Effective health promotion in the COVID-19 era depends on effective health communication—not just from health care professionals and agencies, but during conversations among families, friends, coworkers, and neighbors. Within the COVID-19 era, conversations regarding safety, expectations, and requests regarding personal and communal health are necessary. These are important yet sometimes difficult conversations that have consequences for personal and public health outcomes. This project aimed to learn about the challenges that people experience while communicating with others about the novel coronavirus.

**Background**

Previous research states that interpersonal communication influences beliefs, decisions, and communication surrounding healthcare decisions and promotion. COVID-19 is no exception, whereas individuals are tasked with forming and communicating health decisions with various individuals.

**Methods**

Individual semi-structured interviews were conducted with 61 participants, who were asked to reflect on their conversations with others about making health decisions during the pandemic. Questions focused on what makes those conversations more or less difficult. Thematic analysis of the data was guided by sensitizing concepts from literature on difficult conversations about health.

**Introduction**

Effective health communication in the COVID-19 era is necessary in order to alleviate the stress that is derived from ambiguous messaging and goals. Many personal and public health behaviors require discussion and negotiation with other individuals.

**Results: Why Conversations are Difficult**

**Uncertainty**

Participants said conversations were hampered by evolving understandings of COVID-19, the epistemic/evidentiary uncertainty of the pandemic

“One day they tell you to do this and the next day they tell you not to.”

“There’s just a lot of miscommunication and information that’s not readily available to a lot of communities.”

**Role/Boundary Ambiguity**

Participants described challenges of negotiating privacy and new relational roles, being unsure of what they had the right to mention/ask

“I’m still not telling them what’s actually wrong with me, but I’m letting them know that it’s not necessarily anything to do with [covid].”

“It can be awkward if you are the one stepping in to ask somebody on somebody else’s behalf to give them space or even for yourself.”

**Effort to Manage Multiple Goals**

Participants reported the challenges of simultaneously trying to be clear, direct, assertive, empathetic, non-accusatory, respectful, accommodating

“I’m already burdened with the task of trying to teach in a pandemic, and then having to try to have these conversations and keep explaining.”

“It’s always been a delicate balance and knowing how to say something. You can’t come at a parent with two barrels and just hit them with these blunt things, you do have to have a technique and an ease of conversation.”

**Conclusions**

Interpersonal communication in the COVID-19 era has been fraught with complexities that are unique to the pandemic circumstances, as well as others that resonate with existing literature on difficult conversations about health.

**References**

