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Letter to the Editor

'New Normal' in Covid-19 Era: A Nursing Perspective From Thailand



To the Editor:

Coronavirus Disease 2019 (COVID-19) has had an impact on everyone around the world, including in Thailand. As of June 24, 2020, there were 3157 cases with 3026 recovered, and 58 deaths in Thailand.¹ This number is considered low, and exact numbers are challenging to determine. Many people are trying to adapt to the "new normal." The situation is very unfamiliar, and this atypical situation has brought about circumstances not heretofore seen. However, to prevent a second wave of COVID-19, the Royal Thai Government's Emergency Decree is extended until June 30, 2020, and interventions are underway, both negatively and positively viewed.¹

The new normal in Thailand has increased healthy behaviors. Physical distancing signs abound, barcode scanning devices are in use, and increased hygiene measures are normal, much to the celebration of nurses. The hygiene measures include the distribution of face masks and the abundance of alcohol hand-sanitizing gels and hand-washing facilities for protection against spread of the virus. Following the lead and teaching of Florence Nightingale, a nursing pioneer, nurses understand the value of frequent hand washing, using clean water, selecting good food, and controlling infections.^{2,3} Nurses are happy to see our community finally aware of their health.

However, although there are positive outcomes from the conditions like improved hygiene, there are negative outcomes, too. This is much like the *yin* and *yang* concept, whereas *yin* represents darkness and passivity and yang represents light and activity. These opposing concepts are necessary to maintain life's balance and harmony.⁴ The negative stigma and discrimination against those infected with or suspected of having COVID-19, and even doctors and nurses, is crippling because they are considered a source of viral transmission.⁵ Furthermore, although some areas are considered green zones, or areas free from COVID-19, many people exhibit feelings of paranoia and people are afraid to have physical contact. In fact, in this difficult time, instead of people coming together for the greater good, some people may become more individualistic and exhibit feelings of isolation. The new challenge is to increase social capacity and increase the feelings of value to helpfulness to one another.

People are turning to innovation and creativity in COVID-19, and they are now trying to adopt new fully online business practices because the economy has not fully recovered. In addition, health care workers rely heavily on telehealth, telemedicine, or telenursing to serve people and patients in the community. The use of various technologies to provide consultation for symptoms, tracking, and interpreting the results of health examinations, blood collection services, and medication delivery services. In Thailand, telehealth has become officially implemented as a part of the Thailand 4.0 plan, and this allows health care workers to make clinical decisions by using various technological tools. Health care professionals can use a digital stethoscope to listen to the lungs and heart, a Web-based camera to look at the ears, throat, and skin, and a tool to measure body temperature without having direct contact with a client. In addition, a secure electronic medical record houses all of the data for the patient. There are 32 hospitals in rural areas in 8 provinces in Thailand using this technology, and the technology is compatible with both Android and iOS applications, hospital Web sites, and other applications to provide medical services and fight COVID-19.6

Telehealth has multiple purposes, and it provides for the full extent of medical treatment due to the shortage of physicians, especially in rural areas. However, the use of telehealth for nurses, or telenursing, may be challenging and limit the scope of nursing practice. Nurses use verbal and nonverbal communication, including physical touch, eye contact, gesture, silence, facial expression, and posture, to develop the nurse-patient relationship. This allows for the expression of empathy, facilitation of active listening, and reinforcement of mutual understanding and respect. Because of the increased use of technology, the concept of caring may change, and virtual speaking may become more dominant than in-person interactions. The essential components of caring should be further discussed in both nursing services and education.

In conclusion, COVID-19 has brought many new features to life with both positive and negative, or yin and yang effects. Human beings should learn from this phenomenon and use creativity to find appropriate ways to adapt to the new reality. Like Nightingale said, the craving for "the return of the day," is generally nothing but the desire for a positive outlook.²

Acknowledgment

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