

Short Commentary

Remote Healthcare Experienced Under COVID-19 Infection

Chihiro Tanaka*

Teikyo University Fukuoka Faculty of Medical Technology 6-22 Misakicho, Omuta City, Fukuoka Prefecture

*Corresponding author: Chihiro Tanaka, Teikyo University Fukuoka Faculty of Medical Technology 6-22 Misakicho, Omuta City, Fukuoka Prefecture 836-8505; Phone: 0944-57-8333

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The author primarily engages in health consultations, mainly during weekends and year-end holidays, at the “novel coronavirus infection consultation hotline” established by prefectures and other entities. This consultation service mainly handles general inquiries, including those from individuals undergoing home treatment who wish to seek medical attention, individuals who tested positive at hospitals or private PCR centers, and those who tested positive using over-the-counter antigen test kits, among others. The Ministry of Health, Labour and Welfare (2022) defines telemedicine as acts related to health promotion and medical care utilizing information and communication devices. In a broad sense, considering telemedicine, the efforts of the health consultation hotline can also be regarded as part of telemedicine. In this paper, while introducing the actual operation of the novel coronavirus infection consultation hotline, I would like to consider expectations and prospects for telemedicine.

The “Novel Coronavirus Infection Consultation Hotline” and the Ferocity of the 8th Wave

The novel coronavirus infection consultation hotline established by prefectures and other entities operates 24 hours a day with nurses responding to inquiries. Consultation topics mainly revolve around COVID-19, including general medical inquiries from individuals undergoing home treatment or identified as close contacts, as well as inquiries regarding hotel accommodation requests, reporting of positive cases, definitions of close contacts, quarantine periods, and fever-related consultations. Nurses, who serve as operators, conduct interviews regarding symptoms, onset dates, presence and severity of fever and respiratory symptoms, SpO2 levels if available, urinary output, ability to drink water, and other symptoms such as headaches, fatigue, joint pain, nausea/vomiting, diarrhea, conjunctivitis, and taste/smell disorders. In the case of fever consultations, they often guide individuals to general fever clinics, but they also act as a bridge to connect individuals with health authorities when hotel accommodation is requested or administrative assistance is needed. During the peak of the 8th wave from December 2022 to early January 2023, concerns arose due to the overlap of the seasonal influenza epidemic with the resurgence of COVID-19 infections, leading to increased strain on fever clinics and potential obstacles for those in need of medical attention. Consequently, the government urged the population to respond according to the risk of progression to severe

illness if symptoms such as sore throat or fever appeared. For those at low risk of severe illness, the government encouraged minimizing unnecessary visits to fever clinics and instead promoted the utilization of health follow-up centers such as the “novel coronavirus infection consultation hotline.” During the year-end and New Year holidays in the midst of the 8th wave, operators often handled nearly 100 consultations per day, reflecting the intense pressure on fever clinics. Looking back on consultations during this period, cases were observed where individuals with fever were unable to find hospitals for consultation or failed to connect via phone after being referred to fever clinics. Such situations led to psychological distress for individuals, and operators were sometimes subjected to verbal abuse and insults.

Reconsidering Communication

The nurses serving as operators are healthcare professionals, yet they haven't undergone specialized training for this role. Instead, they rely on their knowledge and experience as nurses to assess the urgency of inquiries and suggest appropriate responses. Therefore, they aim to listen attentively to callers, acknowledging their worries and concerns, and provide tailored information. Their goal isn't to correct misunderstandings but to empathetically support callers. As for the author, affiliated with the basic nursing education department at a university, they teach nursing fundamentals and daily living assistance. Communication is often the first thing nursing students learn. It involves message exchange between sender and receiver through a channel. Non-verbal elements like facial expressions and gestures are absent over the phone, posing challenges as operators can't sense needs as in face-to-face interactions. Callers' backgrounds vary widely, affecting the noise and circumstances heard during calls. Operators still perceive “expressions” conveyed by callers' voices. For instance, “My one-year-old has a 39°C fever,” “Family members are getting infected, and I've had a fever and sore throat since yesterday,” “I've called doctors and hospitals all morning but can't get through. Is there a hospital I can visit?” Operators empathize with callers' urgent situations, striving to address their needs. During the 8th wave, limited available medical facilities necessitated tailored responses based on severity risk. For instance, confirming home test kits or fever medication availability, suggesting home monitoring if possible, and encouraging contact if further help is needed. However, some callers

insisted on hospital visits, leading to challenging situations. Some strongly desired testing, despite being asymptomatic. Operators, empathizing with their anxiety, recommended free testing for residents or approved antigen test kits. Flexibility was key alongside standardized responses. Reading callers' "expressions" was crucial. Some found relief expressing anxiety. This reaffirmed the importance of listening. Reconsidering communication made the significance of face-to-face interactions evident.

Expectations and Prospects for Telemedicine

So far, we've looked at an example of telemedicine based on the practices of the novel coronavirus infection consultation hotline. With the spread of the COVID-19 pandemic, the significance of telemedicine is increasingly being recognized, isn't it? In nursing education, remote education utilizing Information and Communication Technology (ICT) is expanding due to the impact of COVID-19. While discussions on the merits and demerits of telemedicine and education are diverse, there seems to be a growing sense of expectation for the utilization of ICT from the perspective of infection control and the continuity of healthcare and education. On the other hand, research on the adverse effects of online habits using communication devices such as smartphones on the human body and the reality of communication is also progressing. Sakaki et al. (2022) point out the poor quality of online communication and demonstrate that online communication is completely ineffective in situations where interaction between hearts is necessary. They argue that the greatest advantage of online communication is the ability to communicate with people in distant locations, emphasizing that online communication is merely a "means" and a "bridge." We sincerely hope that health follow-up centers such as the "novel coronavirus infection consultation hotline" introduced this time can continue to provide support to infected individuals and those around them. It's not easy to make accurate judgments and provide empathetic support based solely on the "expressions" in voices in the absence of face-to-face communication. However, considering the characteristics of the virus and the perspective of infection control, the demand for information provision and health consultation services through methods other than face-to-face interactions is expected to continue to grow. It is essential to utilize online platforms according to the situation and context without losing sight of the essence of communication.

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