

## Thoughtful hug: an experience of communication during the COVID-19 pandemic

Abrço atencioso: uma experiêcia de comunicaçã durante a pandemia de COVID-19

Abrazo reflexivo: una experiencia de comunicaci3n durante la pandemia de COVID-19

Received: 09/19/2022 | Revised: 09/25/2022 | Accepted: 09/26/2022 | Published: 10/05/2022

### **Bruna Dias**

ORCID: <https://orcid.org/0000-0003-1134-4709>  
University of Campinas, Brazil  
E-mail: [bru\\_ctc@hotmail.com](mailto:bru_ctc@hotmail.com)

### **Márcia de Sousa**

ORCID: <https://orcid.org/0000-0001-8277-3450>  
University of Campinas, Brazil  
E-mail: [marciaenfsousa27@gmail.com](mailto:marciaenfsousa27@gmail.com)

### **Suzimar de Fátima Benato Fusco**

ORCID: <https://orcid.org/0000-0001-8356-0705>  
University of Campinas, Brazil  
E-mail: [sbenato@unicamp.br](mailto:sbenato@unicamp.br)

### **Rafaela Batista dos Santos Pedrosa**

ORCID: <https://orcid.org/0000-0003-2918-9778>  
University of Campinas, Brazil  
E-mail: [rpedrosa@unicamp.br](mailto:rpedrosa@unicamp.br)

### **Abstract**

The presence of a family member contributes to safety of care, maintains the family bond and plays a vital role in health outcomes. As a precaution to the COVID-19 transmission, the ability to have a relative in the intensive care unit (ICU) was suspended, and the communication between the patient and his family was interrupted. This study aimed to present the experience of the team with a nursing intervention entitled "Virtual Hug", implemented in a Brazilian public hospital ICU. A room was provided where the family could write letters in their own handwriting, deposit them in a box, and then they were read aloud to the patient by health professionals. This communication-focused intervention provided integral, humanized care, and became a tool of emotional support. It reduced the impact produced by disruption in the affective bond due to the need for isolation, corroborating with public policies of humanization and family nursing.

**Keywords:** Communication; Intensive care units; Coronavirus infections; Family nursing.

### **Resumo**

A presençã de um familiar contribui para a segurançã do cuidado, mantém o v3nculo familiar e desempenha um papel vital nos resultados de sa3de. Como precauçã à transmissã da COVID-19, a possibilidade de ter um familiar na unidade de terapia intensiva (UTI) foi suspensa e a comunicaçã entre o paciente e sua fam3lia foi interrompida. Este estudo teve como objetivo apresentar a experiêcia da equipe com uma intervençã de enfermagem intitulada "Abrço Virtual", implementada em uma UTI de um hospital p3blico brasileiro. Foi disponibilizada uma sala onde a fam3lia poderia escrever cartas de pr3prio punho, depositá-las em uma caixa e, em seguida, serem lidas em voz alta para o paciente pelos profissionais de sa3de. Esta intervençã com foco na comunicaçã proporcionou um cuidado integral e humanizado, tornando-se uma ferramenta de apoio emocional. Reduziu o impacto produzido pela ruptura no v3nculo afetivo pela necessidade de isolamento, corroborando com as pol3ticas p3blicas de humanizaçã e enfermagem de fam3lia.

**Palavras-chave:** Comunicaçã; Unidades de terapia intensiva; Infecç3es por coronav3rus; Enfermagem familiar.

### **Resumen**

La presencia de un familiar contribuye a la seguridad del cuidado, mantiene el v3nculo familiar y juega un papel vital en los resultados de salud. Como precauci3n a la transmisi3n del COVID-19, se suspendi3 la posibilidad de tener un familiar en la unidad de cuidados intensivos (UCI) y se interrumpi3 la comunicaci3n entre el paciente y su familia. Este estudio tuvo como objetivo presentar la experiencia del equipo con una intervenci3n de enfermer3a titulada "Abrazo Virtual", implementada en una UTI de un hospital p3blico brasileño. Se brind3 una habitaci3n donde la familia pod3a escribir cartas de su puño y letra, depositarlas en una caja y luego ser le3das en voz alta al paciente por profesionales de la salud. Esta intervenci3n centrada en la comunicaci3n brind3 atenci3n integral, humanizada y se convirti3 en una herramienta de apoyo emocional. Disminuy3 el impacto producido por la ruptura en el v3nculo afectivo por la necesidad de aislamiento, corroborando con las pol3ticas p3blicas de humanizaci3n y enfermer3a familiar.

**Palabras clave:** Comunicaci3n; Unidades de cuidados intensivos; Infecciones por coronavirus; Enfermer3a de la familia.

## 1. Introduction

In the current context of the COVID-19 pandemic, admissions to the intensive care unit (ICU) depend on disease severity and health services capacity (World Health Organization - China Joint Mission, 2020). Different health guidelines and protocols have been developed to prevent the spread of SARS-CoV-2 in Brazilian hospitals. Among the restrictive measures is the prohibition of family visits, which have been suspended in hospital units for patients with suspected or confirmed COVID-19 (Brazil, 2020; Brazilian Health Regulatory Agency, 2020). These patients, on many occasions, say goodbye to their relatives at the emergency room, not knowing if they will ever be together again. This has caused alarming suffering among health professionals, family, and patients who are intrinsically connected during the period of hospitalization (Aziz et al., 2020).

The nursing team not only provides care, but also guarantees to families that their family member is being cared for, finding several ways to approach them using innovative and creative strategies, such as voice or video phone calls so that the family members can "see" the ICU patient. However, when the patient is sedated, using mechanical ventilation, or when a low-income family does not have a cell phone or Internet network to receive the call, this strategy is unfeasible. And the highest levels of depression and anxiety are found in the relatives of those patients experiencing prolonged mechanical ventilation and use of sedation (Sottile et al., 2016).

International organizations such as the World Health Organization and the Society of Critical Care Medicine made efforts to develop guidelines that support family- and patient-centered models of care (World Health Organization et al., 2007; Davidson et al., 2007). However, this remains poorly explored in the literature, and no consensus exists on the extent to which the involvement of family, patients, and health professionals should occur when dealing with an environment such as the ICU (Al-Mutair et al., 2014; Entwistle & Watt, 2006).

A review study including 124 articles investigated the extent of patient and family involvement in critical and intensive care settings, and identified that such interaction can occur with the presence of a family member in the ICU, to have needs met/supported, communication, decision making, and contribution to care (Olding et al., 2016). However, in the context of the COVID-19 pandemic, all these actions have been discontinued, therefore, the development of strategies to improve communication and advance patient- and family-centered care is urgent (Family Visitation in the Adult Intensive Care Unit, 2016).

This family-centered approach is consistent with the objectives of the National Humanization Policy (Política Nacional de Humanização – PNH), created in 2003, by the Brazilian Ministry of Health, implemented in the Unified Health System - SUS (Brazilian public health system) (Brazil, 2010a). When referring to the hospital environment, humanization must be focused not only on the hospitalized patient, but also on his or her family and the team of health professionals themselves, because it is by their effective and affective interrelationship that care can be developed in a more humane, ethical, and solidary manner (Brazil, 2010b).

However, there are indications that the more specialized the health service, the more present will be the conditions that distance professionals from the holistic view of the patients. The ICU, as an environment with high technology concentration, may represent a space that prioritizes the maintenance of scientific knowledge, specialized and fragmented, in which patients and family members are separated from their humanity (Backes et al, 2015).

Because of this, a professional and governmental movement has emerged for the rescue and appreciation of humanization in health care by means of research that investigates strategies capable of producing differences in handling patients and their families, treating them with dignity and respect, valuing their fears, thoughts, feelings, values and beliefs, and establishing moments of speaking and listening, especially in units of high complexity such as the ICUs (Brazil, 2010a, 2010b).

The concern with aggregation of people in the same physical environment, such as the ICUs, resulted in the patients' information being transmitted by the physician to the family by telephone, or in person to a single member, without family contact with the patient (Brazil, 2020; Brazilian Health Regulatory Agency, 2020).

Professionals talked about an intervention capable of providing these needs via effective communication, due to this new reality in this health institution, and considering communication is an important tool for reducing psychological burden, maintaining the family bond, and strengthening care that is humanized and centered on the ICU patient. The "*Thoughtful Hug*" initiative then emerged from a broad reflection and discussion about family welcoming (recognizing what the other brings as a legitimate and singular health need) and ambience (creating healthy, cozy, and comfortable spaces that respect family and patient privacy), which constitute the main guidelines of the PNH.

The purpose of this study was to present the experience of the team with the nursing intervention known as the "*Thoughtful Hug*", that enabled communication between the family and the patient with suspected or confirmed COVID-19, hospitalized in an ICU.

## 2. Methodology

This was a descriptive study (Pereira et al., 2018; Estrela, 2018) about the creation and implementation of the "*Thoughtful Hug*" intervention, which consisted of encouraging letters written by family members of confirmed or suspected COVID-19 patients admitted to a public hospital ICU in the state of São Paulo, Brazil. This unit has 52 high technology intensive care beds, distributed in eight care posts.

In March of 2020, this service underwent several adaptations to its physical structure and workflow processes to meet the demand caused by the pandemic. Among these changes, the hours reserved for family visits to ICU patients were suspended and, therefore, interruption in communication between patients and family occurred. During this period, a nurse and a nursing technician, authors of this study, developed the communication project for ICU patients and family members, which included the use of letters written in the handwriting of relatives that attended visiting hours of this sector, who wanted to establish communication with their hospitalized relative. The current study used the EQUATOR checklist Standards for Quality Improvement Reporting Excellence - SQUIRE 2.0 (See Supplementary File 1) (Ogrinc et al., 2016). This project was approved by the ICU director and the superintendent of the referred hospital.

## 3. Results

### Implementing the "*Thoughtful Hug*" intervention in the ICU

The project began from a perception of a sudden break in communication between the family and the patient who needed to be admitted to the ICU, due to suspected or confirmed COVID-19. In addition, patients who were minimally oriented to time and space, and were able to communicate effectively with the ICU health professionals' team, requested the presence of their relatives. Likewise, relatives sought information and desired to have some contact with the hospitalized family member.

With the new routine imposed by the risk of contamination by SARS-CoV-2, some precautions have been implemented in the ICU, such as discontinuing the family visit, prohibiting the use of cell phones or any electronic device, isolation of the suspected or confirmed COVID-19 patient in a single bed and room, and minimal circulation of the health team in the room (Brazil, 2010a, 2010b). These individuals spent isolated days without any communication with family and friends, speaking only to health professionals who entered their room to complete some procedure; this contact occurred without close proximity, as this professional was using complete Personal Protective Equipment (PPE), which made it impossible for the patient to identify or recognize the staff member.

Thus, based on the need to promote the bond between family and patient, the "*Thoughtful Hug*" intervention was created, which consists of communication by letters. A room was provided outside the ICU, where the family member could write letters in their own handwriting and deposit them in a box. These letters were collected daily by health professionals who work in this sector, and when they entered the room for any procedure, this letter was read aloud to the patient, whether he or she was awake and oriented or not and was then left next to their belongings in the room.

This intervention was well accepted, and 250 family members participated in the project, in a five-month period. In addition, the participation of all the multiprofessional health team members who work in this sector was immediate, and they were disposed to read the letters to the hospitalized patients, including nurses, nursing technicians, physicians, and physiotherapists.

### **Resources**

A table and a chair were made available for the family member's comfort, in a private room located at the entrance of the ICU, where the letter could be written. Alcohol gel was provided for use before entering and leaving this space, along with sheets of paper, pens, and a personalized box in which to deposit the letters. These materials were acquired with resources from the hospital, and are available for use in this respective location, and are replaced by the ICU nursing team as they finish. Once a day, during the medical report, these letters are collected by the ICU multiprofessional team and forwarded to the ICU. The letters were separated according to patients and are available for reading on the table outside the room. The professional who enters the room to do some procedure may, if desired, take the letter into the room and read it aloud to the patient.

For use of private space and materials, ICU management approval was obtained, and only authorized materials were used, which complies with epidemiological safety criteria. All materials are sanitized with *polymeric biguanide solution* (PHMB), which is standardized in the institution, before and after use, as recommended by health authorities (Brazil, 2010a, 2020b).

### **Impact of the "*Thoughtful Hug*" intervention**

The communication project was monitored by the main authors and ICU management and, after one month, given the positive opinions of families, patients, and the health team, it became a humanization program of care in that hospital, and expanded to other hospital units occupied by suspected or confirmed COVID-19 patients who required isolation.

The family members who wrote the letters reported that it was an effective mode of communication, because it enabled their isolated loved one to perceive the presence of their family at their side during every stage of recovery, and to hear a message of love and hope.

The health professionals reported reactions as the letters were read, in awake and oriented patients, such as crying, smiling, and, for those who could communicate by speech, statements that they felt loved and cared for by this simple gesture of reading the message from the family. In patients with effective verbal communication disabilities, due to being sedated, intubated, or having some neurological deficit, the team reported that when reading the letter, some of them also manifested expressions such as crying, hand movements, and facial expressions.

The health professionals who read the letters reinforce the importance of this gesture that did not demand great efforts within their work routine, but that provided humanization and reinforced individualized, patient-centered care.

Considering the link between the health team, the patient, and their family, on many occasions the patient requested the health professionals transmit messages of gratitude to the family, and to ask for continued daily writing, or even that some specific relative prepare letters sending news.

#### **4. Discussion**

This study aimed to report the experience of preparing and implementing the communication project between the health professional, family, and ICU patients with suspected or confirmed COVID-19.

Creating this intervention for family members and ICU patients within the context of the SARS-CoV-2 pandemic within an ICU environment was important to stimulate other forms of nursing care in a critical care situation, overload and psychological stress in the face of insecurity and fears arising from COVID-19 (Trumello et al., 2020; Fang et al., 2020; Barreto et al., 2019). The implementation of the *"Thoughtful Hug"* intervention was fundamental to understanding the different situations involving families that are deprived of communicating with their hospitalized loved ones.

The concepts of the PNH were essential for conducting the study, especially to emphasize the positive aspects of intervention development by involving health services workers, patients, and managers (Brazil, 2010b), and to reflect different forms of maintaining safe communication between the isolated patient and his family, therefore maintain their bond.

Participating in the intervention made it possible to know the history of the patient, his various affective bonds, and his value to those waiting for him outside the ICU: in particular, his relationships with close relatives, such as children and spouses (White et al., 2018).

In fact, the activities of this intervention, with letters to meet the demands of families and hospitalized patients, approximated the beliefs and reality experienced in the current context, encouraged questions about the performance of the health team, especially the nurse in the care of individual victims of COVID-19, and the positive impact that humanized nursing care provides to health (Piscitello et al., 2021).

Thus, caring for this type of ICU patient and his family, within the context of the current pandemic by the new coronavirus, proved to be an opportunity for professional growth and humanization.

#### **Limitations and future directions**

The limitations of this study are related to the restricted time for families to write the letters in the private space destined for this activity: only one hour in the afternoon. In addition, work overload has often made it impossible for health professionals to welcome family members and offer the option of letters as a method of communication.

We recommend that health care institutions consider the implementation of strategies for other forms of communication, and that they disclose this possibility to the families of hospitalized patients, not only for those in need of isolation, but among all those with inability to communicate effectively verbally, as it is essential to practice integral and humanized care.

#### **Relevance to clinical practice**

This intervention provided integral and humanized care to families and patients (Brazil, 2010b), and showed mental health benefits, because the rupture in the affective bond due to the need for isolation was remedied, and an environment of emotional support was created. In addition, the actions implemented to prepare and read the letters provided a new professional experience, considering the specificities of the critical care environment for the COVID-19 victim.

#### **5. Conclusion**

This *"Thoughtful Hug"* intervention communication-focused provided integral, humanized care, and became a tool of emotional support. It reduced the impact produced by disruption in the affective bond due to the need for isolation, corroborating with public policies of humanization and family nursing.

Letters reflect different form of maintaining safe communication and bond between the isolated patient and his family, however, further studies are needed to assess the impact of this intervention on the clinical improvement and recovery of the critically ill patient and that it be extended to other types of isolation and not just COVID-19.

## References

- Al-Mutair, A., Plummer, V., Paul, O'Brien, A., & Clerehan, R. (2014). Attitudes of healthcare providers towards family involvement and presence in adult critical care units in Saudi Arabia: a quantitative study. *Journal of Clinical Nursing*, 23, 744–755. <https://doi.org/10.1111/jocn.12520>
- Aziz, S., Arabi, Y. M., Alhazzani, W., Evans, L., Citerio, G., Fischkoff, K., Salluh, J., Meyfroidt, G., Alshamsi, F., Oczkowski, S., Azoulay, E., Price, A., Burry, L., Dzierba, A., Benintende, A., Morgan, J., Grasselli, G., Rhodes, A., Möller, M. H., Chu, L., & Christian, M. D. (2020). Managing ICU surge during the COVID-19 crisis: rapid guidelines. *Intensive Care Medicine*, 46(7), 1303–1325. <https://doi.org/10.1007/s00134-020-06092-5>
- Backes, M. T., Erdmann, A. L., & Büscher, A. (2015). The Living, Dynamic and Complex Environment Care in Intensive Care Unit. *Revista Latino-Americana de Enfermagem*, 23(3), 411–418. <https://doi.org/10.1590/0104-1169.0568.2570>
- Barreto, B. B., Luz, M., Rios, M., Lopes, A. A., & Gusmao-Flores, D. (2019). The impact of intensive care unit diaries on patients' and relatives' outcomes: a systematic review and meta-analysis. *Critical care* (London, England), 23(1), 411. <https://doi.org/10.1186/s13054-019-2678-0>
- Brazil. Ministry of Health. (2020). *Covid-19 clinical management protocol in Specialized Care*. Secretariat of Specialized Health Care, Department of Hospital, Home and Emergency Care. [https://bvsm.sau.de.gov.br/bvs/publicacoes/manejo\\_clinico\\_covid-19\\_atencao\\_especializada.pdf](https://bvsm.sau.de.gov.br/bvs/publicacoes/manejo_clinico_covid-19_atencao_especializada.pdf)
- Brazil. Ministry of Health. (2010a). *HumanizaSUS: base document for SUS managers and workers*. Secretariat of Health Care. [http://bvsm.sau.de.gov.br/bvs/publicacoes/humanizasus\\_documento\\_gestores\\_trabalhadores\\_sus.pdf](http://bvsm.sau.de.gov.br/bvs/publicacoes/humanizasus_documento_gestores_trabalhadores_sus.pdf)
- Brazil. Ministry of Health. (2010b). *HumanizaSUS notebooks: training and intervention*. Secretariat of Health Care. [http://bvsm.sau.de.gov.br/bvs/publicacoes/cadernos\\_humanizaSUS.pdf](http://bvsm.sau.de.gov.br/bvs/publicacoes/cadernos_humanizaSUS.pdf)
- Brazilian Health Regulatory Agency (Anvisa). (2020). Technical note nº 04/2020 - GVIMS/GGTES/ANVISA - *Guidelines for health services: prevention and control measures that must be adopted when assisting suspected or confirmed cases of infection with the new coronavirus (SARS-COV-2)*. [https://Users/rafaelapedrosa/Downloads/NOTA\\_TECNICA\\_GVIMS\\_GGTES\\_ANVISA\\_04\\_2020\\_Revisao\\_08\\_05\\_2020.pdf](https://Users/rafaelapedrosa/Downloads/NOTA_TECNICA_GVIMS_GGTES_ANVISA_04_2020_Revisao_08_05_2020.pdf)
- Davidson, J., Powers, K., & Hedayat, K. (2007). Clinical practice guidelines for support of the family in patient-centred ICU: American College of Critical Care Task Force 2004–2005. *Critical Care Medicine*, 35, 605–622. <https://doi.org/10.1097/01.CCM.0000254067.14607.EB>
- Entwistle, V., & Watt, I. S. (2006). Patient involvement in decision-making: the case for a broader conceptual framework. *Patient Education and Counseling*, 63, 268–278.
- Estrela, C. (2018). *Metodologia científica: ciência, ensino, pesquisa*. Porto Alegre, Rio Grande do Sul: Artes Médicas.
- Family Visitation in the Adult Intensive Care Unit. (2016). *Critical Care Nurse*, 36(1), e15–e18. <https://doi.org/10.4037/ccn2016677>
- Fang, J., Liu, Y. T., Lee, E. Y., & Yadav, K. (2020). Telehealth Solutions for In-hospital Communication with Patients Under Isolation During COVID-19. *The western journal of emergency medicine*, 21(4), 801–806. <https://doi.org/10.5811/westjem.2020.5.48165>
- Ogrinc, G., Davies, L., Goodman, D., Batalden, P., Davidoff, F., & Stevens, D. (2016). SQUIRE 2.0 (Standards for Quality Improvement Reporting Excellence): revised publication guidelines from a detailed consensus process. *BMJ quality & safety*, 25(12), 986–992. <https://doi.org/10.1136/bmjqs-2015-004411>
- Olding, M., McMillan, S. E., Reeves, S., Schmitt, M. H., Puntillo, K., & Kitto, S. (2016). Patient and family involvement in adult critical and intensive care settings: a scoping review. *Health expectations: an international journal of public participation in health care and health policy*, 19(6), 1183–1202. <https://doi.org/doi:10.1111/hex.12402>
- Pereira, A. S., Shitsuka, D. M., Parreira, F. J., & Shitsuka, R. (2018). *Metodologia da pesquisa*. Santa Maria, Rio Grande do Sul: UFSM - NTE.
- Piscitello, G. M., Fukushima, C. M., Saulitis, A. K., Tian, K. T., Hwang, J., Gupta, S., & Sheldon, M. (2021). Family Meetings in the Intensive Care Unit During the Coronavirus Disease 2019 Pandemic. *The American journal of hospice & palliative care*, 38(3), 305–312. <https://doi.org/10.1177/1049909120973431>
- Sottile, P. D., Lynch, Y., Mealer, M., & Moss, M. (2016). Association Between Resilience and Family Member Psychologic Symptoms in Critical Illness. *Critical care medicine*, 44(8), e721–e727. <https://doi.org/10.1097/CCM.0000000000001673>
- Trumello, C., Bramanti, S. M., Ballarotto, G., Candelori, C., Cerniglia, L., Cimino, S., Crudele, M., Lombardi, L., Pignataro, S., Viceconti, M. L., & Babore, A. (2020). Psychological Adjustment of Healthcare Workers in Italy during the COVID-19 Pandemic: Differences in Stress, Anxiety, Depression, Burnout, Secondary Trauma, and Compassion Satisfaction between Frontline and Non-Frontline Professionals. *International journal of environmental research and public health*, 17(22), 8358. <https://doi.org/10.3390/ijerph17228358>
- White, D. B., Angus, D. C., Shields, A. M., Buddadhumaruk, P., Pidro, C., Paner, C., Chaitin, E., Chang, C. H., Pike, F., Weissfeld, L., Kahn, J. M., Darby, J. M., Kowinsky, A., Martin, S., Arnold, R. M., & PARTNER Investigators (2018). A Randomized Trial of a Family-Support Intervention in Intensive Care Units. *The New England journal of medicine*, 378(25), 2365–2375. <https://doi.org/10.1056/NEJMoa1802637>
- World Health Organization. (2007). *People-centred health care: a policy framework*. Manila.
- World Health Organization - China Joint Mission. (2020). *Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)*. <https://www.who.int/docs/default-source/coronaviruse/who-chinajoint-mission-on-covid-19-final-report.pdf>