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IS TELENURSING A SOLUTION FOR MANAGING THE IMPACT OF COVID-19 ON THE MENTAL HEALTH OF SCHOOL-AGED CHILDREN?

Windy Rakhmawati[*]

Department of Pediatric Nursing, Faculty of Nursing, University of Padjadjaran, Indonesia

*Corresponding author:
Windy Rakhmawati, S.Kp., M.Kep., Ph.D
Fakultas Keperawatan, Universitas Padjadjaran
Jl. Raya Bandung - Sumedang KM. 21, Hegarmanah, Kec. Jatinangor, Kabupaten Sumedang, Jawa Barat, Indonesia 45363. Telephone (022) 7795596
E-mail: windy.rakhmawati@unpad.ac.id

The outbreak of Coronavirus disease 2019 (COVID-19) began in December 2019 (World Health Organization, 2020a) and has since been declared a global pandemic (Bradbury-Jones & Isham, 2020). Regarding the control of the spread of the virus, a quarantine policy, which is physical or social distancing, has been implemented in many countries. Such a quarantine policy prohibits mass gatherings and forces the closure of businesses and schools, which can have adverse mental health effects among populations (Bradbury-Jones & Isham, 2020; Brooks et al., 2020). Most studies have discussed the impact on the mental health of adult people or health professionals; however, few studies exist on the mental health impact of COVID-19 among children. Some past pandemic events have presented similar situations; therefore, we can learn from other studies related to pandemic effects on the mental health of children.

Children are a vulnerable group, who have a lack of understanding about the pandemic situation, and they lack the ability to express their feelings (PAN American Health Organization, 2009). Throughout the COVID-19 pandemic, school-aged children have not been able to go to school due to school closures and, therefore, have to stay at home. They do not have an opportunity to play and interact with their friends or receive social support from their peers, especially in a school-based environment (PAN American Health Organization, 2009; Stevenson et al., 2009). The closure of schools and social distancing are stressful experiences for school-aged children. Their daily routines are disrupted, which leads to the occurrence of mental health issues, such as anxiety, fear, stress, and depression (Bahn, 2020; Ghosh, Dubey, Chatterjee, & Dubey, 2020). Therefore, these children who are affected need support and cooperation from their families and communities (Bahn, 2020).

Regarding facilitating the needs of school-aged children to continue with their study, most schools have provided online learning or have provided assignments for children to do at home. In turn, their parents are faced with helping their children to study at home and to adjust to this new situation. This situation is a challenging situation for parents. Parents may be busy taking care of their children, while they also have to work from home (Cluver et al., 2020; Stevenson et al., 2009). This situation impacts parenting stress levels and can result in child violence (Cluver et al., 2020). For instance, the police reports of child violence in China were increased during the COVID-19 outbreak, which is similar to the increased reports of child violence during the previous Ebola outbreak (Lee, 2020). These situations reflect that children and parents live in a stressful situation, and therefore, need psychosocial support from mental health services and health care professionals (Stevenson et al., 2009).

Nurses are one of the forefront health professionals in combating the COVID-19 situation. They contribute to screening suspected patients, preventing the spread of the infection, and giving information related to COVID-19 prevention measures (Visagie, 2020; Zhang, 2020). In general, nurses' roles are providing physical, psychological, social, and spiritual support to people who have been affected by this pandemic (Bradbury-Jones & Isham, 2020; Zhang, 2020). Due to the COVID-19 impact on the mental health of children, the major question is, *"what can nurses do to manage the mental health of school-aged children during this pandemic? is telenursing a solution for managing the COVID-19 impact on the mental health of school-aged children?"*.

Pediatric nurses and community mental health nurses should play a role in helping to prevent any mental health disorders in those children affected by COVID-19. Children are important family members, and

they cannot be separated from their families. Effective nursing care for children will be achieved by involving their families, particularly their parents (Hockenberry & Wilson, 2015). Nurses can provide health education, counseling, and psychosocial support for parents to maintain the mental health of their children. As a primary caregiver of children, parents can provide a safe and conducive environment for their children by helping them express their feelings and emotions, engage their children in activities such as playing, storytelling, and creating routine activities at home. Commonly, children in difficult situations are not only closer to their parents, but they also need their parents more. Parents should discuss with their children COVID-19 in language that is suitable for the age of their child. Parents also should maintain and manage their emotions adequately during this stressful situation due to children imitating the behaviors of adults (World Health Organization, 2020b). Under normal circumstances, nurses provide nursing care directly face-to-face with children and their families (Stevenson et al., 2009); however, with the facilitation of physical and social distancing due to COVID-19, an innovative strategy is needed.

Technology development can change nursing practice. It can help nurses deliver nursing care for patients, families, and communities (Pepito & Locsin, 2019). Telenursing can be an alternative strategy in providing nursing care related to the mental health of children. Telenursing is delivering nursing care and conducting nursing practice by using technology. The innovation of telenursing technologies is diverse, such as mobile phones, smartphones, computers, Internet, videoconference, and telemonitoring equipment (Schlachta-fairchild, Elfrink, & Deickman, 2008; Stevenson et al., 2009). Some evidence related to telenursing reported that it could be used for consultation, education, monitoring, and the evaluation of health care outcomes. Telenursing is effective in increasing the needs of public health. The use of the mobile phone via text messaging in the Philippines is effective in enhancing the knowledge and the adherence of patients on an appropriate program toward health promotion and prevention of disease (Pangan et al., 2011). Counseling through video conferencing also has been applied in Australia, and it is effective in facilitating nurses in conducting genetic counseling (Zilliacus et al., 2010). However, a comparative study in Iran reported that a face-to-face nursing intervention is more effective than telenursing in providing psychosocial care to family caregivers of cancer patients (Shohani, Mozafari, Khorshidi, & Lotfi, 2018).

The application of telenursing in nursing care related to the mental health of children has some advantages. Counseling via videoconferencing can increase the accessibility of nurses to a broader area and is less time consuming rather than visiting the children or family homes. Moreover, children or families can make a flexible appointment with nurses (Zilliacus et al., 2010). However, there are also some limitations while conducting telenursing. The implementation of telenursing requires a high level of logistics, financial support, and competencies of nurses (Chaupis, 2017). The issue of safety in telenursing is the dysfunction of equipment, which contributes to misunderstandings or misperceptions of information or suggestions from nurses (Schlachta-fairchild et al., 2008). The use of the mobile phone and smartphone also has a limitation in covering the needs of psychosocial support for children and families (Stevenson et al., 2009).

Despite the limitation of telenursing, telenursing may be the best solution in the COVID-19 situation. Nurses have limited access to meeting children and their families face-to-face. However, regarding the minimal disadvantages of telenursing, strengthening the infrastructure toward this nursing care is essential (Stevenson et al., 2009). Governments and NGOs concerned with quality health care should take a role in providing funding and adequate facilities to support the implementation of telenursing, both in health facilities and within home environments. However, families should not only have sufficient equipment to support the implementation of telenursing, but they also should be able to feel comfortable in using such technology (Benhuri, 2010).

In the implementation of telenursing, nurses as health professionals should have adequate knowledge and competencies to deliver nursing care related to the mental health of children via telenursing (Ernesäter, Holmström, & Engström, 2009). The competencies of nurses required in telenursing comprise social, personal, methodological, and professional competencies. The social competencies of nurses are soft skills that consist of affability and empathy. These soft skill competencies are important to maintain the caring perspective of nurses. Personal competencies refer to the attitude and willingness of nurses to learn. The methodological competencies of nurses are related to anamnesis and analytical, verbal, and responsiveness skills. Professional competencies refer to the knowledge and experiences of nurses in using technology as well as motivation management. Therefore, training for telenurses is needed. Training can improve the competencies of nurses in telenursing practice, which in turn enhances the quality and satisfaction of telenursing services (Carius, Zippel-Schultz, Schultz, Schultz, & Helms, 2016). It is noteworthy that technology is only a medium to deliver high-quality nursing care in the COVID-19 situation. The key of telenursing practice is communication. Therefore, the therapeutic relationship between nurses-families and children is essential (Benhuri, 2010).

Author Biography
Windy Rakhmawati, S.Kp., M.Kep., Ph.D is Head of Pediatric Nursing Department, Faculty of Nursing, Universitas Padjadjaran, Indonesia. Scopus Author ID: 57209418911. ORCiD iD: https://orcid.org/0000-0001-7173-4886

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