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Using Video Conferencing Applications to Share the Death Experience During the COVID-19 Pandemic

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A B S T R A C T

Due to isolation and social distancing to maintain patient and staff safety during the COVID-19 pandemic, an alternative to face-to-face interaction was needed. Nurses facilitated critical patient-family communication. Video conferencing applications aided socially distanced families to connect with dying loved ones. This article will explore the use of these popular apps.

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The use of videoconferencing applications (apps) has noticeably accelerated during the COVID-19 pandemic. Little is known about this coronavirus. It is highly infectious, progresses rapidly, and is currently without a cure or effective vaccine (CDC) (Centers for Disease Control and Prevention). Driven by considerations such as social distancing and the need for more remote access to healthcare providers and diagnostic services, the use of telehealth using video conferencing apps has become widely accepted in support of critical healthcare communication. COVID-19 changed the communication landscape of healthcare.

Travel restrictions, social distancing, and shelter in place orders were dictated by the need to slow the spread of the virus, particularly to vulnerable populations. As a result, to protect the health and safety of gravely ill patients, staff, and visitors, access to healthcare facilities has been limited. Visitors are restricted to compassionate visits for the immediate family for patients receiving end of life care if allowed at all. Communication formally conducted face-to-face requires an alternate approach. Video conferencing technology is aiding socially distanced families and friends to connect with their loved ones. This article is to explore the use of video conferencing among healthcare providers, gravely ill and dying patients, and their families during the pandemic.

Communication during the COVID-19 pandemic

Perhaps the saddest aspect of the COVID-19 pandemic is the lonely death of a loved one. Farewells from family are missed as visitation is restricted (Stanton, 2020). Calls from family and friends are not received on time. Innovative methods and interventions are needed to connect and enhance communication and care.

Compassionate rounding programs have been initiated, sometimes with redeployed staff, to provide emotional support and a human connection when friends and family cannot be at the bedside. Some activities may include assistance with video calls and various other personal needs, see Table 1 (MetroHealth, 2020, April 6). Video conferencing could be particularly relevant in improving communication. This technology also allows providers to discuss treatment and medical issues, live or recorded with patients and family members. An example, the Medical Memory application is presented in Table 2.

Video conferencing applications

Video conferencing apps facilitate the communication and interaction of two or more users through a combination of high-quality audio and video over Internet Protocol (IP) networks. These are useful because they simulate real and face-to-face communication. The apps support individual user accounts, log-ins, and passcodes to help limit access and verify participants. Also, users can assert some degree of control over particular capabilities, such as choosing to record or not recording the communication or to muting or turning off the video or audio at any point (Zoom.us).

Some apps are less secure than others. For example, Zoom, a popular video conferencing app, recently suffered from an issue called “Zoombombing” that occurs when an uninvited person joins the meeting and becomes disruptive. The company has since announced that some security features will be made default with additional settings available. Users are also advised not to share meeting links publicly. HIPAA compliance and end-to-end encryption are possible, some only with paid subscriptions. However,
privacy and security features are rapidly changing to meet the individuals’ and businesses’ needs due to increased user reliance during COVID-19 lockdowns. Popular video conferencing apps are widely available, accessible, and user-friendly. Most video conferencing apps have free versions that can be time-restricted. For a list of video conferencing tools, features, and app websites, see Table 3. Some video conferencing platforms offer paid subscriptions for healthcare professionals. Added features may include whiteboard tools, patient waiting room, high-definition video and audio, mute, and unmute tool, in-app file sharing, chat messenger tool, and transcripts of recordings (Zoom Healthcare).

Privacy and security

Outdated rules and regulations made telehealth difficult before waivers came from states and the federal government in response to the pandemic (Blethen, 2020). The regulatory environment around telehealth made it challenging to implement. Potential issues with the use of video conferencing include quality concerns, lack of reliability, confidentiality, and privacy. Policies related to personal and professional use of applications have been developed to safeguard patient privacy and prevent electronic abuse. Consumers appear to accept privacy imitations to obtain the benefits of remote communications (Billingsley, 2013). To improve communication during the COVID-19 crisis, groups have collected used iPads and created fundraising pages (https://www.gofundme.com/) to provide devices to patients who lack the necessary equipment needed to video chat (Corbin, 2020). Cybersecurity implications are critical. The use of video conferencing technology should be addressed with the organization’s information technology (IT) department. This review should include proposed apps, equipment to be used, and procedures for their use (Billingsley, 2019).

HIPAA guidelines have been relaxed to allow connections via unsecured devices during the pandemic. Engaged users have blogged everything from birth to death, demonstrating that privacy is different for everyone. However, nurses should be familiar with workplace policies and vigilant to protect patients’ privacy from media misuse by family, friends, and others (Billingsley, 2013).

Saying goodbye, sharing the death experience

In the past, using social media to share the death experience has been controversial. Tweets by well-known journalist Scott Simon, while at this dying mother’s bedside, led to a national conversation about publicly sharing the death experience (Chaey, 2013). Facing unprecedented restrictions and challenges, families have experienced unresolved grief when their loved ones have died alone. Hospitals have sought compassionate solutions to mitigate the separation between gravely ill patients and their friends and families, to allow communication without risking exposure to infection. Cunningham & Aubussion (2020), discussed how family members shared the death experience of a dying father in isolation through a video stream using a smartphone. For some time, video conferencing apps have been used to bridge distance barriers for participants by providing virtual funerals (Freeman, 2020).

Providers have helped COVID-19 patients say final goodbyes to their families who cannot be present, using the Facetime app on iPads. When the patient is able to participate, phone updates from staff or regular assisted video chats with family and are provided. Although they are unable to be at bedside with loved ones, video conferencing apps can offer a sense of being present.

Priests and other clergies who traditionally hold vigils and offer spiritual support have stayed close. They don personal protective equipment to observe infection control protocols to be at the bedside with a dying patient. Friends and family have virtually shared in this experience using video conferencing (Cunningham and Aubusson). No doubt, the pandemic has changed the way people mourn.

Implications for nursing

Helping patients and their families deal with death and grief is a fundamental part of nursing. Nurses develop attachments to their dying patients. Repeated exposure to death and grief is a stress factor that can ultimately lead to nurse burnout. Burnout has been associated with negative patient outcomes. Emotional detachment from caring for the dying may impact the quality of care for both the dying patient and their family (Shorter & Stayt, 2010).

This pandemic is presenting clinicians with more significant workplace hardships and moral dilemmas that are likely to

Table 3

| Tools      | Features                                      | Website                                      |
|------------|-----------------------------------------------|----------------------------------------------|
| Zoom       | Easy to use.                                  | https://zoom.us/                             |
| Google Meet| Secure video meetings.                        | https://meet.google.com/                     |
| FaceTime   | Best for iPhone, iPad, or other iOS users.    | https://apps.apple.com/us/app/facetime/id1110145091 |
| WhatsApp  | For international chats: Voice and video calls for up to 4 users. | https://support.apple.com/en-us/HT204380 |
| Google Duo | Best for Android: video calling app           | https://web.whatsapp.com/                    |
| Skype      | No sign ups, downloads, or time limits. Up to 50 people. | https://duo.google.com/                      |
|            |                                               | https://www.skype.com/en/                    |
exacerbate existing levels of burnout and related mental health problems. Colleagues have died too, and these deaths can have profound effects on those left behind. Taking care of yourself is essential. For tools to support the mental health and resilience of all nurses, see the ANA COVID-19 Wellbeing Initiative (American Nurses Association Enterprise, 2020) in Table 4.

Summary

During the pandemic, nurses have offered comfort to dying patients that is usually provided by the family. As many clinicians and patients are engaged in online communications and devices are made available for this purpose, further research is needed to determine if sharing the patient-death experience through video conferencing has a positive influence on nurses’ attitudes toward the care of dying patients. Patients and their families appear to be comfortable using video conferencing apps to communicate. If telehealth and video conferencing is a part of the new healthcare normal, video conferencing, support of connectivity and devices, such as iPads, will be necessary. Also, interprofessional education and training should be considered to improve the engagement and quality of the video conferencing experience. As applications continue to develop, the identification and management of ethical and legal issues will be critical to their success in improving communication.

References

American Nurses Association Enterprise COVID-19 Resource Center: Well-Being Initiative Free tools to support the mental health and resilience of all nurses. Retrieved from https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/the-well-being-initiative/?utm_campaign=267100_COVID19%20Wellbeing%20Initiative%20&utm_source=SmartBrief&utm_medium=DigitalAds Accessed July 1, 2020.

Billingsley, L. (2019). Cybersmart: Protect the patient, protect the data. Journal of Radiology Nursing, (38), 261-263.

Billingsley, L., & Currie, P. (2013). Using social media to share the death experience: Discussion points. Journal of Continuing Education in Nursing, 44(10), 435-436.

Blethen, R. (2020). Virtual Visits: Telemedicine may be the new normal in a post-coronavirus world. Baton Rouge, LA: The Advocate, 1D.

Centers for Disease Control and Prevention Coronavirus (COVID-19). Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/index.html Accessed July 1, 2020.

Chaey, C. (2013) Death in the time of Twitter, or, how we grieve now. Retrieved from www.fastcompany.com/3014972/fast-feed/death-in-the-time-of-twitter-or-how-we-grieve-now Accessed July 1, 2020.

Corbin, C. (2020). Dying alone from coronavirus: Group collects used iPads to virtually connect patients with family. New York, NY: Fox News.

Cunningham, M., & Aubusson, K. (2020) No one dies alone: Hospitals look for solutions to connect dying COVID-19 patients with families. The Sydney Morning Herald. Retrieved from https://www.smh.com.au/national/no-one-dies-alone-hospitals-look-for-solutions-to-connect-dying-covid-19-patients-with-families-20200426-p54ncw.html Accessed July 1, 2020.

Freeman, C. (.2020). Zoom funerals: mourning in a pandemic. London, England: The Economist.

MetroHealth’s Compassionate Care Rounders. (2020) The use of compassionate care rounders to connect patients with their families during rounds [Video]. Retrieved from https://vimeo.com/404776898 Accessed July 1, 2020.

Shorter, M., & Stayt, L.C. (2010). Critical care nurse’s experiences of grief in an adult intensive care unit. Journal of Advanced Nursing, 66(1), 159-167.

Stanton, K. (2020). The Giving Back Fund. Redwood City, CA: Go Fund Me.