

# **Perception of Pain in Children With Covid-19 Using DWT (Drawing, Writing And Tell) at Hospital For Emergency Covid-19 Management Athlet College Kemayoran**

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## **ABSTRACT**

COVID-19 can occur in all age groups including children. One of the most common symptoms that children with COVID-19 experience was pain. Pain perception in children was influenced by the level of understanding and how to communicate. Draw, write and tell Method (DWT) was a method used to assess pain in children. The purpose of this study was to explore the perception of pain in children with COVID-19 using the Draw, write and tell method. This study used a qualitative method with a descriptive phenomenology approach. The study participants consisted of six children aged 4-10 years who were treated with COVID-19 who could draw or like to draw and were able to write and tell the results they drew. Data analysis used the analysis stage according to Colaizzi. The findings of this study included (1) The physical changes felt by children before being confirmed by COVID-19. (2) The discomfort felt by the child when the swab is examined. (3) Child psychological impact. (4) Child Social Impact.

**Keywords:** Child, COVID-19, DWT, Pain Perception

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**BACKGROUND**

Currently COVID-19 has been declared a pandemic case and is one of the most serious health problems in the world, with the number of cases always increasing every day. Covid-19 attacks everyone regardless of age or gender, one of which is children. According to data from the American Academy of Pediatrics (AAP) and the Children's Hospital Association, 1.2 children worldwide have been infected with the Covid-19 virus since this pandemic began to spread. In November 2020 there were 144,145 new cases in children with Covid-19, which indicates an increase of as much as 28%. According to Wu, et al (2020) the incidence of COVID-19 in children aged 10-19 years was 549 / 72,314 or 1% of all cases, while the age group <10 years was 416 / 72,314 (0.9%) cases.

In Indonesia there are 450 cases of COVID-19; 38 of them died. Data from the Indonesian Ministry of Health (2020) there are 1,851 cases of Covid-19 in children aged less than 18 years, with the highest number of cases occurring in DKI Jakarta, with 917 cases. Based on these numbers, 41 children with ODP status and 383 children with PDP status were found to have died due to COVID-19.

Children with COVID-19 can experience different symptoms and spread their viral load for longer. Previous research has shown that more than 1/3 of COVID-19 cases in children are asymptomatic. Based on data from the Indonesian Pediatrician Association (IDAI), more than 90% of the 2,143 children who were laboratory confirmed or diagnosed with COVID-19 were asymptomatic, mild or moderate illness. Only 5.2% were seriously ill and 0.6% were critically ill. The prevalence of serious and critical illness in children <1 year is 10.6%, 1-5 years 7.3%, 6-10 years 4.2%, 11-15 years 4.1% and 16-17 years 3% (IDAI, 2020). According to the ZOE app, a COVID-19 symptom study app established in the United Kingdom, fatigue, loss of appetite and headaches have been noted as common symptoms of COVID-19 in children. According to the Centers for Disease Control and Prevention, headaches have been declared as one of the official symptoms of COVID-19 in children. The symptoms felt by children with COVID-19 are pain such as headache and pain in swallowing (WHO, 2020).

Nursing management in the management of children with COVID-19 focused on assessing pain intensity and interventions in children. The main difference between pain in adults and children was the level of understanding and mode of communication. Children can use crying expressions or verbalizations in expressing the pain they are experiencing. The pain felt in children is varied, complex and subjective (Pope, et al., 2018). Involving children directly in pain assessment will find out the real pain problem (Angell, et al. 2015). One of the methods used in assessing pain in children by involving it directly was the drawing, writing and storytelling method known as the draw, write and tell method (DWT).

The DWT method allowed children to explore aspects and pain that are difficult to articulate using language. Drawing, writing and storytelling activities are forms of communication that aim to explore pain experiences in children (Carter and Ford, 2013), stimulate imagination, and help children remember (Pope, et al., 2018), and provide information about pain felt in children. Based on the description above, it was necessary to know the pain felt by children using the DWT method. The purpose of this study was to identify in depth the perception of pain in children with Covid-19 using the draw, write, and tell method at RSDC Wisma Atlet, Kemayoran.

**METHODS**

This research was a qualitative study with a phenomenological study approach to determine and get a picture of pain perception in children using the draw, write, and tell

method. This study provided freedom for children to explore the feelings of pain they feel according to their experiences. Participants were selected using a purposive sampling technique that was determined based on predetermined criteria. Participants in this study consisted of six participants, children aged 4-10 years old who could draw or like to draw and were able to write and tell the results they drew.

Data collection was carried out by identifying children suffering from COVID-19 in the Emergency Room RSDC Athlet College Kemayoran, after which the researcher asked parents for consent to carry out the data identification process. After the identification process, the researcher conducted an interview process with participants via video call. Interviews were conducted for  $\pm$  45 minutes to 1 hour, with the number of meetings up to confirming and validating data in the form of verbatim transcripts for 2 meetings. The interview guidelines were conducted in a semi-structured manner containing open questions to explore data in accordance with the research objectives, namely to explore the perception of pain in children with COVID-19. The question consisted of the child's symptoms before being confirmed by COVID-19, the child's feeling when he had to do a swab examination, the child's feeling when he found out that he was suffering from COVID-19, the feeling of the child being treated at RSDC Athlet College Kemayoran.

The process of data analysis using an inductive approach followed six phases of data analysis, namely 1) preparation of transcripts, 2) identification of patterns and assigning codes, 3) arranging categories, 4) reviewing and improving initial themes, 5) giving names to themes, and 6) reports analysis results.

## RESULTS

Based on the research objectives regarding pain perception in children with Covid-19 using the DWT (Draw, Write and Tell) Method at RSDC Wisma Atlet Kemayoran. was found that the participant characteristics and four themes in this study were obtained.

### Characteristics of Participants

The participants in this study were six children with COVID-19. All participants were coded according to the order in which the interviews were conducted based on table 1 below.

**Table 1 .** Characteristics of Participants by Age, Child Sex, Diagnosis, Pain Problems in Children, and First Time Family Members Exposure to COVID-19

Code	Children's Age	Gender	Diagnosis	Pain Problems in Children	Family members who were confirmed Covid-19 for the first time
P1	5 th	L	Covid-19	Pain all over the body, headaches	Father
P2	4 th	L	Covid-19	Headaches	Mother
P3	6 th	P	Covid-19	Cought and pain when swallowing	Mother
P4	6 th	L	Covid-19	Headaches, aches all over the body	Father
P5	5 th	P	Covid-19	Headaches, cold	Mother
P6	8 th	L	Covid-19	Headaches, Cought and pain when swallowing	Father

**Identify Themes**

Four themes were identified as a result of analysis from in-depth interviews, observations and field notes during the data collection and collection process. The four themes are

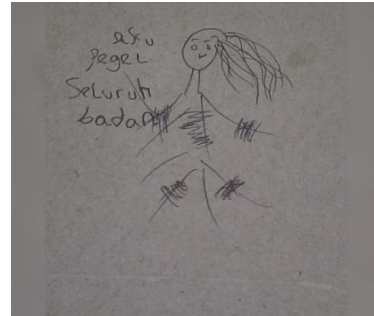
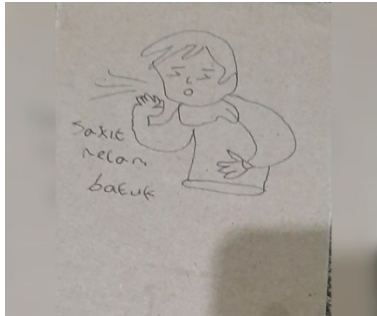
- a. The first theme: Physical changes felt by children before being confirmed Covid-19.

This theme describes the signs felt by children before being confirmed by COVID-19. This theme consisted of sub-themes of physical complaints felt by children, such as pain when swallowing, headaches, body aches, colds and coughs

Physical changes that are felt can be seen from the results of interviews using the DWT technique (Draw, Write and Tell)

P5: *"I complained at home when my head was dizzy, the headache was like throbbing, auntie, then I also had a cold, if I eat it feels also hurt als".*

P2: *"When I didn't get diagnosis Covid, I coughed the food and my whole body was sick auntie"*



- b. Second Theme: Discomfort

This theme described the discomfort a child felt when having a swab examination. Some of the participant statements on this theme:

P1: *"when I got the swab I cried aunt, because I was afraid I hold my breath, finally my nose was plugged twice because I cried".*

P4: *"when I was about to leave for the swab I just put it down, auntie, I thought because my nose and mouth I are plugged".*

- c. Third theme: Child psychological impact

This theme described the psychological impact of children when they find out that they have COVID-19. This theme consisted of two sub-themes, namely changed in children's psychology (feelings of fear, sadness, shock or shock, and regret) and social changed such as changed in children's activities in the surrounding environment. Some participant statements:

P6: *"I'm sad auntie because I can't play, I'm afraid I don't have friends because of contracting the corona"*.

P3: *"when I often played outside I usually, not afraid of corona. Right now I'm sick with corona I regret that I really like playing outside the house"*.

P4: *"I'm afraid to die of corona"*.

P5: *"I was shocked because my corona test result was positive, when I was corona positive, I was immediately taken to the athletes' homestead, unable to play with friends"*.

P2: *"I want to come back auntie, want to play with my brother again, I really miss my brother. If I'm here I can't play"*

d. Fourth theme: Child social impact

This theme was a theme that described the social impact on children being treated at RSDC Wisma Atlet. This theme emerged from several participant statements, as follows:

P5: *"I'm sad that I can't play, at home I can play with my brother and my friends. My friends like to play at my house"*.

P6: *"bored here aunty, I want to come back so I can play. If I just stay here in my room I can't play at the same time, I can't get snack"*.

P4: *"I don't like it here because I have no friends. At home I have lots of friends and like to play at my house"*

## DISCUSSION

The first theme was the physical changes felt by children before being confirmed by COVID-19. All participants when going to make the picture appear silent and confused, looking at their mother and all participants trying to recall the pain they felt. Participants' interpretation of the images illustrates the quality of the pain they feel. This was in line with the research of Robert, et al. (2016) which states that drawing can provide greater control in expressing children's feelings and articulating what children feel and is a visual that directly represents a child's perspective.

Physical changed such as pain expressed by participants before being confirmed by COVID-19, namely whole body pain (myalgia), dizziness / headaches, swallowing pain, colds and coughs. This was in line with research conducted by Swaan, et al. (2020) of the 651 symptoms experienced by children, 70% of children experience cough, headache, sore throat, fatigue, myalgia, nausea, vomiting and fever. These symptoms were in accordance with the criteria established by WHO, the child experiences fatigue, headache, myalgia, sore throat, lymphadenopathy.

The second theme, the results of this study illustrate the discomfort felt by children when doing a swab examination. Discomfort in children was in the sub-theme of the child's emotional response. Discomfort was the child's view of the action taken. Discomfort in children was expressed through fear and even crying. Previous research has revealed that children initiate non-pharmacological strategies on their own to support their role in making a decision (Nilson, et al., 2011). Another study conducted by Pope, et al., (2017) stated that children can express their feelings as a strategy for the actions they get.



The fear felt by the child towards the hospital environment or medical action caused the impact of hospitalization which causes trauma to the child such as fear, anxiety, crying. If this condition was not handled properly, it will cause psychological problems in the child which will interfere with their development. Therefore, efforts to overcome problems that arise in both children and their parents during the treatment period focused on atraumatic care interventions based on the principle of atraumatic care (Wong, quoted by Goha, and Purwati. 2020).

The third theme described the psychological impact that occurred on children as the main participants. Psychological changes experienced by children in the form of sadness, fear, shock / shock and regret. Meanwhile, the social changes experienced by children were not being able to play as usual. This was in line with research conducted by Fleming, et al., (2020) which stated that as many as 83.9% of children miss or miss meeting friends because they experience separation due to hospitalization. The psychological changes experienced were also in line with research conducted by Evren Morgul, et al., (2020) which stated that the psychological impact of the COVID-19 pandemic is that children experience fear of loneliness, frustration, anxiety, sadness, and worry.

The COVID-19 pandemic has an impact on physical and mental health which can lead to stress, especially in children. Stress triggers that can affect children's mental health were influenced by the length of quarantine experienced by children, many children experience violence from their parents due to the level of stressors experienced by parents. This was closely related between the mental health of parents and the social background of the family. Low income families face very difficult problems to live their daily lives in providing basic needs (Ashikkali, et al., 2020).

According to Evren Morgul, et al., (2020) stated that the psychological pressure of the parents affects the psychological pressure on the child, with the condition of the child becoming more worried, anxious, anxious, sad, bored during the quarantine period. In addition, children are becoming more afraid of COVID-19 infection. This was due to the emotional influence on the quarantine process experienced. Parents have difficulty responding to children's needs, causing changes in children's emotional and behavioral functions.

The fourth theme showed the social impacts that occur in children suffering from COVID-19, in the form of children feeling sad because they cannot play, children feeling bored / bored, and their dislike of going through the quarantine process. The results of this study were in line with research conducted by Morgul, et al., (2020) which stated that children experience boredom while undergoing quarantine due to COVID-19. Meanwhile, according to research by Fleming (2020) stated that children who are undergoing quarantine want to meet friends, lose physical contact with family members at home, and children experience sadness without meeting friends.

The prolonged quarantine period caused children not to get the opportunity to interact with their peers, causing counter-emotions expressed by children in the presence of feelings of boredom and even loneliness (Nahia Idoiaga, et al., 2020). Peers are friends of the same age, neighbor, both legally and psychologically (Chaplin J.P, 2016). Social interaction with peers is a reciprocal process between individuals and social groups of the same age, which includes openness in groups, cooperation in groups and the frequency of individual relationships with groups, which by interacting with these peers can teach children how to get along. in the environment both in the family, school and community.

Tarsidi (2007) stated that isolation or rejection by peers at an early age puts children at risk for facing social problems in their later life. Interaction with peers will open new perspectives to children and give them the freedom to make decisions.

## CONCLUSION

Four themes were identified from the results of in-depth interviews using the DWT (Draw, Write and Tell) method to assess the perception of pain in children with COVID-19, namely: (1) Physical changes felt by children before Covid-19 was confirmed. (2) The discomfort felt by the child when the swab was examined. (3) Psychological impact of children. (4) Child Social Impact.

Involving children in pain assessment greatly contributes positively to nurses in pain management. Nurses can improve pain management management by giving children opportunities to express their feelings and wishes. Nurses can give confidence to children to determine pain management strategies that are felt, not only oriented to pharmacological but also non-pharmacological therapies.

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