



Headland of Care: Mothers' Experiences of Caring for Children with COVID-19

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Abstract

Background: Caring for children infected with the Omicron variant of COVID-19 is highly challenging due to the diverse symptoms and complications. Mothers, in particular, face a unique crisis during their child's illness. This study aimed to explore the lived experiences of mothers caring for children with COVID-19.

Methods: This qualitative study was conducted using a conventional content analysis approach. A total of 13 participants were selected purposively, and data were collected through semi-structured interviews with mothers of children diagnosed with COVID-19. Each interview lasted between 35 and 50 minutes. Data were analyzed using MAXQDA 10 software.

Results: The analysis yielded an overarching theme of a "headland of care" comprising two main categories: (1) *Children as hidden victims of COVID-19*, with subcategories including psychological hazards, lack of family psychological support, death anxiety, and uncertainty regarding long-term consequences of COVID-19; and (2) *Livelihood crisis*, with subcategories including caregiver job concerns and hospitalization and treatment costs.

Conclusion: The findings provide valuable insights for nurses and healthcare providers in recognizing the challenges mothers encounter when caring for a child with COVID-19. By delivering targeted education and support, healthcare teams can empower mothers, enhance their caregiving capacity, and mitigate the psychological and financial burdens associated with pediatric COVID-19 care.

Keywords: Childhood, COVID-19, Qualitative study, Mothers

Citation: Khari S, Pazokian M. Headland of care: mothers' experiences of caring for children with COVID-19. *J Qual Res Health Sci*. 2025;14:1353. doi:10.34172/jqr.1353

Received: January 12, 2024, **Accepted:** August 11, 2025, **ePublished:** October 7, 2025

Introduction

Coronavirus disease (COVID-19) emerged in December 2019 as a life-threatening illness (1). With successive mutations of the virus and the emergence of new variants, individuals across all age groups, including children, became susceptible to the infection with the virus. Children account for approximately 3.70% of the reported cases (2). According to the Centers for Disease Control and Prevention (CDC), more than 2,500 children in the US were diagnosed with the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) infection (3). The mutation of SARS-CoV-2, coupled with its rapid transmissibility, has increased the incidence and hospitalization rates among children compared with earlier stages of the pandemic. Although vaccination offers protection against the virus, challenges remain in its implementation, particularly concerning children. Disagreements exist between healthcare teams and families, with some parents expressing concerns about the adequacy of

vaccine testing, the possibility of developmental problems following vaccination, the risk of chronic conditions, post-vaccination pain, and other potential side effects (4). The minimum eligible age for COVID-19 vaccination in Iran is 12 years. Due to the infectious nature of COVID-19, patients are required to undergo isolation during the illness. For children, such isolation, coupled with their developmental stage and physical vulnerabilities, often leads to heightened levels of anxiety (5). They may also develop psychological consequences such as post-traumatic stress disorder, anxiety, sadness, and adjustment disorders (6). Consequently, COVID-19 imposed diverse challenges on families with children, adversely affecting their overall quality of life (7). Within the family structure, mothers play a key role in childcare. The hospitalization of a child, especially given the separation from the family, can disrupt cognitive development and impose significant psychological strain on the entire household. Mothers, in particular, often endure heightened stress, anxiety, and



emotional tension, which may negatively influence both the child's well-being and the overall family quality of life (8-10).

With the emergence of the philosophy of family-centered care, the active involvement of parents alongside nurses in caring for children has become increasingly emphasized. Within both patient-centered and family-centered approaches, parents are regarded as the primary agents of child care, particularly during hospitalization. The family constitutes a fundamental source of physical and social support for children throughout the course of illness and plays a critical role in preparing them to cope with the disease. Each family undergoes unique emotions and experiences shaped by the diagnosis and the nature of the child's illness, and it is essential that nurses devote sufficient attention to understanding and addressing these experiences (10-12).

The findings of a qualitative study conducted by Embregts et al demonstrated that mothers caring for infected children expressed concerns regarding their children's well-being, strategies for managing care, the family's adaptation to the new circumstances, and the social position of both the child and the family (2).

Omicron infection created numerous physical, psychological, and social health challenges despite the implementation of epidemic control policies. Neglecting the health needs of children during the COVID-19 pandemic can therefore have profound consequences for their overall well-being. Given the emerging nature of COVID-19 and the unpredictability of its treatment trajectory, gaining insight into the experiences of mothers caring for infected children is essential for developing a deeper understanding of the difficulties they encounter and the strategies they employ in such sensitive, complex caregiving situations. Accordingly, this study sought to describe the lived experiences of mothers caring for children with COVID-19 to uncover the challenges they face. By acquiring a deeper understanding of these experiences, healthcare providers, particularly nurses, can obtain the necessary insight to design and implement therapeutic and psychological interventions. Such interventions may empower mothers to enhance their physical, mental, and social resilience, enabling them to better cope with and adapt to their child's illness.

Methods

This qualitative study was conducted using a conventional content analysis approach. The researcher visited Mofid Children's Hospital, affiliated with Shahid Beheshti University of Medical Sciences. After obtaining the necessary approval for sampling, the researcher went to the COVID-19 ward and, using a convenience method, prepared a list of mothers of hospitalized children with confirmed COVID-19. Following an explanation of the research objectives and methods, participation

was offered to eligible mothers. Informed consent was obtained from all participants, including oral consent for audio recording of the interviews. Participants were then recruited according to the defined inclusion criteria. Data were collected through semi-structured interviews. The inclusion criteria specified that the participant must be the mother of an inpatient child with COVID-19 and directly responsible for the child's care during illness. In addition, at least three days had to have passed since the onset of symptoms, and the child's PCR test result had to be positive. The exclusion criterion was acute illness in the child requiring admission to the intensive care unit. The interview guide included questions such as: "Can you describe your experience of caring for your child?"; "How has caring for a child with COVID-19 affected your life?"; and "What are the facilitators and barriers to providing care?" During the interviews, exploratory and probing questions, such as "Could you explain further?" or "Can you provide an example?", were used to elicit deeper clarification and understanding.

The interviews were conducted at Mofid Children's Hospital in 2022 and continued until data saturation was achieved, defined as the point at which no new information emerged (13 participants). Each interview was conducted only once and lasted between 35 and 50 minutes. MAXQDA 10 software was used for recording, transcription, and data analysis. The conventional content analysis approach proposed by Graneheim and Lundman was employed (13). Following each interview, the audio recordings were carefully listened to at the earliest opportunity and transcribed verbatim. The transcribed texts were then cross-checked against the original recordings to ensure accuracy. To gain a comprehensive understanding, the researcher read the texts multiple times, immersing in the data to develop an overall sense of the content. Each interview was treated as a unit of analysis. Semantic units within each text were identified and then converted into initial codes. Codes with similar meanings and concepts were grouped into condensed codes. These codes were subsequently organized into subcategories based on shared characteristics, and subcategories were further synthesized into primary categories or themes according to their conceptual similarities.

To enhance the trustworthiness of the data, Lincoln and Guba's criteria were applied (14). For validation purposes, four participants were randomly selected, and the researcher maintained active engagement in data collection and analysis over two months to ensure thorough immersion in the data. The research team continuously reviewed the interviews, transcriptions, and field notes, consistently comparing the data while discussing the emerging codes, subcategories, and categories. To ensure the reliability of the extracted data, codes, and themes, they were validated through review by six participants and two experts. Moreover, three

qualitative research methodologists examined the data, and the accuracy and appropriateness of the codes were assessed and revised based on their feedback. Throughout the study, all research stages were documented in detail to allow external readers to assess the credibility and validity of the findings. Participants were selected to achieve maximum variation in characteristics such as age and severity of the child's symptoms. Immediate transcription of interviews, combined with detailed and rich descriptions of participants' statements and experiences, along with illustrative examples and quotations, facilitated the transferability of the data.

Results

The findings of this study were derived from 13 interviews with mothers of children diagnosed with COVID-19. Table 1 presents the demographic characteristics of the participating mothers.

Table 2 displays the categories, subcategories, and the core theme extracted from the interviews with the participants:

Headland of care in children with Omicron refers to the risks and harms associated with the disease. In other words, hospitalization represented a high-risk and highly threatening period for the family. This theme comprises two categories, which are described below:

Children as hidden victims of COVID-19

Due to their young age and heightened vulnerability to infectious diseases, children often evoke significant concern in their mothers. These concerns encompass potential long-term complications, exacerbation of underlying conditions, prolonged illness, and even mortality. Mothers experience a range of psychological symptoms in response to their child's COVID-19 infection, manifesting in both physiological and psychological reactions. The severity of these symptoms is particularly

pronounced among mothers whose children have pre-existing health conditions. This category, *Children as hidden victims of COVID-19*, includes the following subcategories: psychological hazards, lack of family psychological support, death anxiety, and uncertainty regarding long-term consequences of COVID-19.

Psychological hazards

Psychological hazards affecting children with COVID-19 represent one of the major challenges mothers face when their child is infected with COVID-19. Mothers often experience anxiety and worry, which can jeopardize their mental health and increase susceptibility to anxiety disorders. One mother described her experience as follows:

"It's quite a bad feeling because, as a mother who works so hard for her child, I cannot bear my child's illness. Since I raised my child with so much effort, I cannot tolerate his pain, and I am constantly stressed" (Participant 2).

Another mother shared a similarly intense experience: *"With the onset of fever and shivering, I felt as if I had died and come back to life. It was extremely difficult for me; he was shaking so violently that I had to hold him tightly. One day felt like twenty years to me, and I was completely stressed that my baby might not survive"* (Participant 3).

Lack of family psychological support

Lack of family psychological support is another problem affecting children with COVID-19. When children are infected with COVID-19, their mothers face multiple challenges and concerns, including caring for other children and managing their assigned roles within the family. Insufficient psychological support from family members can significantly affect a mother's ability to adapt to these circumstances. One mother described her experience as follows:

"I have two younger children at home, and I'm worried about them as well, constantly going back and forth to my mother-in-law's house, where she has come to take care of them" (Participant 13).

Death Anxiety

Death anxiety is another significant concern experienced by many mothers, manifesting as fear of losing their child

Table 1. The participants' demographic characteristics

No	Age (years)	Education	Interview duration (minutes)	Number of children
1	38	Diploma	45	1
2	34	Bachelor's degree	40	1
3	35	Bachelor's degree	35	1
4	40	Middle School	40	3
5	42	Diploma	44	3
6	43	Diploma	45	1
7	33	Bachelor's degree	38	2
8	35	Bachelor's degree	45	1
9	42	Diploma	45	3
10	39	Bachelor's degree	47	2
11	37	Diploma	44	2
12	36	Bachelor's degree	50	2
13	41	Bachelor's degree	45	3

Table 2. The subcategories, categories, and the core theme extracted from the interviews with the participants

Subcategories	Categories	Core theme
Psychological hazards Lack of family psychological support Death anxiety Uncertainty regarding long-term consequences of COVID-19	Children as hidden victims of COVID-19	Headland of care
Caregiver job concerns Hospitalization and treatment costs	Livelihood crisis	

and diminishing their ability to cope with the situation. One mother described her experience as follows:

"I'm stressed all the time that my child may not recover, and I will lose him because I raised him on my own, and I cannot bear the thought of losing him" (Participant 2).

Uncertainty regarding long-term consequences of COVID-19

Unknown consequences of COVID-19 represent a major source of concern for many mothers. Given the child's young age, relatively weaker immune system, and lower resistance to illness compared with adults, these uncertainties are particularly distressing. Mothers' anxiety is further heightened if the child has an underlying health condition. One mother shared her experience:

"I am very worried and upset because, despite the underlying disease, I fear that his lungs might become affected, which would be very difficult for him. I was under a lot of stress that my child, who does not yet show severe symptoms, might experience worsening symptoms or other complications if admitted to the COVID-19 ward, where all patients are infected" (Participant 12).

She further expressed:

"I am afraid that one problem will be added to another, and the complications of the disease may persist. Despite the underlying condition, I worry that his lungs may be affected, which could further complicate his situation" (Participant 12).

Livelihood crisis

COVID-19 impacts individuals' working conditions, and the resulting livelihood crisis may involve treatment costs, temporary or permanent job leave, and extended absence from work, all of which can adversely affect both quality of life and the ability to provide care. This category comprises two subcategories: *caregiver job concerns* and *hospitalization and treatment costs*.

Caregiver Job Concerns

Caregiver job concerns arise when a child is infected with COVID-19 and requires constant care, typically from the mother. If the mother is employed, she may need to reduce her working hours or temporarily leave her job, leading to potential livelihood challenges. Similarly, fathers may also face employment-related difficulties. One mother described her experience:

"My husband is not allowed to come to me, and he had to quit his job. On the other hand, the cost of the hospital continues to rise until my child is discharged" (Participant 5).

Another mother shared:

"This illness has forced me to take time off work, and I do not know whether my employer will understand my situation or what will happen to my job" (Participant 2).

Hospitalization and Treatment Costs

Hospitalization and treatment costs are directly associated with a livelihood crisis. Caring for a child with COVID-19 involves not only the regular cost of living but also significant treatment expenses. These challenges are particularly pronounced for families with limited financial resources or single-parent households, where the mother bears primary responsibility for caregiving.

One mother described her experience:

"My husband is often late for work and cannot visit us frequently because he is very tired and worried. I have three young children, and we are tenants. My husband works with motorcycles, and the financial pressure has increased due to my child's illness. We also have to support our extended family" (Participant 13).

Discussion

The present study explored the experiences of mothers caring for children with COVID-19. The findings of this qualitative study yielded an overarching theme, "Headland of Care", comprising two main categories. With the emergence of Omicron, a new variant of SARS-CoV-2, an increasing number of children have contracted COVID-19, many of whom required hospitalization and a recovery period. This period of illness and recovery has posed a range of challenges for parents, particularly mothers, who are primarily responsible for caregiving.

Children as hidden victims of COVID-19

Children are at risk of lasting harm due to the COVID-19 pandemic, which may disrupt their normal lives and sense of security. The symptoms of the disease can exacerbate anxiety and generate fear of death. Psychological symptoms were identified as one of the key categories within the overarching theme. Mothers caring for children with COVID-19 experience a wide range of psychological emotions. Anxiety and worry related to the disease can threaten mothers' mental health, increase susceptibility to anxiety disorders, and may also induce psychological changes in their children. A study by Fasnagari et al investigating the relationship between COVID-19-related anxiety in mothers and anxiety disorders in children during quarantine found a significant positive correlation between mothers' psychological and physical symptoms of COVID-19 anxiety and the presence of Obsessive-Compulsive Disorder and pervasive anxiety disorder in children. These findings highlight the importance of educating parents on regulating negative emotions, particularly in the context of COVID-19-related anxiety, as a critical measure to protect and promote children's mental health during the pandemic (15). Psychological interventions can facilitate patients' reintegration into society and reduce psychological distress (16). Moreover, a cross-sectional descriptive study involving 340 nurses at the Therapeutic Training Center affiliated with

Zanjan University of Medical Sciences reported that the level of health-related anxiety among nurses caring for COVID-19 patients was moderate (17). Another study investigating the psychological effects of COVID-19 on patients found that nurses working in COVID-19 wards can assess and respond to the challenges and psychological experiences of patients throughout the course of the disease (18). Consequently, implementing community-based strategies to support psychologically vulnerable individuals during COVID-19 is of critical importance. One subtheme emerging from the present study was that many mothers experienced psychological symptoms, including sleep disturbances, anxiety, and distress, while caring for their ill child. The presence of an underlying disease in the child, along with the mother's mood and personality, influences the intensity of these experiences. Family psychological support was identified as a key factor in helping mothers adapt to these conditions. A study by Del Carmen Pérez-Fuentes et al demonstrated that perceived threats from COVID-19 can result in psychological maladaptation, manifesting as stress, anxiety, and depression (19). Similarly, the study by Abdi et al highlighted that COVID-19 represents a stressful situation that provokes emotional, psychological, and physical reactions, which can be mitigated through adequate social support, such as family support (20).

In the context of primary care for COVID-19 patients, the absence of family support is a critical factor influencing patient outcomes. Family-related factors, such as perceived family support and the presence of physical or psychological illnesses within the family, may interact and affect patient well-being. Cano et al reported that patients' perceptions of insufficient family support were significantly associated with elevated psychological distress, irrespective of the symptom measures employed. Furthermore, lack of family support was significantly related to mood and anxiety disorders (21). Death anxiety emerged as the most significant component of fear associated with the COVID-19 pandemic. It is essential to educate caregivers on managing death-related anxiety and to implement psychological interventions and counseling programs to alleviate fear and promote mental health. Chalhoub et al indicated that anxiety and fear of death in COVID-19 patients impose substantial psychological burdens and can lead to mental disorders (22). Within this subcategory, the subthemes of fear of death and uncertainty regarding the consequences of the disease were extracted from mothers' interviews. Given the mortality statistics of COVID-19 in children and the strong emotional bond and attachment between mother and child, mothers experience intense fears of losing their child and concerns about new complications arising from COVID-19. The unpredictable and novel nature of COVID-19, along with the variability in disease severity, presents multiple challenges that affect both the child's life and the family's

well-being. Herfeh and Ranjbar highlighted that the negative consequences of the COVID-19 pandemic on vulnerable populations, such as the elderly, underscore the importance of preventive measures, management strategies, and targeted interventions to mitigate the adverse effects of the pandemic (23).

Livelihood crisis

According to many experts and policymakers, the global spread of the COVID-19 virus represents an unprecedented crisis since the Second World War, with significant social, economic, and political consequences worldwide. Even at a fundamental level, this phenomenon has placed severe strain on global health systems. Hospitalization and treatment costs, as well as occupational concerns, emerged from parents' experiences of caring for children with COVID-19. The financial burden of treatment and the intensive care needs of affected children can impact multiple aspects of caregivers' lives, particularly their economic well-being. A qualitative study conducted by Shirdel et al in Sistan and Baluchestan Province, Iran, indicated that the economic vulnerability of families during the COVID-19 pandemic constitutes one of the most significant consequences of the disease, with the impact being more pronounced among low-income households (24).

Many of the challenges mothers faced while caring for children with COVID-19 were related to job concerns and hospitalization and treatment costs. These issues can negatively impact the quality of child care and reduce caregivers' ability to adapt to the situation. Consistent with this, a study by Cluver et al found that unemployment resulting from the COVID-19 pandemic, along with the associated economic hardships, disproportionately affected large, low-income families, who experienced more difficulties than other groups (25).

Conclusion

Infectious diseases such as COVID-19, when affecting children, can have profound negative impacts on the psychological well-being of their families. Given the unique needs of children, maintaining social distancing while caring for a hospitalized child with COVID-19 is nearly impossible, placing the caregiver at the forefront of care responsibilities. Consequently, caregivers must be able to manage the situation effectively despite experiencing psychological fears and facing an uncertain future.

Acknowledgments

The study protocol was approved by the Ethics Committee of the Clinical Development Unit of Loghman Hakim Hospital, Tehran, Iran. The authors express their gratitude to the officials at the Clinical Research Development Unit of Loghman Hakim Hospital, Shahid Beheshti University of Medical Sciences, Tehran, Iran, for their support and cooperation during the study.

Authors' Contribution

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Investigation: Marzieh Pazokian.

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Competing Interests

The authors have no conflict of interest.

Ethical Approval

The study was approved by the Ethics Committee of the Clinical Development Unit of Lohman Hakim Hospital, Tehran, Iran, with the ethics code IR.SBMU.RETECH.REC.1400.766 and research code: 30916.

Funding

None.

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