

Article journey:

Submitted

21/9/2021

Revised

26/1/2022

Accepted

11/2/2022


Online first

11/2/2022



ORIGINAL RESEARCH

Perceptions of nurses and parents about caring behavior in children with COVID-19: A mixed method study


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 <https://doi.org/10.31603/nursing.v9i1.5896>

Abstract

The prevalence of children experiencing COVID-19 infection is increased worldwide. This situation alarmed pediatric nurses to work more closely with the group of patients. Moreover, children's parents also suffered health issues due to the pandemic. Understanding of implementation theory of Human Caring will help the nurses cope with the problem. Therefore, the objective of the study is to identify the perception between nurses and parents about nurses' caring behavior in hospitals. The study used a mixed method design integrating purposive sampling techniques. The instrument was the CNPI-70 consists of 70 items and 10 carative factors/subscales based on Watson's Theory of Caring. The study documented that the nurse's perception is lower than the parent's perception. It is important to increase the knowledge related to the perception through health education, routine training along with intensive discussion in Hospital.

Keywords: COVID-19 infection; nurse's perception; parent's perception; theory of human caring; pediatric nurses

Introduction

Hospitalization during pandemics brings new challenges for parents due to an abundance of caution, and bans on family attendance in the hospital or clinical care (Abid, Abid, Shahid, Al Nofeye, & Ratnani, 2021; Rosenbluth et al., 2020). Families in this context are parents who are considered able to help children through the process of hospitalization. Parents themselves are partners in childcare because they can prepare for a child's needs (Gao & Cummings, 2019). Parents should be integrated with the health team as they will help decide the intervention related to their children (Lin et al., 2020). The presence of a family can makes procedures more effective and increase the nurses' responsibility (Becqué, Rietjens, van der Heide, & Witkamp, 2021).

Due to the COVID-19 pandemic, infected children should be taken care of in an isolation ward (Shteinbuk, Moskovich, Shemesh-Mileguir, Gleizer, & Itzhaki, 2022). Consequently, banning family visits and mandatory use of PPE (Personal Protective Equipment) are required for health workers providing direct care to COVID-19 patients. The use of isolation rooms and PPE lead to communication problems between parent and their children. A study recommended using communication technology (e.g., mobile phone) to prevent different perceptions of the treatment received (McCarthy, O'Donovan, & Trace, 2021). Nurses using face masks lower the patient's satisfaction related to interpersonal behavior such as communication and nursing intervention (Padhy, Rina, & Sarkar, 2020). Theoretically, Watson emphasized communication is one of the soft skills in the behavior of caring nurses toward patients (Pajnikihar, Štiglic, & Vrbnjak, 2017). Furthermore, proper communication makes a sense of comfort when the child is being hospitalized. Implementation of the concept of caring lead to positive behavior among nurses and patients. The nurse can optimize in explaining the procedure, answering questions openly and honestly, and creating an environment that makes the child and parent feel comfortable (Meadows, 2015, p.45). Caring behavior is one of the advocates of atraumatic care in children who undergo hospitalization (Buckley, Berta, Cleverley, & Widger, 2021). The uncertain

conditions of the COVID-19 pandemic have made the health care team have worked tirelessly to provide optimal care for patients, with the added stress of finding a balance between limiting exposure to the virus and supporting patients' caring needs and family support (Liu et al., 2020). The ability to have authority, security and comfort when receiving care is decreased during the pandemic (McCarthy, O'Donovan, & Trace, 2021). Anxiety can be suffered both in parents and children which may lead to unable providing comprehensive care (Kang, Lim, Ragen, Tan, & Aishworiya, 2020).

Studies focusing on caring have been done in the literature. For example, the effectiveness of treatment using different antiviral, immunomodulatory or supportive therapies, including assisted respiration and ECMO, was administered to the patients (Rudan et al., 2021). Assessment of perceptions among nurses and patients is important in daily caring (Delmas et al., 2019). Family support, as a contributive factor in building perception, should help fathers maintain involvement with their young children without high-stress levels and support mothers to reduce their psychological burden (Nomura, Endo, Omori, & Kisugi, 2022). The pandemic changed the children's psychological status and perception related to their activity including anxiety affecting less physical activity (Martinsson, Garmy, & Einberg, 2022). Studies mentioned the evaluation of perception in various populations infected with COVID-19. However, the investigation related to the perception of parents and nurses is limited in the literature. This aspect is important to improve nursing care in hospitals and children's quality of life. In addition, optimizing caring behavior will decrease the negative perception of nursing intervention and communication. Therefore, the objective of the study is to evaluate the perception among nurses and parents when having children with COVID-19 infection. It is expected that the finding of the study helps nurses to increase their communication skills as it will increase the caregiver's perception.

Method

The study used mix method design that combined descriptive and explanatory sequential analysis. The population is parents having children with COVID-19 infection. A purposive sampling method has been implemented for data collection. The inclusion criteria were parents having children with COVID-19 infection, able to communicate in Bahasa, and having a willingness to participate. Meanwhile, the exclusion criteria are parents having children with COVID-19 and comorbidities. A total of 30 respondents were involved in the study. The Nurse-Patient Care Interaction Scale (CNPI-70) was used as this instrument can assess the quality of nurse-patient interaction. Watson's 10 Carative factors are also utilized during the investigation. Validity and reliability test has been completed before the study's outset. The qualitative data has been obtained by using semi-structured questions and Focus Group discussions. Due to the pandemic situation, the zoom meeting application has been used. The conversation was transformed into verbatim format then selected each of them on the topic being investigated. Several data have been reduced due to the duplication of the finding.

Results

The finding of the study is divided into two parts as this study used quantitative and qualitative methods. The following is the detail:

Quantitative design

The data indicate that the mean value for humanistic/altruistic attitudes is 25.30, the ability to give hope is 29.70, sensibility to yourself and others is 24.6, helping relationship / trusting is 29.47, positive and negative expressions of emotion is 23.77, problem-solving is 23.07, teaching is 37.10, the environment is 29.03, basic needs is 42.83 and spirituality support is 23.80. It is concluded that the nurse's perception is at the maximum level meaning that the nurse has a positive perspective on caring for Children with COVID-19 infection (**Table 1**).

In addition, the mean score of caring behavior among nurses based on the parent's perception was depicted in the following data: humanistic/altruistic is 25.43, hope is 30.47, sensibility is 26.8, helping relation / trusting value is 29.50, expression of positive and negative is 25.03, problem-solving is 24.27, teaching value is 37.27, the environment is 28.57, Needs is 44.30 and spirituality is 23.10. The data showed that the score of caring behavior is lower than the nine Watson's Carative factors (**Table 2**). Furthermore, there is no difference in perception among parents and nurses related to the caring behavior in children with COVID-19 infection (**Table 3**).

Table 1. Nurses' caring behavior

Dimension of Caring	Mean	SD	Min-Max	95% CI
Altruistic/humanistic	25.30	3.30	12-30	24.07-26.53
Hope	29.70	4.62	14-35	27.97-31.43
Sensibility	24.60	2.70	18-30	23.59-25.61
Helping relationships/trusting	29.47	2.58	25-35	28.50-30.43
Expression of positive and negative emotion	23.77	2.49	18-28	22.84-24.70
Problem Solving	23.07	3.79	14-29	21.65-24.48
Teaching	37.10	3.09	32-45	35.95-38.25
Environment	29.03	3.68	22-35	27.66-30.41
Needs	42.83	4.47	37-50	41.16-44.50
Spirituality	23.80	3.01	17-30	22.68-24.92

Table 2. Nurses' caring behavior based on parents' perception

Dimension of Caring	Mean	SD	Min-Max	95% CI
Altruistic/humanistic	25.43	4.73	13-30	23.67-27.20
Hope	30.47	3.80	22-35	29.05-31.89
Sensibility	26.80	5.73	17-44	24.66-28.94
Helping relations/trusting	29.50	4.85	19-35	27.69-31.31
Expression of positive and negative emotion	25.03	3.89	16-30	23.58-26.49
Problem-solving	24.27	4.30	14-30	22.67-25.86
Teaching	37.27	5.77	20-45	35.11-39.42
Environment	28.57	3.68	22-35	27.19-29.94
Needs	44.30	4.71	34-50	42.54-46.06
Spirituality	23.10	3.99	13-30	21.61-24.59

Table 3. Nurses' caring behavior is based on the nurses' and parents' perception

Dimension of Caring	Group	N	Mean	p
Altruistic/humanistic	Nurse	30	29.23	0.569
	Parents	30	31.77	
Hope	Nurse	30	29.53	0.665
	Parents	30	31.47	
Sensibility	Nurse	30	26.28	0.056
	Parents	30	34.72	
Helping relationships/trusting	Nurse	30	28.75	0.429
	Parents	30	32.25	
Expression of positive and negative emotion	Nurse	30	25.95	0.042
	Parents	30	35.05	
Problem-solving	Nurse	30	23.23	0.034
	Parents	30	33.77	
Teaching	Nurse	30	27.95	0.253
	Parents	30	33.05	
Spirituality	Nurse	30	31.73	0.573
	Parents	30	29.27	
Environment	Nurse	30	29.03	0.625
	Parents	30	28.57	
Needs	Nurse	30	42.83	0.221
	Parents	30	44.30	

Clinical nurses should be able to establish personal contact intensively, have a communicational approach, good interpersonal relationships with patients and family as well. All nursing interventions should reflect professionalism for individual health issues, not only be seen as routine work in the hospital. In addition, nurses also need time and resources to establish caring environments. Due to the pandemic, a stronger emphasis on caring theories is necessary for both nursing education and lifelong learning as it has values and beliefs and constant interaction between theory and nursing practice supporting care in the clinical setting.

Qualitative design

The following is the analysis of qualitative data arising from the study participants.

Sensibility

Nurse's statement: *"Mobile Phone Communication helps" (P3, b2) lacks the sensitivity of hazmat, likes not clear sound" (P4, b2).* Parental statement: *"At the time of installation of the tool I was reminded to pray and strive (O1, b1) "At the time of the parents experiencing stress due to the death of the nurse said a lot of prayers, Feelings ... insensitive nurse to my condition (O1, b3).*

The analysis highlighted that the mobile phone helps the nurses take care of the patients. For example, fulfilling the basic human need, discussing with parents the disease process and supporting the psychological need of the parents. This point is important as will increase the positive perception among nurses and patients.

Expression of positive dan negative emotion

Nurse's statement: *"Sometimes we must give information from the beginning... give the room phone number (P1,1). Parental feeling bored (P1,2). How parents sometimes panic when watching their child get Intra venous procedure... whether waiting outside or how (P3, b1-b3). I listened first... not cutting. Not like judging (P4, b1)".* Parental Statement: *"Giving information when... If called (P2, b2). Alhamdulillah in totality, but when viewed from the gesture his body does not look tired (P3.b1-3). Be very patient and never complain tired, most say later there will be a friend of mine who comes in if it is not finished (P4, b1)".*

The expression of positive and negative emotions is limited when using a mobile phone when delivering care. This situation impacts the communication among nurses, patients, and their families. Therefore, the hospital should provide strategies to improve the quality of communication.

Problem Solving

Nurse Statement: *"I ask for help from friends if I don't know. Procedure that I don't understand" (P3, b1). "You have to ...communicate. Don't pretend you know everything." (P2,1). "In essence, a lot of questions... We'll ask ... first." (P4, b1-2).* Parental Statement: *"Only If you want which drugs to take and... But if nurse can't do the procedure, it's like calling friends" (P2, b1-2). I'm sure nurses help me when I have any questions. But sometimes some nurses are confused... I'm more worried." (P3,1-2). "Sometimes you just wash your hands... Quick, deft" (P4, b1).*

The finding of this section stated that the problem-solving method according to the perception of nurses is unable to deal with the medical team and care provider in the hospital. In contrast, the parents need a caregiver that can provide information and solutions regarding the medication, psychological needs, and communication problems in the hospitals.

Discussion

When comparing the results of nurse and parent perception, there is a difference in values in each aspect. The study documented that the nurse perception is lower than the value of parental perception of caring behavior of nurses. The finding was supported by a study in a hemodialysis ward in which both patient and nurse respondents equally gave high value to the caring behavior of nurses (Delmas et al., 2019). In addition, the lowest score for nurses' perception is problem-solving. A study emphasized that problem-solving is important for nurses to deal with the various clinical problems in Hospital Nurses (Kim & Sim, 2020). Kim & Sim (2020) added that understanding a patient's clinical condition had a mediating effect on nursing awareness and communication skills. Also, communication skills and understanding of the patient's clinical condition influenced the nurse's perception of professionalism when delivering care in Hospital. Therefore, the professionalism of clinical nurses and nursing managers needs to be increased by

continuous education in the future (Poreddi et al., 2021). The condition is in line with previous caring research that nurses feel less with the knowledge they have while patients see that nurses have professional and scientific values (Papastavrou et al., 2012).

In this study, the lowest score of parents perceive is spiritual dimension compared to the other Watsons' carative factors. This is following Delmas et al. (2020) that the patient's perception score was higher than the score of nurse perception and the spiritual carative score was lower than Watson's carative factors. This situation, nurses in this situation should be aware of the concept of caring such as self-reflection in spiritual care that can be implemented by patients. An investigation supported that emotional intelligence and spiritual intelligence have a positive effect on the caring behavior of nurses (Kaur, Sambasivan, & Kumar, 2015). Also, the study concluded that the nurse feels insensitive to delivering care when using Personal Protective Equipment (PPE). A study highlighted that nurses' contact with COVID-19 patients will decrease the contact frequency due to the perception of nurses who are afraid of infection (Diogo et al., 2021). Much lower perception scores between nurses and parents described that nurses as not yet able to do all the items on CNPIS as this condition occurs in the isolation room leading to the nurse's contact with parents and children. Another theme discussed in this study is the dimension of sensibility. The finding described that children using mobile phone is difficult to articulate their parent expression along with unable to understand the nurse's expression during the care (Rosenbluth et al., 2020).

The perception of parents is expressed that when nurses hear them through any media, at that time parents feel that the nurse understands and listens to the parents. Even stroking the back when parents feel sad due to loneliness and saturation is an act of caring that parents perceive. This is following research that states that the perception of parents in accompanying children, especially infants, is influenced by caring nurses when caring for their children (Gallagher, Partridge, Tran, Lubran, & Macrae, 2017). The amount of caring activity of nurses in caring for their babies will affect their perception when accompanying children and being partners in providing care (Epstein, Miles, Rovnyak, & Baernholdt, 2013). The study also described that there is a difference in expression among nurses as this aspect is fundamental in nursing care. According to a study that receiving positive and negative expressions meant nurses heard what the patient expressed (Thomas, Newcomb, & Fusco, 2019). This statement is following the principle of childcare. For instance, a pediatric nurse should be able to be a good listener when patients express their emotions as this will make the parents respect and support the children (Meadow, 2015). Assessment of caring behavior can solve problems with the systematic method in the hospital. However, the study described the contrast that nurses are not able to solve the problem completely. This is because almost 50% of patients who enter the COVID-19 isolation room are confirmed patients of COVID-19 which means that the science of COVID-19 disease is new. Meanwhile, parents' perception is high because for them nurses look swift and deft in handling pediatric patients in the isolation room. This is very different from previous research on the perception of nurses and parents in emergency units who said that patients felt nurses could never answer their questions, and sometimes nurse answers did not match their questions (Thomas, Newcomb, & Fusco, 2019).

There is a significant difference between the perception of nurses and parents because nurses feel unable to work systematically because of the many new things encountered when giving care to pediatric patients with confirmed COVID-19 and Suspect COVID-19. Nurses should also expand their knowledge of the latest techniques for caring for pediatric patients in the isolation room of COVID-19 (Lee & Lee, 2020). Communication is an important factor to optimize caring, and health promotion in COVID-19 and COVID-19 prevention. Finally, the provision of nursing care that always provides caring care enhances the positive experience for children and parents who experience hospitalization. Being a child nurse in the COVID-19 isolation room must have sensitivity to patients. This sensitivity requires continuous experience and learning in being aware of the condition in the hospital. Sensitivity can also be well awakened if the PPE used by nurses will not be a burden in nursing care. Fewer differences in nurse and parent perceptions about caring behavior can be a reference for further caring research on the scope of child nursing by using these three differences plus efforts to improve the spirituality of nurses so that caring behavior is still implemented in nursing care.

Conclusion

Parental perception of caring behavior of nurses is high compared with other components. These findings could be used as basic data for establishing hospital systems and policies to support frontline nurses coping with infectious disease control to increase their adaption and positive experiences. Further study is needed to explore the impact of COVID-19 on parents' experience with the disease.

Author's declaration

The authors made substantial contributions to the conception and design of the study and took responsibility for data analysis, interpretation, and discussion of results. For manuscript preparation, all the authors read and approved the final version of the paper.

Funding

None declare.

Availability of data and materials

All data are available from the authors.

Competing interests

The authors declare no competing interest.

Acknowledgments

The authors thank the supported team for contributing to the study.

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