

Structured Qualitative Evaluation Finds that Nurses Experience an Improved Sense of Connection with their Patients in a Virtual COVID-19 Pilot Program



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Background

COVID-19 created an urgent need for expansion of care in the home and accompanying remote monitoring solutions for patient care during the pandemic. The Defense Health Agency’s COVID-19 Remote Patient Monitoring (CRPM) Pilot Program admitted 237 patients with COVID-19 between 7 Dec 2020 and 7 Dec 2021.

We conducted a qualitative study to understand the healthcare provider (HCP) experience of launching the CRPM pilot program. We wanted to know what the process was like for HCPs, what they learned from this experience, would have done differently, and their overall feelings with respect to the launch and use of CRPM.

Our research objectives were:

1. Understand the processes involved in operationalizing and using the CRPM pilot program
2. Explore feasibility, acceptability, and usability of the CRPM pilot program among HCPs
3. Explore barriers and facilitators of deploying a CRPM during the COVID-19 pandemic



Methods

We recruited healthcare providers that helped implement the CRPM pilot program at hospitals within the Defense Health Agency in the program’s first year.

Eight participants, including physicians and nurses, were chosen to participate in one-to-one, in depth, semi-structured interviews based on their relevance to the program. Interviews were recorded, anonymised, and transcribed using a third-party transcription service.

The transcription was checked for accuracy by the researcher that conducted the interviews. One researcher coded the data using Nvivo Qualitative Data Analysis Software (QSR International, V.12). Data were analysed inductively, with initial codes generated, iteratively condensed, and expanded into themes.

For this abstract, we focus on an unexpected theme in the data: Technology enhancing the nurse-patient relationship.



Results

HCPs caring for patients reported an enhanced sense of connection with their patients as a direct result of using the Current Health platform during the COVID-19 pandemic.

One participant, when comparing her work on a virtual ward to a traditional ward, said:

...you'll have more time to engage patients, verbalizing and reassuring patients rather than trying to go running to that medicine pull up because your doctor's throwing more patients at you and you've got more orders you have to fill. So for a lot of us we went into nursing because of education, and this gives us that opportunity to do that and then some.

DHA001

Continuing to reflect on the differences between the virtual ward and traditional ward, she went on to describe how much more engagement she feels from her patients:

So just coming from being new to it [Current Health platform] I would highly recommend it. I would tell them this is by far the most engagement that I feel like I've had with patients.

DHA001

Another participant (DHA003) talked about her initial expectation that the virtual ward would be more impersonal than her previous work on a traditional ward:

...even though it seems like it would be impersonal, I develop relationships with a lot of these patients...just talking to them about their vital signs...and even just in that conversation where it's supposed to be talking about their vital signs, they'll start talking about personal things. And you get really attached to them, you get involved in them, and you want to make sure that they're getting better because you know that they've got grandchildren, you know that they've got a grandchild on the way, I love it. I feel like I thought it was going to be very impersonal and very different from being in the hospital, but I find that it's actually completely opposite... We get to know these patients

DHA003

Conclusion

Contrary to an expectation of technology being cold and distancing the healthcare provider from patients, we found the opposite in these interviews: healthcare providers that had previously never been involved with a virtual care ward reported feeling more connected with their patients, even compared to caring for their patients in person.

This finding was surprising as we did not ask questions about healthcare provider connectedness to patients, and it came up independently with participants interviewed.

We will need to conduct further research to understand this phenomenon, whether other healthcare providers are having a similar experience, what aspects or conditions provide this enhanced sense of connectedness, and whether patients also experience a similar improved connection.