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Interpersonal patient-therapeutic team communication during COVID-19 pandemic – selected problems

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ABSTRACT

Introduction. Interpersonal communication is an important element of effective cooperation between a patient and therapeutic team. Patients ill with COVID-19 during the pandemic especially needed a direct contact with medical staff. Introduction of modern technologies during COVID-19 pandemic enabled interpersonal communication between a patient and therapeutic team.

Objective: The aim of the study was presentation of the selected elements of interpersonal communication in the work of a nurse between a patient and therapeutic team during COVID-19 pandemic.

Material and Methods. The problem of interpersonal communication between a patient and therapeutic team during COVID-19 pandemic was analyzed based on the results of scientific studies and perceptual experiences.

Results. COVID-19 pandemic was a new challenge for therapeutic teams in patient care in treatment facilities, to provide an effective interpersonal communication. In order to improve the quality of interpersonal communication alternative forms of communication with patients were applied. During the COVID-19 pandemic social media played a special role in primary health care. Efforts undertaken by medical staff also had to be focused on safe environment of care and safe work conditions.

Conclusions. Interpersonal communication between a patient and therapeutic team should be improved during the pandemic considering the provision of a high quality services for patients in a state of threat to health and life. An improvement of the effectiveness of interpersonal communication is conditioned by the implementation of alternative forms of communication with a patient, efficient functioning of social media, provision of safe environment of patient care and safe work conditions for medical staff.

Key words: therapeutic team, patient-nurse communication, COVID-19 pandemic

Introduction

The term communication comes from the Latin verb *communico* (sharing or imparting information) and the noun *communio*, which means community, mutual participation, association, sharing, fellowship [1].

In the 16th century this term was given the meaning 'transmission, message'. Communication is the process of communication between individuals, groups or institutions, and always refers to the phenomenon of human communication. Humans are the only living beings capable of thinking, consciously creating and using signs and symbols. Its goal is to exchange thoughts, share knowledge, information and ideals. This process takes place on various levels, using various means and produces specific effects [2].

According to scientists, the treatment process cannot be carried out properly without patient consent. Cooperation and communication in a therapeutic team is

also important, of which the focus of attention is the patient and his/her family [3, 4].

Proper patient-therapeutic team communication is a basis of effective treatment. It is increasingly more often observed that a patient not only passively participates in the ordered therapy, but also actively takes part in the decision process concerning the method of treatment and nursing. Additionally, due to an increase in the level of awareness and education of society there is a growing need for informing patients about their state of health, causes of the disease, treatment recommendations and the expected results. The right to information and communication is the fundamental patient right. The COVID-19 pandemic forced us to look at this in a new way [5].

A review of the relevant literature demonstrates that communication performs many functions. The most important of these are informative, motivational, control and emotive functions. The primary aim of informative function is the provision of information when the sender wants to trigger specific actions of the recipient through his/her message. In this function, the sender wants to influence the mental state of the recipient, change the recipient's beliefs, or develop habits desirable from the sender's point of view, or encourage the recipient to something [6]. In turn, motivational function is noticed when in the communication process incentives are provided to achieve various types of goals [7]. The control function occurs when the content of social communication contains information about the sphere of duties and responsibilities of individuals, groups, organizations and societies towards each other [8]. The function defined as emotive arises when it comes to being able to express emotions and feelings, and thus important psychosocial human needs are satisfied [9].

The concept of communication competence was first used in literature on the subject during 1960s, and resulted from search for a more complete understanding of the process of using human language. Chomsky supplemented this term by important elements associated with human abilities to use language in social interactions [10, 11].

A patient committed under nursing care sends a message asking for help, and expects the request to be fulfilled by the nurse whom this patient trusts due to professionalism. It is important for the nurse to be aware of own professional role. In situations when it is impossible to hide depression, disappointment, or

nervousness on the part of the nurse, it is right to explain posture/facial expressions to the patient [12].

The nurse's attitude in professional work should be oriented towards the patient as a subject of care. Her actions should be characterized by showing respect and dignity towards the sick person. A nurse often encounters the need for ensuring conditions of privacy to the sick person, therefore, the skill to communicate correctly is important. The patient's suffering caused by the disease may be expressed in various ways. Somatic symptoms resulting from the development of the disease, such as: pain, weakness, vomiting, diarrhea are frequently similar and, in many cases, require a standard therapeutic management. Considering the holistic concept of approach to the patient, care should also be taken of the patient's mental and emotional spheres. Such an approach to the ill person provides the nurse great opportunities for professional activities [13, 14].

Nurse-patient communication is a mutual relationship based on cooperation, understanding and trust. It has been observed that if the nurse uses appropriate communication methods, the patient is more likely to follow the recommendations, accepts information about the disease more calmly, which translates into better chances of recovery. Treatment and nursing of patients are not exclusively instrumental activities, but mainly include the proper approach to the patient, understanding of patient's health problems and provision of psychological support [15]. Increasing the level of patients' trust in nurses, observance of communication principles and showing empathy to patients and their families is of direct therapeutic importance. The lack of communication between patient and nurse leads to the creation of the so-called vicious circle, because the patient's mistrust of the nursing staff results in the deterioration of mutual relations.

Studies conducted in recent years in Poland demonstrate that communication skills of Polish nurses require improvement. At their workplaces nurses participate in the process of communication with their superiors, with employees who hold the same or similar position. Depending on the level of subordination, these relationships may vary. The most important thing is the content of the messages sent. The way the message is conveyed is secondary [16].

The International Council of Nurses included the nurse's primary professional responsibilities in the Code of Professional Ethics. The Code specifies significant

values in the nurse's relationship with the patient, professional group, co-workers, and society [17]. Contemporary development of professional ethics places high demands on the nurse, both professional and those related with making decisions difficult from the ethical and moral levels. The Code of Professional Ethics and the nursing oath obliges every nurse to self-development of own personality to meet the expectations of sick people and develop profession ideas [18].

It is not only the nurse who takes care of the patient. The entire therapeutic/interdisciplinary team has an effect on the outcomes of treatment. The interdisciplinary team is a team composed of specialists from various fields. Operation of multidisciplinary teams is of the key importance for care offered to the patients, their families, or caregivers. The therapeutic team should cooperate with the patient and the family [19]. The primary task of the therapeutic team working with patients and their caregivers is setting of therapeutic goals together. Such an approach conditions the building the right relationships, and thus leads to achieving the intended goal.

Objective: The aim of the study is presentation of the selected elements of interpersonal communication in the work of nurses between patient and therapeutic team during the COVID-19 pandemic.

Material and Methods. The problem of interpersonal communication between a patient and therapeutic team during the COVID-19 pandemic was analyzed based on the results of scientific studies and perceptual experiences.

Results

COVID-19 pandemic as a new challenge for therapeutic teams

In Poland, pandemic caused by infection with SARS-CoV-2 (from 20 March 2020 until 15 May 2022) imposed on many health care facilities a considerable limitation of daily diagnostic, treatment and rehabilitation activities. A decrease occurred in the number of patient visits/consultations in outpatient care. Of necessity, patients and their families were delivered online consultations with a general practitioner and environmental nurse. Due to limitation of direct contact and obligation to isolate at home, patients with difficulty accepted the changes, such as: e-registration, e-prescription, e-referral for a consultation or diagnostic test. In addition, limiting or cancelling of previously planned diagnostic tests, treatments/surgical procedures and hospitalizations was observed. In such a situation health care institutions could not afford a break in

communication with patients. On the contrary, this communication had to be intensified and adjusted to the situation at that time [20]. Obligation to wear masks and maintain social distance also hindered communication with patients. In patients wearing a protective mask there occurred problems with breathing and subsequently, with uttering messages. Patients in severe health condition were recommended necessary use of specialist equipment. At that time, patients with COVID-19 frequently had problems with communication, were unable to speak, had impaired perception in the area of receiving messages. The main forms of communication were notes written on a piece of paper. When asked about their well-being, patients responded non-verbally by lifting the thumb up or down. The lack of an effective communication during the COVID-19 pandemic resulted in disturbance of the sense of security, which is essential in the process of recovery.

Deficits in observance of patient right to communication were also observed [20]

In order to minimize these deficits during COVID-19 pandemic health care facilities had an obligation to provide technical conditions enabling communication and obtaining full information. For this reason, Lipowicz and his team emphasize that a patient has a right to communication and in order to observe this right foiled communication boards can be introduced in hospital wards [21].

Alternative forms of communication with a patient

According to researchers during COVID-19 pandemic communication skill was very necessary. Due to social distance and isolation it was necessary to introduce alternative forms of communication with patients and their families. Difficulties with verbal communication with patients with COVID-19 occurred because of difficulty with breathing, sudden intubation, and limiting visits [22, 23]. Practical experiences demonstrate that the introduction of the forms of alternative communication into Polish health care services was the subject of a research project. Unfortunately, efforts related with the project have been temporarily discontinued due to the pandemic. This particular epidemiological situation in Poland confirmed the presence of difficulties in communication with patients suffering from COVID-19. Therefore, various methods of maintaining contact with patients ill with COVID-19 have been introduced in health care facilities, especially in designated hospitals. These were information boards, pictorial communication tools, i.e. cards, and more extensive books and brochures. An alternative form of communication was implementation in intensive care units in

some hospitals of the device mediContact® – enabling contact with the patient by sight or touch.

Social media during COVID-19 pandemic

During the COVID-19 pandemic many health care facilities, especially on the level of primary health care, limited their functioning replacing a direct contact with patients with teleconsultations. Perceptual experiences show that the applied tool met the expectations of both the services provider and the services recipient. Efficient, coherent and adapted to the pandemic conditions communication between health facility and the patient helped survive a difficult period thanks to social media. Through the mass media patients' need for contact and connection with medical staff was largely satisfied.

During the period of COVID-19 pandemic telemedicine had an impact on the effective communication with patients, especially on:

- . building the image of the facility as a place opened to patient needs, ready to provide help also during the pandemic;
- . concentrating around the medical facility a group of patients satisfied with the quality of medical services.

Practical experiences confirm that patients satisfied with medical services during the period of epidemiological threat continue to use services after COVID-19 pandemic.

Safe work environment

According to Brazilian researchers during the COVID-19 pandemic nurses had more difficult work conditions, often shortages of personal protection equipment [24]. Danielis et al. estimated that in the European countries approximately 64.5% of nurses taking care of patients with COVID-19 experienced shortages of personal protection equipment [25]. A study conducted in Poland confirmed that dangerous work environment of nurses in hospital wards during the COVID-19 pandemic was the source of stress [26, 27]. Participant observation while providing medical services by nurses during the pandemic showed difficulties with ensuring safe work conditions. At the time of the COVID-19 pandemic modern technologies were an important support. New electronic solutions allowed an effective and safe flow of information between patients and medical staff, without the necessity for direct contact with infected persons. An implementation of remote monitoring enabled control of the measurements of

body temperature, saturation, heart rate and other vital signs important for the patient. The implementation of the 'PulsoCare' software for remote monitoring of vital signs in patients diagnosed with COVID-19 was very helpful in therapeutic communication for environmental nurses and general practitioners. One of the remotely monitored parameters was the level of saturation using pulse oximeters delivered to patients' homes. Practical experiences demonstrate that in the work of nurses taking care of patients with COVID-19 the provision of a proper amount of masks, protective gloves, goggles, suits and disinfectants exerted an effect on the feeling of safety in the work environment, to minimize fear and anxiety in direct contact with an infected patient.

Conclusions

1. It is necessary to improve interpersonal communication between the patient and therapeutic team during the pandemic in view of the provision of high quality services for patients in a state of threat to health and life.
2. An improvement in the effectiveness of communication between patient and therapeutic team is conditioned by the introduction of alternative forms of communication with patients.
3. Social media exert an effect on the quality of communication in the patient-therapeutic team relationship.
4. The provision of safe environment of patient care, and safe work conditions for medical staff was the determinant of correct communication of the therapeutic team with the patient during the COVID-19 pandemic.

Conceptualization; methodology; software; verification; formal analysis; investigation; resources; data storage; writing - review and editing; supervision (EAK - own contribution 100%)

REFERENCES

1. Wolska-Zogota I.: Social psychology in emergency situation. E-book for study speciality 'Sociology of dispositional groups', Institute of Sociology, University of Wrocław, Wrocław 2018, p. 85.
2. Dobek-Ostrowska B.: Essentials of social communication. Astrum. Wrocław 2004, p. 13.

3. McCabe C. Nurse-patient communication: An exploration of patients' experiences. *J Clin Nurs*. 2004; 13(1): 41-49.
4. Nalepa D., Weber D., Guz E. (et al.): Communication and cooperation in a therapeutic team as a basis of high quality medical services. *Journal of Education, Health and Sport*. 2017; 7(7): 141- 153.
5. https://kontaktwleczeniu.pl/piellegniarka_pacjent.html[12.12.2023].
6. Podgórski RA.: Sociology of microstructures. Brant Publishing House, Bydgoszcz- Olsztyn, 2008.
7. https://www.academia.edu/5316858/Funkcje_komunikowania[10.12.2023].
8. Ober J.: Function and role of effective communication in management. *Scientific Notebooks of Silesian University of Technology. Organization and Management*, 2013; 65: 257-266.
9. Szewczyk A.: Information - good or bad news. Hogben Publications, University of Szczecin, Szczecin 2004,p. 62.
10. Barton-Smoczyńska I.: Essentials of psychological studies of doctor-patient communication – introduction. *Practical Medicine – Surgery* 2010; 6: 104-107.
11. Grabias S.: Logopaedics – science of biological mechanisms of language and linguistic behaviours. *Logopaedics* 2010-2011; 39-40: 9-34.
12. Motyka H.: Interpersonal communication in health care. *Family Medicine* 2013; 4: 124- 128.
13. Szymańska- Świątnicka E., Pietrusińska J.: Interpersonal communication, how to talk to a diabetic patient? Information for nurse. PFEWD Publisher, Warsaw 2012.
14. Kopaliński Z., Wojciechowska M., Antos E. (et al.): Importance of interpersonal communication in nursing profession. *JPHNMR* 2013; 3: 28-31.
15. <https://www.piellegniarkicyfrowe>[15.12.2023r]
16. Radecka I., Łopacińska I., Kopański Z. (et al.): Importance of interpersonal communication in nursing. *Journal of Clinical Healthcare* 2014; 4: 6-9.
17. Ślusarska B., Zarzycka D., Zahradniczek K.: Essentials of nursing. Handbook for students and graduates of nursing and midwifery specialities. Czelej Publishing House, Lublin 2008.
18. Konstańczak S.: Nursing ethics. Difin Publishing House, Warsaw 2010.
19. Oliver D.: How an interdisciplinary team works? *Polish Palliative Medicine* 2003; 2(3): 191- 194.

20. <https://mediahealth.pl/dlaczego-warto-wzmocnic-komunikacje-z-pacjentem-przez-kanaly-social-media-w-czasie-pandemii/>[10.11.2023].
21. <https://www.prawo.pl/zdrowie/prawo-pacjenta-do-komunikacji-w-szpitalu-w-czasie-epidemi,500075.html>[16.12.2023r]
22. Castro-Martinez A., Diaz-Morilla P.: Management of internal and external communication in private hospitals in Spain during the COVID-19 crisis. *Rev. Comun. Salud* 2020; 10(2): 525-547.
23. Bhavya, R.; Sambhav, S. Role of Mobile Communication with Emerging Technology in COVID-19. *Int. J. Adv. Trends Comput. Sci. Eng.* 2020; 9(3), 3338-3344.
24. Guedes Dos Santos JL., Ballsanelli AP., Oliveira Freita E. (et al.): Work environment of hospital nurses during the COVID-19 pandemic in Brazil. *Int Nurs Rev.* 2021; 68(2): 228-237.
25. Danielis M., Palese A., Terzoni, S. (et al.): How hospitals, Intensive Care Units and nursing care of critically ill patients have changed during the Covid-19 outbreak? Results from an exploratory research in some European countries. *Assistenza infermieristica e ricerca* 2020; 39(3): 130-138.
26. Sierpińska LE., Ptasińska E.: Evaluation of work conditions of nurses employed in a shift system in hospital wards during COVID-19 pandemic. *WORK: A Journal of Prevention, Assessment & Rehabilitation* 2023; 75(2): 401-412.
27. Sierpińska LE., Domagała M.: Assessment of the level of quality of nursing care in an infectious diseases ward. *Journal of Education, Health and Sport.* 2022; 12(6): 296- 313

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