New Normal Terminology

The COVID-19 pandemic has required us to recognize a new normal and other additions to our general and clinical vocabulary. Some were preexisting terms that now have been broadened or changed during these unprecedented times. Others have helped to bring to light some of the issues or difficulties that healthcare professionals faced prior to this pandemic.

Collaboration, defined as working with others or together, particularly in an intellectual endeavor (Collaborate, 2020), is one such term. We have all experienced collaboration, albeit sometimes negatively, with uneven practice or only as lip service. However, because of this pandemic, we are seeing stronger examples of true collaboration. Academic and commercial researchers are now coming together to achieve COVID-19 antibody testing and perform work toward an effective vaccine. Personal protective equipment, through often circuitous routes, is making its way to clinicians on the front lines.

Dying alone is another term in use. During this pandemic, some family members have been prohibited from the bedside of dying loved ones. For those heartbroken family members, the phrase "dying alone" has been used to describe this searing, incomprehensible regret. However, as any clinician knows, patients at the end of life are surrounded by the family of care—clinicians giving reverence and attending to the patient's final profound breaths of life. Dying alone may be a family's unfortunate perception of the situation, one that has been made more visible by this pandemic. It is our challenge to provide assurance that patients rarely die alone.

Healthcare disparities is defined as healthcare differences for those with social, economic, and/or environmental disadvantages (Kaiser Family Foundation, 2020). Unfortunately, as evidenced by this pandemic, many of those vulnerable to COVID-19 also have comorbidities and disadvantages well known in oncology practice, such as diabetes, hypertension, heart disease, obesity, older age, and poverty. Media attention has returned to healthcare disparities. We can only hope that this additional attention, along with our continued efforts, will help to overcome barriers to education, healthcare access, and trust.

Granular data are defined as drilled-down data, small and in pieces (Granular data, 2020). This is the detailed, tedious, and sometimes overwhelming compilation of myriad numbers and percentages, such as zip codes linked to county mortality rates, testing percentages, age groups at risk, intensive care bed use, and cell phone contact tracing trends. Granular data determines healthcare capacity, the breadth of tracing, the threshold of testing, the impact of isolation, and countless strategic steps to reopen society. Granular data is clinical language.

Essential workers is defined as those who are deemed to be absolutely necessary and extremely important (Essential, 2020). Most of us have always known that first responders and healthcare workers were essential. Now, let's also recognize noble workers, those who support the care of patients in so many important and vital ways: those who staff our grocery stores, provide public transportation, pick up trash, keep the lights on, teach our children, schedule patients, keep us informed, and deliver our mail, online purchases (including prescriptions), and takeout food.

Smartphone applications, or apps, although not new as an entity, are being used more than ever to support telehealth services, facilitate FaceTime visits at the bedside, and provide access to healthcare institutions, such as the COVID-Pass ID.

> "Let's recognize noble workers, those who support the care of patients in so many important and vital ways."

Yes, these are unprecedented times. Because of the COVID-19 pandemic, this is our new normal. So, get used to it and the new clinical vocabulary that is redefining us.

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KEYWORDS

COVID-19; collaboration; dying alone; healthcare disparities; granular data; essential workers

DIGITAL OBJECT IDENTIFIER

10.1188/20.CJON.223