

Pandemic: Communication in Stressful Situations

Interview with Margaret R. Duff

We were a great variety of people and oftentimes you couldn't tell who people were because we were all wearing the same isolation garb so you couldn't tell whether the person beside you was another nurse or physiotherapist; an OT, a medical secretary, a medical student. We just didn't necessarily know who all of these people were based on their appearance because we all appeared to be the same. But our - every, every group of professionals contributed members to the screening, either at the staff doors or at the patient doors, so there was a huge redeployment of people from their regular duties to these duties of manning the doors because we just needed to have those doors staffed continuously, and so people who used to be doing something completely different - people who worked in the finance department ended up having to, you know, disinfect pens and get them ready for the next person who was coming through the door. It was a big change in how we did our work. But it was truly a collaborative effort, and underneath those gowns were people from a whole variety of different backgrounds.

Over time my role changed, and instead of actually doing the screening myself I ended up teaching other people how to do the screening. But that was as the outbreak stretched into weeks. They didn't want to necessarily have all of the nursing educators stopping their work and not doing it, and wanted some of us back doing some of our regular work, so they actually brought in other people - they hired students and other people to do some of the screening.

So when I watched the dramatization with the story of the anxious mother it really made me recall - one of the big things that we had to do when we were all wearing those N95 masks was that we needed to learn how to convey empathy with our eyes. We needed to learn how to smile with our eyes because we were all covered up in gowns, masks, gloves, and our faces were covered. Nobody could see us smile. So we looked pretty - I would say that people looked - we probably looked pretty scary to people. So we really made a big effort to smile with our eyes, to try to purposely look friendly with our eyes even though people couldn't see our smiles with our lips because they couldn't see that part of our face. So that was one of the things that - that was one of the practices that I was really purposeful about because I knew that people otherwise would see this great rank of people at

the screening stations and wonder who we all were, because we didn't - you couldn't really tell from whether we were friendly or whether we were threatening.

As a professional I think one of the things that we - we often found ourselves being deliverers of bad news in ways that we might not have had to do in the past. We had barriers to some of the non-verbal ways that you communicate set up for us so we had to be - we had to really practice communicating in a fairly overt way. You needed to think about how to reduce conflict; how to appear non-threatening when that was your intent; how to deliver bad news with empathy; how to deal with people who were not happy about the fact that the process that they learned yesterday was different today; who didn't really want to stand in line to be screened every single day before they came into the hospital. So we needed to try to defuse conflict; to make the process of being screened as painless and as streamlined as we could possibly make it; and to work together as a collaborative team to make that possible.