

Children's feelings in isolation rooms during COVID-19 hospitalization

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Abstract

The treatment given to children who have been confirmed positive for COVID-19 and are showing symptoms involves isolation, which consequently is an unpleasant experience for pediatric patients. In isolation rooms, children reported a “roller-coaster” of feelings due to being separated from their families and familiar surroundings. This study examines children's emotions while being hospitalized in isolation rooms due to COVID-19. The study follows a descriptive qualitative design. Online interviews were carried out and involved 10 children who had been confirmed positive for COVID-19 and were hospitalized in two big cities in Sumatra. Four themes emerged from the data: i) children's emotional conditions after finding out they had positive COVID-19 test results; ii) boredom and inconvenience during isolation; iii) support from the children's peer; and iv) happy responses to receiving negative swab results and being allowed to go home. These themes describe the children's adaptation process to isolation based on the feelings they expressed during the interviews. This study suggests that, in order to improve their facilities, hospitals should support children's activities during isolation and nurses should improve their therapeutic communication with pediatric patients.

Introduction

Children diagnosed positive for COVID-19 receive treatment in the hospital and isolation room until they recover. They might undergo unpleasant experiences, including boredom, sadness, anxiety, loneliness, wanting to go home, and wanting to meet with their friends.^{1,2} Other impacts they might feel during hospitalization in the isolation room include limitations of outdoor activities, sleep difficulties due to overillumination in the room or feeling scared, and trauma due to invasive procedures.³ These impacts might affect the recovery process and even worsen the child's condition. However, these problems seem to be neglected, as the medical team only focuses on the medication and treatment. Therefore, specific action is required to reduce the impacts, and further investigation of children's feelings during hospitalization should be conducted.

Another study mentioned the impacts of children being hospitalized in isolation rooms, for example, feeling anxious, fussy, crying, and school-age children feeling boredom and loneliness. One of the causes of this is the inability of children to be with their parents.² In another study that conducted in-depth interviews over six weeks, eight children complained about boredom, wanting to go home, and feeling sad about living apart from their family.⁴ This indicates that both physical and psychological impacts emerge in children treated in isolation rooms. Therefore,

any special treatment from healthcare professionals, such as nurses, to provide care for children in isolation rooms are needed to optimize the services so that children can recover both physically and mentally.

Until recently, not many literatures found related to this topic. The current study was to explore children's experiences while being hospitalized for COVID-19 in isolation rooms. The experience explored due to when children are confirmed positive for COVID-19, they became worried about their condition and afraid of this disease and loneliness during the isolation.

Material and Methods

The design of this study was descriptive qualitative. In this study, 10 children age ranged 7-16 years old who had been confirmed positive for COVID-19 and treated in isolation rooms were selected using purposive sampling. Saturation was reached on the seventh participant, and to ensure that no new data were obtained, the author added three more participants. The criteria of the participants in this study were school age up to adolescence, confirmed positive for COVID-19 and treated in isolation rooms (maximum 6 months after discharge), fully conscious, able to communicate in Indonesian, cooperative or willing to be interviewed, and did not have any physical disability, such as blindness, speech impairment, or deafness. The ethical approval was obtained from the Ethical Committee at Faculty of Nursing Universitas Indonesia (Ket-185/UN2.F12.D1.2.1/PPM.00.02/2021). The informed consent was signed by the parents before data collection started.

This study was conducted in Tanjungpinang and Batam, as these regions were included in the top 10 regions with the highest number of COVID-19 increases (*i.e.*, 77.8%) and a new tertiary referral hospital was built in Batam specifically for COVID-19 patients. This hospital for infectious diseases (RSKI) is a new facility provided by the local government in a fairly large area and is equipped with various services for COVID-19 patients. It also offers other facilities, such as sports facilities and a park, and is surrounded by various trees that make the place beautiful and peaceful. The hospital also had a special recreational area like a zoo for the patients.

The interviews were conducted through online interviews for each participant's using an online platform (video recorded) or in another mutually agreed-upon place, as the study was conducted after the children had recovered from COVID-19 and were already at home. Most of the participants were accompanied by

their parents to comfort them during the interview. The interviews were carried out from August to the beginning of November 2021.

The data analysis process in this study described the participants' experiences through interviews. The researcher listened to the verbal answers from the participants and documented them in the form of recordings and consent letters from the participants, classified their statements, read the transcripts repeatedly, created coding, determined the coding for significant and relevant statements, grouped the coding into categories, and developed themes, subthemes, and interpretations.

The validity of the data was achieved by having longer connections with the participants for credibility. Participants confirm that the results are accurate through member-checking process and thus this would ensure the validity of the data. In the transferability stage, the researcher reported the findings in a clear, detailed, systematic, logical, and reliable explanation. To obtain consistent data, the researchers (TA and NA) analyzed the data in a structured way and interpreted the findings according to what had been said by the participants. The researcher described the situation or setting that was being studied and supported it with the data from the interviews to achieve confirmability.

Results

The characteristics of children involved in this study varied in terms of age, sex, education, length of stay and infection history (Table 1).

Four themes were identified from the data: i) children's emotional conditions after finding out they had positive COVID-19 test results; ii) boredom and inconvenience during isolation; iii) support from the children's peer; and iv) happy response to receiving negative swab results and being allowed to go home.

Theme 1: Children's emotional conditions after positive COVID-19 test results

The children had negative thoughts after finding out they were confirmed positive for COVID-19. They said they were shocked and worried when they got the news, and others said they were sad and cried because they could not meet with their families. As one participant said, "Yes, very shocked, especially to go to hospital alone, I felt a little bit afraid" (P3). He was shocked after finding out he had COVID-19. He also stated that he felt afraid because he had to go to the hospital alone without his parent.

Another participant also felt the same: "Hmm, yes sad,

Table 1. Participants' characteristics

Participant number	Age	Sex	Education	Length of stay	Infection history
1	13	Male	Junior High School (2 nd grade)	9 days	Schoolmate
2	13	Male	Junior High School (2 nd grade)	10 days	Schoolmate
3	13	Male	Junior High School (2 nd grade)	9 days	Schoolmate
4	16	Male	Senior High School (2 nd grade)	10 days	Father
5	7	Female	Elementary School (2 nd grade)	10 days	Father
6	14	Female	Junior High School (3 rd grade)	8 days	Mother
7	14	Male	Junior High School (3 rd grade)	8 days	Father
8	8	Female	Junior High School (3 rd grade)	8 days	Father
9	10	Female	Elementary School (4 th grade)	7 days	Mother
10	14	Female	Junior High School (3 rd grade)	16 days	Mother

shocked, also afraid, why I got COVID-19” (P9). She felt sad, shocked, and afraid when she knew she was confirmed COVID-19 for the first time.

The 10th participant also felt shocked when she was confirmed positive for COVID-19: “Of course, shocked, like why, crying, why me” (P10). Moreover, she said that she was crying when she found out. She also always asked herself why it was she who was infected with COVID-19, as if she could not accept her condition.

Theme 2: Boredom and inconvenience during isolation

Another emotional condition felt by the children during isolation in the hospital was boredom. One participant said that she felt inconvenienced and bored: “Feeling bored, inconvenienced, couldn’t go anywhere, just staying in the room; that’s very boring” (P6). She also spoke about feeling aches all over her body, in addition to the boredom that she also felt: “That’s it, when I was there— inconvenient, boring—and also my body ached.” (P6)

The following statement from the ninth participant clearly shows that she felt trauma: “Yes, so if [I go] away again, no. Don’t want to get infected again. No more, can’t go to school” (P9). She said that she did not want to get infected with COVID-19 again because if she were confirmed positive for COVID-19, she could not go to school.

Theme 3: Support from the children’s peer

This subtheme explains that the participants received strength and support to recover from those closest to them. The support was from the participants’ families and close friends. This made the participants more motivated during their isolation until they had negative results and were allowed to go home. This subtheme was supported by the following statements: “It was okay. Sometimes friends gave support. Sometimes when I was bored, my mother’s friend asked about my condition and gave cendol [iced dessert], like that.” (P8)

During the isolation, the participants felt grateful because they also had support and prayers from their families. Strength, prayers, and support were not only offered from their families but also from schoolmates and the health workers who treated them during the isolation as mention by one participant: “Yes, because friends also supported, like, don’t be sad; you’ll get through it.” (P10). Another participant reinforced by saying: “Yes, they prayed for me to get well soon, also gave support, always support, telling me, so I felt happy. They were kind.” (P4)

Theme 4: Happy responses when receiving negative swab results and being allowed to go home

This theme described the children’s better health conditions after isolation in the hospital. This condition could be seen from fewer symptoms and complaints from the children and was confirmed by negative swab results and the children feeling healthy again. This theme was supported by the following statement: “Now, I feel happy because I’m blessed with health.” (P9).

The theme about the children’s health getting better can be seen in their statements about feeling fewer COVID-19 symptoms. This theme also explains their feelings when they were allowed to go home. Some of them felt happy because it would mean the end of the boredom during isolation in the hospital. This happy feeling was also because they missed their families at home. The following statements are the foundation of the sub-theme regarding the children’s happy feelings about going home: “Happy, grateful, no more hospital. (P3); Feeling happy, like I want to scream—happy scream, not sad scream.” (P9)

Discussion

In this study, the children revealed several emotional conditions when finding out they had received positive COVID-19 test results. This was because they were worried and did not know what would happen to them. Some participants also said they were shocked to find out that they were infected with COVID-19. Many others also said that they were afraid to know that they were confirmed positive for COVID-19.

Another emotional condition was about feeling sad about being confirmed positive for COVID-19. This sad feeling was shown by the children’s crying responses when they found out that they were confirmed positive for COVID-19. Furthermore, they felt sad because they were unable to meet with their family and friends. These are some of the reasons they felt traumatized while undergoing COVID-19 isolation treatment at the hospital. This is in line with the findings of Gross (2020), who stated that the fear, anxiety, and stress experienced by children will cause trauma for some children and interfere with their daily lives, learning processes, physical health, and socialization processes.⁵

Another study also found that children who were isolated tended to experience anxiety, fussiness, and crying, especially school-age children who could already express what they felt, and that the loneliness they experienced was because they were not with their parents or other family members.² In addition, another study found that feelings of boredom and wanting to meet with friends were also felt by children as a result of being in isolation rooms, and because they were not allowed to go to school, the limitations regarding attending lessons caused an impact on accumulated tasks and triggered stress in children while being treated in isolation rooms.¹

During isolation, the participants also received support and prayers from their closest family members and friends, which made them feel more at ease during the isolation period. In addition, some participants did not experience COVID-19 symptoms such as loss of appetite, so they could still enjoy the menu provided and could fulfill their nutritional needs during isolation.

One of the themes of the study was happy responses when receiving negative swab results and being allowed to go home was one of the themes. This was because most, or even all, participants were happy when the swab results were negative and they were allowed to go home by the doctor. In addition, when the participants were allowed to go home, most of them said the symptoms of COVID-19 had begun to decrease or were even no longer felt, and they felt healthy.

Their happy responses when being allowed to go home were also due to being free from the boredom they felt during isolation. The boredom was also because the children who were confirmed positive and experienced symptoms of COVID-19 were not recommended to have outdoor activities, especially at school or on the playground. After receiving negative swab results and continuing isolation at home, the children were allowed to take part in activities outside or go to school.⁶

Conclusions

During hospitalization, children had mixed feelings because they had to be separated from their families or familiar surroundings. However, they could begin to adapt to the new environment until they were allowed to return home. This study provides different children experiences during their isolation period due to COVID-19 positive in the hospital. In spite of unfavorable

moment in the hospital, the children go through positive experiences since the hospital environment also provides a special recreational area. Hospitals should support children's activities during isolation, afterwards, the children may go through better experiences during the hospitalization in the isolation room. Nurses should improve their therapeutic communication particularly with pediatric patients in the isolation room.

References

1. Boztepe H, Çınar S, Ay A. School-age children's perception of the hospital experience. *J Child Health Care* 2017;21:162–70.
2. Zain A, Sinnathamby AS, Aishworiya R, et al. Don't leave me alone! Ethics of quarantine and isolation in young children. *Pediatr Neonatol* 2020;61:573–6.
3. Padila P, Agusramon A, Yera Y. Terapi story telling dan menonton animasi kartun terhadap ansietas. [Story telling therapy and watching cartoon animation on anxiety] *J Telenursing* 2019;1:51–66.
4. Lut I, Evangeli M, Ely A. “When I went to camp, it made me free”: A longitudinal qualitative study of a residential intervention for adolescents living with HIV in the UK. *Child Youth Serv Rev* 2017;79:426–31.
5. Gross K. Trauma doesn't stop at the school door: Strategies and solutions for educators, preK–College. New York: Teachers College Press; 2020.
6. Centers for Disease Control and Prevention (CDC). Information for Pediatric Healthcare Providers Care for Children: Symptoms and Severity of COVID-19 in Children. 2020. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>.

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