areas are expected to assess, diagnose, and treat patients of various conditions, including complex and chronic conditions, while serving a large volume of patients and ensuring timely flow. In these current times, establishing a TR and communicating in a therapeutic way is difficult. As an emergency provider, that short

first interaction with a patient may be the only opportunity to establish trust, share empathy, and provide hope.

PPEs, including face masks and face shields, are essential in preventing the spread of COVID-19. However, covering a significant portion of the face can be a psychological barrier to establishing a TR. The use of substantive PPE makes one provider indistinguishable from another (Marler & Ditton, 2021). This is particularly challenging when working in a fast-paced environment with individuals with cognitive or mental health issues (Hüfner et al., 2020). For example, elderly patients with dementia or delirium can become further stressed or disoriented by a lack of facial recognition and may not be able to trust the provider. Non-verbal cues such as facial expressions are powerful and can override verbal messages (Marler & Ditton, 2021). For example, even asking a simple question related to the mechanism of injury can seem threatening without a reassuring facial expression. According to research, acoustic frequencies are significantly dampened by the use of surgical masks and respirators (Marler & Ditton, 2021). This muffling of the voice, along with the loud noise of the equipment and crowded areas, can lead to additional physiological and psychological stress. This is even more of a concern when communicating a complex diagnosis or providing discharge instructions. In these instances, patients may be reluctant to ask for clarification due to the fast pace of the interaction and the unfamiliarity of the provider.

While most staff in the emergency department are trained in verbal de-escalation and non-violent crisis intervention, applying these skills is difficult in the context of the pandemic. Miscommunication as a result of facial PPE, pandemic stress including isolation and loneliness, and long wait times can lead to frustration in patients. Applying therapeutic communication to de-escalate a situation with an upset patient is challenging, as they may not recognize non-verbal cues or the empathy in the provider's voice. Similarly, a provider might not hear the patient clearly and may misinterpret their words.

As an emergency Nurse Practitioner, I often find myself repeating information multiple times and continuously wondering whether my patients feel or understand the empathy behind my mask. I wonder whether my patients notice the fatigue that I am experiencing because I have been breathing in a mask all day and am afraid to eat or drink due to the risk of infection and lack of private space. I also wonder if I am missing anything behind the patient's mask. For example, patients presenting with an ankle injury are not required to take off their masks as part of the focused assessment. Additionally, the image of health care providers as 'heroes in masks' has increased the public's expectations. Patients might find it disappointing that their hero is an individual with a muffled and fatigued voice.

While PPE can be a barrier to patient-provider communication, the use of face coverings can also impact team dynamics. Face masks can have a negative impact on the recognition of both low- and high-intensity emotions such as happiness, anger, surprise, or dislike (Marler & Ditton, 2021). In a fast-paced environment where interactions among staff members are brief, face masks can reduce collegiality or empathy. For example, delegating a task to a nursing colleague might sound authoritative without certain non-verbal cues. This is particularly challenging for new staff who are unfamiliar with existing staff and have to develop professional relationships during the pandemic as well as demonstrate competency. While masks are not new in healthcare settings, wearing a facial covering at all times is new (Marler & Ditton, 2021). The question that we need to ask ourselves is: How can we support

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one another at a time when our emotions are hidden by masks and individuals are distanced as a result of COVID-19 precautions? The emergency department is an area of high stress and high nursing staff turnover, along with high patient volumes. For student nurses and experienced nursing colleagues alike, it is important to acknowledge not only their efforts in patient-care, but also the stress they are under and their presence within the team. It is also important to focus further on developing and enhancing verbal communication skills among both new and experienced nurses.

The challenges of the COVID-19 pandemic have impacted not only our practice, but our lives and our relationships with patients and colleagues. Acknowledging these stressors, including the impact of PPE on therapeutic relationships, is important as we continue to fight the pandemic. Challenges to communication in high-acuity and high-volume settings need to be acknowledged and addressed. This could be accomplished by raising staff and patient awareness and making appropriate logistical changes, such as using private space within the hospital to communicate with patients. For instance, verbally informing a patient that masks may muffle voices, making conversation more difficult. For example, clarification is a component of therapeutic communication, and I may tell my patient: "I am sorry, you may have already said this, but can you please help me understand this better". When patients understand why they are being asked to repeat themselves, they are more likely to provide the required information. Also, informing the patient that alternate means such as written directions are available if they have difficulty understanding or following the directions provided may be beneficial. Similarly, NPs can provide support and leadership to new staff, including novice nurses, by clearly delegating tasks and providing written directions. It is essential to recognize that, as healthcare providers, we are not heroes and our fatigued voices can be heard through our masks.

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