

BEFORE beginning to converse with your patient's visitor be mindful of YOUR OWN EMOTIONS. It is very easy for one's own emotions to get in the way of responding calmly, tenderly and empathically.

Listed below are a few additional items to consider when holding crucial conversations with visitors who are anxious, dread-filled or aggressive.

1. Use positive language when making requests.
2. Make requests in clear, positive and concrete language.
3. Be aware that when visitors hear a demand from us, they often see two options: to submit or rebel.
4. Express appreciation when your patient's visitor complies with your request.
5. Empathize with the visitor who is expressing reluctance. ¹

The suggested responses are based upon the R.E.D.E to Communicate®: Foundations of Healthcare Communication course developed by caregivers at Cleveland Clinic.² There are three phases to the model. Phase One, known as *the Establishment of a Relationship* is recommended.

The mnemonic known as **S.A.V.E.**, is offered as guidance for communicating the recommendations and addressing the mismatched expectations visitors may be expressing. The mnemonic does not need to be followed in order. Below are a few samples of S.A.V.E. statements:

- **S = SUPPORT**
"I am here for you and your loved one (wife, husband, mother, father, etc)
"I want to help you."
- **A = ACKNOWLEDGE**
"I can truly appreciate the worry you have about leaving your mother."
"It's harder to manage our own worry when we aren't at his/her bedside."
"I wish you and your loved one didn't have to go through any of this."
- **V = VALIDATE**
"You have every right to feel 'worried' 'troubled' 'anxious' 'frightened' 'unsettled' ... we are living in a very unpredictable time."
- **E = EMOTION NAMING** Identify the emotion the family member is conveying
"I hear worry in your voice." "I am wondering if you are feeling overwhelmed."

Below is a sample script. Say only what comes natural to you. When we can empathize with the experiences of patients and families, we are able to connect with them in powerful ways. ³

SCENARIO 1. Too many visitors

Nurse: (*Directed to patient*) You certainly are popular! Please introduce me to your visitors.

Wait for response to identify the relationships of visitors to your patient

Direct the following statements to the visitors in the room. Use the names of the visitors in the remainder of the conversation.

Nurse: <Visitor's name, > I am here to take the best care possible of <insert patient's name.> To do that I must enforce the new visitation policy that limits each patient to one visitor at a time. Were you aware of the new policy?

Wait for response...

Nurse: I can imagine that this new rule has left you all unsettled as you all want to be with him/her. For <insert patient's name> safety and well-being, I must ask you all to decide upon who will be the one to remain with <patient's name.>.

Nurse: Many of our visitors have kept in touch with their loved ones by using technology, such as texting or using Face Time with the visitor who is in the room. He/She can provide updates on <patient's name> progress.

Nurse: I will give you a minute to say good- bye and return in a few minutes to check on you, <patient's name.>

Return to the room in 10 minutes.

Nurse to remaining visitor: Thank you for accommodating my request. I know this was difficult for everyone. How are you doing?

Listen for patient's and visitor's response.

Nurse: That is helpful for me to know. I will share this important information with the rest of the team caring for you.

Nurse: Before I leave, I want to make sure that you know the new visitation policy so you can share it with the members of your family. We are limiting visitors to one person who is over the age of 16 between the hours of 8 am – 12 noon and 4 pm – 8 pm. It would be terrible for another family member to drive to the hospital and not be able to visit. In this unpredictable time, it is important that we all look out for one another. Thank you for your understanding.

SCENARIO 2. Visitors who will not leave

Nurse: It is 7:45 pm and I want to let you know that visiting hours will be ending in fifteen minutes.

If visitor says they won't leave, ask them to voice their concerns about leaving.

Nurse: Tell me about your concerns.

Listen to visitor's concerns. Allow them to express everything that worries them. Exhaust their concerns by asking, "Are there other concerns you have about leaving?"

Nurse: I hear the worry in your voice and I am grateful that you shared these concerns with me.

Nurse: I want you to know you are not alone in these worries. This is a very difficult time. No one wants to be away from their loved one, most especially when they're sick.

Nurse: <Use visitor's name,> I need to ask you to entrust your <dad's, mom's, etc.> care to me. Your Patient Care Nursing Assistant or PCNA, <insert name,> the nurses, and I will be looking after him/her while you are gone. The information you shared will help us take even better care of your <dad, mom, etc.> as we know his/her worries as well as yours.

Nurse: I want you to go home now and rest as best you can so you can continue to provide support to <patient's name>. If you wake up in the middle of the night and are worried, call the nursing station and ask to speak with your <dad's, mom's, etc.> nurse. I'll be happy to give you the number to call so you'll have it if you need it. In addition, we have your information and will call you if necessary. How does that sound to you?

Nurse: I am grateful for your understanding.

Escalating and Intense Emotion

Visitor refuses to leave. Listen to their reason(s) and pay particular attention to their emotion.

Nurse: I hear your intention and need to stay with your dad. I wish I could honor that need. I'm so sorry that this is difficult for you. If my dad were in the hospital, I would want to be at his bedside 24/7 too. (Pause. Wait for their response.)

Nurse: I am asking you to embrace the new visiting hours that have been established to keep you, your <dad, mom, etc.> safe, and all the people working in this hospital safe.

Nurse: Thank you for honoring my request.

*The goal with managing intense emotion is two-fold. First, remember that when we sense conflict, we tend to speak faster, louder, and with a higher pitch. To combat, take long slow deep breaths to slow our body's response. Second, listen fully to what is said and reflect back what you are hearing. Include empathy statements in response to the emotion conveyed. Reflective listening with empathy will slow their body's response.

SCENARIO 3: Unauthorized use of Hospital PPE by Visitors

Nurse: You want to wear protective items to keep your loved one and everyone else in the hospital safe. I'm grateful for your vigilance.

Nurse: I'm sorry that we can't provide these items for you. I wish we had unlimited resources. We must prioritize use of protective gear for individuals who are designated COVID 19 positive and their caregivers.

Nurse: The CDC has determined our best course of action for your loved one is to limit the number of visitors and establish a safe distance between <patient's name> and others. We've implemented those recommendations and ask that you observe them.

Nurse: There are steps you can take to protect your loved one. Wash your hands with soap and water or using hand sanitizer frequently. Avoid close contact with others by practicing social distancing. Cover coughs or sneezes with a tissue. If you don't feel well, stay home.

Nurse: Thank you for supporting us and our efforts to provide care for you and your loved one.

It can be helpful to have a reminder of the vocabulary of emotions and feelings patients, families and caregivers can experience during demanding, unpredictable and stressful times.

Here are some examples:

| Feelings when needs are not fulfilled¹ | | | |
|--|--------------|------------|---------------|
| Angry | Discouraged | Hopeless | Overwhelmed |
| Annoyed | Disappointed | Impatient | Puzzled |
| Concerned | Embarrassed | Irritated | Reluctant |
| Confused | Frustrated | Lonely | Sad |
| Disappointed | Helpless | Nervous | Uncomfortable |
| ANGER⁴ | | | |
| Soft Anger | | | |
| Annoyed | Crabby | Detached | Indifferent |
| Apathetic | Cranky | Displeased | Irritated |
| Bold | Critical | Frustrated | Peeved |
| Cold | Cross | Impatient | Rankled |
| Mood-State Anger | | | |
| Affronted | Arrogant | Indignant | Resentful |
| Aggravated | Bristling | Inflamed | Riled Up |
| Angry | Exasperated | Mad | Sarcastic |
| Antagonized | Incensed | Offended | |
| Intense Anger | | | |
| Aggressive | Disgusted | Livid | Seething |
| Appalled | Furious | Outraged | Spiteful |
| Belligerent | Hateful | Menacing | Vengeful |
| Bitter | Hostile | Raging | Vicious |
| Contemptuous | Irate | Ranting | Violent |
| FEAR⁴ | | | |
| Soft Fear | | | |
| Alert | Disconcerted | Indecisive | Timid |
| Apprehensive | Disoriented | Insecure | Uneasy |
| Cautious | Disquieted | Hesitant | Watchful |
| Concerned | Edgy | Leery | |
| Confused | Fidgety | Pensive | |
| Curious | Hesitant | Shy | |
| Mood – State Fear | | | |
| Afraid | Fearful | Shaky | Wary |
| Alarmed | Jumpy | Startled | Worried |
| Anxious | Nervous | Suspicious | |
| Aversive | Perturbed | Unnerved | |
| Distrustful | Rattled | Unsettled | |
| Intense Fear | | | |
| Dread-filled | Panicked | Petrified | Terrified |
| Horrified | Paralyzed | Shocked | |

| SADNESS⁴ | | | |
|----------------------------|------------|-----------|---------|
| Soft Sadness | | | |
| Disappointed | Distracted | Low | Wistful |
| Disconnected | Listless | Regretful | |
| Mood – State Sadness | | | |
| Discouraged | Dispirited | Grieving | Sad |

| | | | |
|-----------------|------------|----------------|--------------|
| Down | Drained | Heavyhearted | Sorrowful |
| Downtrodden | Forlorn | Melancholy | Weepy |
| Discouraged | Gloomy | Mournful | World-weary |
| Intense Sadness | | | |
| Anguished | Despairing | Grief-stricken | Inconsolable |
| Bleak | Despondent | Heart-broken | Morose |
| Bereaved | Depressed | Hopeless | |

References:

1. Rosenberg, M.B. 2015. *Nonviolent Communication: A Language of Life*. 3rd ed. Encinitas, CA.: PuddleDancer
2. Windover, A.K., Boissy, A., Rice, T.W., Gilligan, T., Velez, V.J & Merlino, J. (2014). The REDE Model of Communication: Optimizing Relationship as a Therapeutic Agent. *Journal of Patient Experience*, 1 (1), 8-13.
3. Koloroutis, M. & Trout, M. (2012). *See me as a person*. Minneapolis: Creative Healthcare Management.
4. McLaren, K. (2012). *The Art of Empathy*. Boulder: Sounds True.

For additional messaging and resources, please visit <http://connect.ccf.org/CEHC>