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

Yunita Ida R Sipahutar¹*, Heni Suzana Mediani², Fauziah Rudhiati³, Yayat Suryati⁴, Nunung Nurjanah⁵, Le Thi Thanh Tuyen⁶

¹ Magister Nursing Student at School of Health Sciences Jenderal Achmad Yani Cimahi, Indonesia.
Email: yunitarianty44@gmail.com
2 Universitas Padjajaran Nursing Faculty, Jatinangor, Indonesia
3,4,5 School of Health Sciences Jenderal Achmad Yani Cimahi, Indonesia
6 Da Nang University of Medical Technology and Pharmacy, Vietnam

DOI: https://doi.org/10.31603/nursing.v9i1.5896

ABSTRACT

Children suspected or confirmed cases have increased along with the increase in Covid-19 cases in adults. Pediatric nurses in the Covid-19 isolation room must understand caring behavior based on 10 Watson Carative in providing positive experiences for children and parents who are hospitalized in the Covid-19 isolation room. The goal of the study was to identify the perception between nurses and parents about nurses’ caring behavior based on every 10 Watson creatives. This research used mix method study. Respondents were taken with purposive sampling techniques. The data was collected based on each of Watson’s 10 Caratives using CNPIS-70 developed by Cossette in 2005. Analyze data with univariate and bivariate analysis. The results found that assessments of caring behavior based on the total of each Watson Carative dimension based on nurse perception were lower than parental perception values. Sub-themes found that mobile phones help, always silent to hear when parents express opinions, and continuous learning for nurses about Covid-19 Children. For parents, physical contact and lower parental anxiety about nursing procedures in the isolation room is a form of caring for nurses.

Key Words: Caring; Children; Covid-19; Isolation; Nurses; Parents
INTRODUCTION

The effects of hospitalization in pandemics are bringing new changes for parents primarily because of the abundance of caution, widespread restrictions or bans on family attendance that have been implemented in many care rules. This results in negative consequences that are not desired by the family (Dokken & Ahmann, 2020; 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 child care because they are able to prepare a child while hospitalized and prepare procedures that will be followed into effect. Parents in the concept of child nursing care are integrated in the health team. Decisions about children should be based on the decisions of parents. (Hockenberry, 2017). The presence of a family can make all procedures more effective and the child and family will believe in the responsibility of the nurse caring for them (Meadows, 2015).

Currently the Covid-19 isolation treatment room is considered effective to reduce the spread of the Covid-19 virus. This isolation room with negative pressure is made separate and closed. Banning family visits and mandatory use of PPE (Personal Protective Equipment) are required for health workers who provide direct care to Covid-19 patients (KEMENKES RI, 2020).

The decision to make an isolation room and the use of PPE becomes a problem in applying a centralized concept between the patient and the family in especially parents. Based on qualitative research on the experience of caring for Covid-19 patients, communication becomes a challenge in caring for patients and families. The use of technology is considered very important because of the limited space and PPE in nurses who care for patients. Different information and communication about the Covid-19 virus and the management of Covid-19 treatment in hospitals can make different perceptions in each individual (McCarthy et al., 2021).

Based on Ana Raquel & Irene P (2021) those who analyzed the effect of face mask use on nurses based on the perception of patients treated with wounds in Portuguese hospitals (n= 60) said that the use of masks had a significant effect (p =0.000) on the quality of patient satisfaction about the interpersonal behavior of nurses, communication and the technical quality of care. The conclusion found that there was a negative relationship effect on nurses who used masks. The use of masks also makes the patient not know the expression given by the nurse whether empathy or smiling (Padhy, 2020).

Watson (2008) said communication is one of the soft skills in the behavior of caring nurses towards patients in the (Alligood, 2014). Proper communication can make a sense of comfort when the child is hospitalized. Watson (1997 in Aligood, 2014) says when the patient tells about the situation he experienced both through gaze, direct communication and even the spiritual attitude of the patient at this time the nurse must be able to give attention to the situation displayed by the patient. Caring in the concept of care for pediatric patients leads to the behavior exhibited by the child nurse through the process of explaining the procedure, answering questions openly and honestly, creating an environment that makes the child and parent feel controlled by the nurse (Meadows, 2015). Caring behavior is one of the advocates of atraumatic care in children who undergo hospitalization (Glasper, Ealan & Richardson, 2010). In Kusmiran research (2015) parents' low perception of caring behavior due to nurses letting their children when their child cries.
The ability of nurses to provide caring must be done amid concerns and anxiety about the transmission of the COVID-19 virus. Based on data from PPNI (Persatuan Perawat Nasional Indonesia) that since the increased of patients with COVID-19 disease, almost 15,000 nurses in Indonesia are exposed to the number of dead as many as 373. (Harif Pahdihlah dalam Republika.co.id ¶2 written by Indira Rezkisari, 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). Caring in the nursing concept is essential when carrying out nursing care.

Caring application in the situation of pandemic Covid-19 especially in the scope of child nursing is inseparable from the support and role of parents who are always present to accompany children in the Covid-19 Isolation room. The ability to have authority and provide a sense of security and comfort which is the expertise of parents is reduced and in some cases even lost during the COVID-19 pandemic (McCarthy et al., 2021). Anxiety that parents feel when treated in an isolation room can also be an anxiety of the child being treated. The limited scope of the care environment and the use of PPE, further increases family stressors if nurses are unable to provide caring care to child patients and accompanying parents. Child care itself is a comprehensive care and requires cooperation with parents as a companion and decision maker (Hockenberry, 2017).

Research on caring has been done a lot in the world of nursing. Each study uses a different instrument and corroborates the implications of caring in the world of nursing. Care is viewed as the central focus of nursing and it is fundamental in clinical practice (O. Adeyemo et al., 2016). The studied in Croatia used of CNPIS involving 2 respondent nurses that’s are bachelor nursing nurses and trained nurses. The results of the study showed the similarities of caring behavior in the karatif needs subkala that must be given by nurses in displaying caring behavior to patients (Vujanić et al., 2020). The other studied with Differences in perception between nurses and parents have been done in studies in adult care and special outpatient units (Hemodialysis) abroad that use quantitative techniques. The result is that both of nursing and patient give higher score on caring behaviour but patient’s perception of the Nursing caring behavior is higher score than the nurse’s perception of caring behaviour except spirituality (Delmas et al., 2020). Other research also mentions quantitative techniques to patients and qualitative to nurses can be done simultaneously to see the perception of caring behavior of nurses in a certain unit of with different instruments. The concept of caring itself is an essential and universal concept in nursing that continues to require study and input because of its ontological nature and develops according to the needs of patients (Alligood, 2014).

The phenomenon of different perceptions between nurses and parents about caring behavior of nurses It has never been found in isolation, especially in the Covid-19 pandemic. There are still many fears felt by patients and parents when entering the Covid-19 isolation room because they have to be left in their own room made researchers interested to see how caring nurses behave in the isolation room of Covid-19 Children at Cibabat Cimahi Hospital with mix methode study.
Research Methode

The design used is research using Mix Methode Studied With Analitic Descriptive for kuantitif studied and Explanatory Suqensial for Kualitatif Studied. The Kuantitatif study data collection tool used the CNPI 70 Cossette questionnaire (2005) by changing the wording of the patient to parenthood. Cossete developed the Nurse-Patient Care Interaction Scale (CNPI-70) as a reliable instrument for assessing the quality of nurse-patient interaction (quality of care). CNPI-70 consists of 70 items from 10 karative factors/subskales. This measuring tool itself is quite valid and is often used in various research areas. Validity and Reliability in the study conducted by Kusmiran 2017 on 30 nurses in the hospital obtained the results of Corrected Item-Total Correlation 0.605-0.943, with an Alpha Cronbach rehabilitation value of 0.992. The number of samples used using sampling techniques 2 respondents with a minimum sampling of 30 in each respondent. Quantitative analysis to obtain a picture of the perception of nurse respondents and parent respondents with a frequency of every 10 watson karatif then performs data normality with skewness tests. After that do a different test of the two respondents on each karatifnya. For data that is not normal distribution researchers use the Mann Whitney test and for normal distribution data researchers use the independent T Test on two homogeneous respondents (Riyanto, 2011). During pandemic situations the use of direct writing on paper is severely restricted. Therefore, researchers conduct instrument charging techniques using internet-based formats. After being found different in quantitative research researchers conduct qualitative research by conducting semi-structured questions on the two respondents. Found the themes that appears when conducting an interview with focus group discussion techniques through the Zoom application. For Qualitative Research researchers create a guide interview form that matches the differences found in previous studies.

Data analysis by Miles and Huberman (Emzir, 2016). The first activity collected data through semi-structured interviews, qualitative questions with semi-structured interviews made by researchers as many as 6 questions each to nurses and parents to explain or look for differences in perception found. with FGD (Focus Group Discussion) through the Zoom application, both reduce data by selecting the data to be displayed. The third presents the data in the form of tables and schemes based on the perception of nurses and respondents and the fourth conducts discussions and withdrawals of conclusions.

RESULT

The results of the study describe the behavior of caring nurses according to nurse and parent perception based on every 10 watson caratives depicted on the frequency distribution table.

A. Quantitative Research

Pada penelitian ini peneliti membuat bagan bagan yang memperlihatkan nilai pada tiap tiap dimensi caring Watson. Setiap bagan memperlihatkan nilai Mean tiap kelompok.
Tabel 1 Distribution of Caring Behavior of Nurses Based on Perception of Nurses Using 10 Karatif Watson in Isolation Room Covid 19 Children

<table>
<thead>
<tr>
<th>Dimension of Caring</th>
<th>Mean Med</th>
<th>S.D</th>
<th>Min-Max</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altruistic/ Humanistic</td>
<td>25.30</td>
<td>3.30</td>
<td>12-30</td>
<td>24,07-26.53</td>
</tr>
<tr>
<td></td>
<td>25.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hope</td>
<td>29.70</td>
<td>4.62</td>
<td>14-35</td>
<td>27.97-31.43</td>
</tr>
<tr>
<td></td>
<td>30.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensibility</td>
<td>24.60</td>
<td>2.70</td>
<td>18-30</td>
<td>23.59-25.61</td>
</tr>
<tr>
<td></td>
<td>24.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helping Relationship/Trusting</td>
<td>29.47</td>
<td>2.58</td>
<td>25-35</td>
<td>28.50-30.43</td>
</tr>
<tr>
<td></td>
<td>28.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expression of emotion positive and negative</td>
<td>23.77</td>
<td>2.49</td>
<td>18-28</td>
<td>22.84-24.70</td>
</tr>
<tr>
<td></td>
<td>24.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Solving</td>
<td>23.07</td>
<td>3.79</td>
<td>14-29</td>
<td>21.65-24.48</td>
</tr>
<tr>
<td></td>
<td>24.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching</td>
<td>37.10</td>
<td>3.09</td>
<td>32-45</td>
<td>35.95-38.25</td>
</tr>
<tr>
<td></td>
<td>36.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment</td>
<td>29.03</td>
<td>3.68</td>
<td>22-35</td>
<td>27.66-30.41</td>
</tr>
<tr>
<td></td>
<td>28.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needs</td>
<td>42.83</td>
<td>4.47</td>
<td>37-50</td>
<td>41.16-44.50</td>
</tr>
<tr>
<td></td>
<td>41.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirituality</td>
<td>23.80</td>
<td>3.01</td>
<td>17-30</td>
<td>22.68-24.92</td>
</tr>
<tr>
<td></td>
<td>24.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tabel 1 Describing the caring behavior of nurses based on every 10 watson caratif according to the perception of nurses in the isolation room Covid-19 children are as follows: the mean value on humanistic / altruistic attitudes is at 25.30, mean value on Ability to give hope 29.7, mean value Sensibility to yourself and others 24.6, mean value of helping relationship / Trusting 29.47, mean value to positive and negative expressions of emotion 23.77, mean values problem solving 23.07, mean values teaching 37.10, mean values Environment 29.03, mean value of basic needs 42.83 and mean value spirituality support 23.80.

These results show the average value of nurse perception is the maximum value based on the table. Nurses perceive high scores for their caring behavior. Problem Solving values are lower than other Watson’s Caratives.
The frequency distribution of table 2 shows that caring nurse behavior based on parental perception using 10 Watson caratives in a child’s Covid-19 isolation room as follows: The mean value in The Humanistic/Altruistic Attitude is at 25.43, the mean value at Hope is 30.47, the mean Sensitibility value is 26.8, the mean helping relation/Trusting value is 29.50, the mean Expression of Emotion positive and negative value is 25.03, the mean Problem Solving value is 24.27, the mean Teaching value is 37.27, the environment mean value is 28.57, the mean Needs value is 44.30 and the spirituality mean value is 23.10. The results of parental perception of caring behavior of nurses found that spiritual mean values were lower than the nine Watson caratives.

Furthermore, researchers conducted a data normality test with the Skewness Test obtained 8 Carative dimensions that do not distribute normal and 2 normal distribution karatif. Different tests are performed using the Mann Whitney Test on 8 dimensions that do not distribute normally and the T Test in 2 normal-distributed Carative dimensions. The results can be seen in table 3 and table 4.
Tabel 3 Distribution of Average Frequency of Caring Behavior of Nurses According to Nurse and Parent Perception of 8 Caratives Watson in Covid 19 Child Isolation Room (Mann-Whitney Test)

<table>
<thead>
<tr>
<th>Dimension of Caring</th>
<th>Group</th>
<th>N</th>
<th>Mean Rank</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altruistik/ Humanistik</td>
<td>Nurse</td>
<td>30</td>
<td>29,23</td>
<td>0,569</td>
</tr>
<tr>
<td></td>
<td>Parents</td>
<td>30</td>
<td>31,77</td>
<td></td>
</tr>
<tr>
<td>Hope</td>
<td>Nurse</td>
<td>30</td>
<td>29,53</td>
<td>0,665</td>
</tr>
<tr>
<td></td>
<td>Parents</td>
<td>30</td>
<td>31,47</td>
<td></td>
</tr>
<tr>
<td>Sensitibility</td>
<td>Nurse</td>
<td>30</td>
<td>26,28</td>
<td>0,056</td>
</tr>
<tr>
<td></td>
<td>Parents</td>
<td>30</td>
<td>34,72</td>
<td></td>
</tr>
<tr>
<td>Helping Relationship/Trusting</td>
<td>Nurse</td>
<td>30</td>
<td>28,75</td>
<td>0,429</td>
</tr>
<tr>
<td></td>
<td>Parents</td>
<td>30</td>
<td>32,25</td>
<td></td>
</tr>
<tr>
<td>Expression of Emotion Positive dan Negative</td>
<td>Nurse</td>
<td>30</td>
<td>25,95</td>
<td>0,042</td>
</tr>
<tr>
<td></td>
<td>Parents</td>
<td>30</td>
<td>35,05</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nurse</td>
<td>30</td>
<td>23,23</td>
<td>0,034</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>Parents</td>
<td>30</td>
<td>33,77</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nurse</td>
<td>30</td>
<td>27,95</td>
<td>0,253</td>
</tr>
<tr>
<td>Teaching</td>
<td>Parents</td>
<td>30</td>
<td>33,05</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nurse</td>
<td>30</td>
<td>31,73</td>
<td>0,573</td>
</tr>
<tr>
<td>Spirituality</td>
<td>Parents</td>
<td>30</td>
<td>29,27</td>
<td></td>
</tr>
</tbody>
</table>

Mann Whitney's test of 8 watson caratives that did not normally distribute at alpha values of 5% found there were 3 significant differences Caratives that’s are to cultivate sensitibility 0.056, Positive and negative expression of emotion 0.042 and able to overcome problems solving 0.034.
Table 4 Distribution of Average Frequency of Caring Behavior of Nurses According to Perception of Nurses and Parents of 2 Karatif Watson in Covid 19 Child Isolation Room (Test T Independent)

<table>
<thead>
<tr>
<th>Dimensi Caring</th>
<th>Kelompok</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>P Value</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td>Nurse</td>
<td>3.68</td>
<td>0.67</td>
<td>0.625</td>
<td>0.625</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Parents</td>
<td>29.03</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>28.57</td>
<td>3.68</td>
<td>0.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needs</td>
<td>Nurse</td>
<td>4.47</td>
<td>0.81</td>
<td>0.221</td>
<td>0.221</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Parents</td>
<td>42.83</td>
<td>3</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>44.30</td>
<td>4.71</td>
<td>0.86</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identification of the results of the T Independent Test averages the caring behavior of nurses according to the perception of parents and nurses to 2 watson karatifs that are distributed normally, namely that there is no difference in perception between parents and nurses where alpha values > 5%. This shows that nurses and parents alike perceive values that are not much different about caring behavior of nurses in the isolation room of Covid-19 children.

B. Qualitative Research
The sub-theme analysis of 3 differences from Watson's 10 Karatifs is:

1. Sensitibility
   **Nurse’s statement**
   "Mobile Phone Communication helps" (P3,b2) lacks the sensitype 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 prayer, Feelings ... insensitive nurse to my condition (O1,b3)

   The theme found was that nurses said they felt helped by using mobile phones so that they became aware of the needs of patients, feeling sensory reduced due to the use of PPE. The theme for parents sensitivity is to understand the feelings of parents that sometimes nurses can do by rubbing the back of parents. Parents want nurses not to talk too much when they are sad.

2. Expression of Emotion positive dan negative
   **Nurse Statement**
   Sometimes we have to give information from the beginning... give the room phone number (P1,1) definitely..parental feeling bored (P1,2)
   How parents sometimes have panic when watching their child got Intra venous procedur... 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)
Alhamdulilah 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 themes found in nurses perceived Expression of Emotion positive and negative as limited in seeing expressions due to the use of mobile communication, having to routinely inform, saturation parents and hear parental complaints. As for parents, the perceived perception of caring behavior of nurses expression of emotion is to provide solutions, appear calm and do not look tired.

3. Problem Solving

Nurse Statement
"I ask for help from friends if I don't know. Prosedur that I don't understand" (P3,b1)
"You have to ...communicate. Don't pretend you knows 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 procedure its like calling friends" (P2,b1-2)
"I’m sure nurses help me when I have any questions. But sometimes there are nurses who are confused... I’m more worried." (P3,1-2)
"Sometimes you just wash your hands... Quick, deft" (P4,b1)

Systematic problem solving according to the perception of nurses is the inability to make their own decisions and ask questions and coordinate with DPJP (Doctor in Charge of Patients) and PPA (Care Provider Officer) others. For parents the perception that arises with the theme that the nurse is someone who always provides information and solutions about the drug to be taken, remain calm despite finding problems, nurses make the parents worried about nursing prosedur and nurse who always coordination.

DISCUSSION

When comparing the results of nurse and parent perception, there is a difference in values in each carative, namely the value of nurse perception is lower than the value of parental perception of caring behavior of nurses. This value shows that parents perceive positively the caring behavior provided by nurses. It's equivalent to Delmas et al. (2020) Who conducted a perception study between hemodialysis patients and their nurses that both patient and nurse respondents equally gave high value to the caring behavior of nurses.

The lowest mean value compared to 9 Caratives according Nurse perception in this study is Problem solving. Nurses describe conditions are 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. (Papastravou, 2011). While the results of the image of the lowest mean value of parents perceive is spiritual dimension compared to the other 9 Watson karatif. This is in accordance with Delmas et al. (2020) The patient’s perception score was higher than the score of nurse perception and the spiritual karative score was lower than watson’s other
nine caratives. Nurses in this situation should be aware of the concept of caring based on Duffy (2009 dalam Kusmiran, 2015) That is, nurses must do self-reflection, one of which is to pray so that it can be implemented to patients and colleagues. Research Sunaryo et al., 2017 say the same thing that emotional intelligence and spiritual intelligence have a positive effect on the caring behavior of nurses.

The results of different tests of the two respondents found an Alpha value of 5% namely Sensitibility the mean value of nurses 24.60 while parents were at a value of 26.80 with a higher parental mean value than nurses. Based on a different test Mann Whitney value P value 0.056 indicates a significant difference in karatif sensitivity. This was revealed during an interview that the nurse feels insensitive and sensitive when using Personal Protective Equipment (PPE) when it comes to holding a child patient, the nurse’s sensory becomes reduced. Diogo et al. (2021) He said that the nurse’s contact with Covid-19 patients will decrease the intensity of the contact due to the perception of nurses who are afraid of infection if frequent contact with Covid-19 patients. Much lower perception scores between nurses and parents described that nurses as not yet able to do all the items on CNPIS created by Cossette et al. (2005) This condition occurs in the isolation room makes the nurse’s contact with parents and children reduced.

Another theme on the dimension of sensitibility in the isolation room of COVID-19 children that the use of cell phone technology becomes a way of parents in expressing their feelings but for nurses the expression cannot be shown through the use of cell phone technology, especially in children who do not know the nurse well (Rosenbluth et al., 2020). The perception of parents is expressed that when nurses are always there to hear them through any media, at that time parents feel that the nurse understands and listens to the wishes of parents. Even stroking the back when parents feel sad due to loneliness and saturation is an act of caring that parents perceive. This is in accordance with research that states that the perception of parents in accompanying children, especially infants, is influenced by caring nurses when caring for their children. 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 EG, Miles A, Rovnyak V, 2013).

Assessments of nurse perceptions about positive and negative expression of emotion showed nurses’ mean values of 23.77 and parents’ 25.03 with a p value of 0.042 significant p<0.05 showed differences in parents and nurses’ perceptions. In Kualitatif design thats Positive and negative expressions are received by the patient when the nurse is silent, listens and is present in its entirety. Acording Thomas et al. (2019) Those who used the triangulation method of quantitative description in patients and qualitative methods in nurses simultaneously found that receiving positive and negative expressions meant nurses heard what the patient was saying. This statement is in accordance with the principle of child care, namely that being a child nurse should be able to be calm and not cut off the conversation of parents when doing care, because parents will respect, support and spirit in caring for their children in order to get through the disease and healing process (Meadow, 2015).

Assessment of caring behavior in karatif has the ability to solve problems with systematic visible differences in the value of the nurse’s mean rank is in the range of 23.23 and parents at the mean rank of 33.27. The value is far enough to show that nurses describe themselves as not able to solve problems systematically according
to the knowledge they have, namely the use of Nursing Care (PPNI, 2020). 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. While parents perceive the value of nurses in this karatif with higher score because for them nurses look swift and deft in handling pediatric patients in the isolation room of Covid-19 children even though they seem to sweat easily when using Personal Protective Equipment (PPE). 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, sometimes nurse answers did not match their question needs (Thomas et al., 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 of caring for pediatric patients in the isolation room of Covid-19 (Lee & Lee, 2020). Communicating as a implication of caring make Nursing activities regarding continuous information is to improve health promotion in Covid-19 Isolation patients and also as an effort to prevent Covid-19 (KEMENKES RI, 2020).

Therefore, nurses and parents’ perceptions of caring behavior will always make a difference. This difference continues to be a improvement for nurses in providing care, especially in the scope of child nursing, when caring for pediatric patients in the isolation room of Covid-19 children. The provision of nursing care that always provides caring care enhances the positive experience for children and parents who experience hospitalization.

LIMITATION OF RESEARCH

Filling out questionnaire forms also often raises the question that in pandemic situations uses online forms that must be clarified continuously by researchers and respondents through online. Online activities also affect communication between respondents and researchers when FGD is caused by internet signal interference that occurs when digging deeper into the information conveyed by respondents.

IMPLICATION IN NURSING

Being a child nurse in the Covid-19 isolation room must have sensitivity to yourself and others. This sensitivity requires continuous experience and learning in being aware of our condition and the condition of others. Sensitivity can also be well awakened if the PPE used by nurses is a standard PPE that is not a barrier that burdens nurses in taking action. The use of CNPIS in reviewing caring behavior based on the perception of parents and nurses is very appropriate in all areas of nursing. The use of CNPIS developed by Cossette has not been focused on specific units. But some items are enough to answer perceptions for nurses and parents based on several studies using this scale (Sitzman, 2019). 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
The study of 30 nurse respondents and 30 parent respondents in looking at the picture of caring behavior of nurses in the isolation room of Covid 19 children in Cibabat Cimahi City Hospital showed a picture of value in every 10 watson cariates. Parental perception of caring behavior of nurses averages higher than nurse perceptions. In this study also found 3 differences in Watson’s karative obtained through bivariate analysis using different tests. Researchers found three differences: Sensitivity, Expression of emotion positive and negative dan Problem Solving. In qualitative research, it was found that the theme of nurses was not sensitive to using hazmat, technology was very helpful, parents were bored so they often expressed their opinions, were silent and listened when parents expressed their opinions. There is little information and new things about Covid-19. At least the difference shows that caring in hospitals has been implemented in the Covid-19 Child isolation care unit.

DISCLOSURE STATEMENT
All the author contributed to this study. There are no ghost writer included during the manuscript preparation process.

REFERENCE
Company.


This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License