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Parents' Lived Experiences During the Care-Giving Process for Infants Suspected or Infected with COVID-19: A descriptive Phenomenological Study

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Abstract

Background: Parents play a crucial role in caring for infants who are suspected or infected with COVID-19. Emotional and psychological support, along with effective communication between medical staff and parents, can greatly influence the infant's recovery. Despite its significance, few qualitative phenomenological studies in Iran have examined this experience. This study aimed to explore parents' lived experiences during the caregiving process.

Methods: A descriptive phenomenological approach was employed. In 2022, eight parents were selected through purposive sampling from Shahid Sadoughi Hospital, Yazd, Iran—the regional COVID-19 referral center. Data were collected through in-depth, semi-structured interviews, which continued until data saturation was reached. The interviews were transcribed verbatim and analyzed using Colaizzi's seven-step method with the assistance of MAXQDA software (version 18).

Results: Four key themes emerged from the data: 1-) Suspended Between Fear and Hope — an emotional state characterized by oscillation between dread and fragile optimism; 2-) Disrupted Parental Identity and Embodied Anxiety — marked by the loss of the caregiving role and physical signs of psychological distress; 3-) Existential Loneliness and Search for Meaning — involving deep spiritual and emotional isolation alongside reflective meaning-making; and 4-) Deep Responsibility as Transformative Meaning — representing an internalized caregiving commitment that promotes resilience and personal growth. Additionally, economic vulnerability and relational dynamics with healthcare providers were closely linked to these core experiences.

Conclusion: The findings highlight the complex and deeply felt aspects of parenting an infant during the COVID-19 crisis. They emphasize the urgent need for comprehensive healthcare support that addresses not only medical needs but also the emotional, existential, and socioeconomic challenges faced by parents in such times.

Keywords: Parental experience, Neonate, COVID-19, Phenomenology

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Introduction

The COVID-19 pandemic has had a profound impact on health systems, communities, and families worldwide (1). Although most attention has been on adult cases, infections in neonates and infants—despite being relatively uncommon—pose a unique set of challenges, especially for parents (2-5). The emotional experiences of parents caring for infants with suspected or confirmed COVID-19 remain an under-explored yet vital aspect of the pandemic experiences (6).

Although global evidence suggests that infants tend to show milder symptoms compared to adults, the emotional burden on caregivers is often intense and long-lasting (7, 8). Infants' reliance on adults for all aspects of care, combined

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with the unpredictability of COVID-19 outcomes, creates a state of constant fear, vulnerability, and emotional strain for parents (9). Additionally, mandatory hospitalization, separation during isolation, and limited access to social and family support further worsen this distress (10).

Existing literature on parental caregiving during pediatric illness mainly concentrates on chronic or long-term conditions like cancer or disability (11). However, acute infectious diseases such as COVID-19—and especially their sudden onset and the uncertainty about prognosis—create a different, often more chaotic form of parental distress. While some studies have investigated parental stress and anxiety during the pandemic (6, 12 -14), very few studies have explored the lived experiences of parents in cultural contexts like Iran, where family dynamics, religious coping, and public healthcare systems can significantly influence the caregiving experiences.

In Iran, the early and severe spread of COVID-19, combined with limitations in hospital resources and deeply ingrained family-centered care norms, created a complex backdrop for parental experiences (14). However, qualitative research in this area remains limited, especially that which aims to understand how parents interpret their experiences during such a traumatic and uncertain time.

Given this gap, the present study adopted a descriptive phenomenological approach, aiming to capture the subjective experiences, emotions, and meanings constructed by Iranian parents caring for infants with suspected or confirmed COVID-19. By uncovering these lived experiences, the study seeks to inform healthcare professionals, policymakers, and family support systems about how to better respond to the needs of vulnerable families in future public health crises.

Methods

Study Design

This study employed a qualitative design grounded in **descriptive phenomenology**, as originally proposed by Edmund Husserl and operationalized in health research through Colaizzi's method. Descriptive phenomenology emphasizes **bracketing (epoché)**—the process by which researchers suspend prior assumptions to focus purely on participants' lived experiences.

While Creswell and Poth (2018) (15) were consulted for general guidance on qualitative research design, the core analytical framework followed was **Colaizzi's seven-step method** (1978) (16), specifically aligned with the descriptive phenomenological tradition. These steps included Familiarization with all participants' descriptions by reading transcripts multiple times, Extraction of significant statements relevant to the phenomenon under study, Formulation of meanings from these significant statements, Organization of formulated meanings into clusters of themes, Exhaustive description of the phenomenon integrating all themes, Identification of the fundamental structure of the phenomenon, and Validation of the findings through returning to participants for confirmation (member checking). This method ensures that the analysis stays true to the participants' lived experiences while providing a systematic framework for interpretation (16).

Study Setting

The research was conducted at Shahid Sadoughi Hospital in Yazd, Iran, a major referral center for COVID-19 cases in central Iran during the pandemic. This setting provided access to a diverse group of parents who had direct experiences with the care of infected or suspected-infected infants.

The study was approved by the Research Ethics Committee of Shahid Sadoughi University of Medical Sciences. Written informed consent was obtained from all participants, who were also assured of confidentiality and their right to withdraw at any time.

Participants and Sampling

Participants were selected using purposive sampling with a maximum variation in terms of age, education, occupation, and socioeconomic status. Eight parents (four mothers and four fathers) participated in the study. Inclusion criteria were: (1) being a parent of an infant under one year old diagnosed or suspected with COVID-19, (2) physical and mental ability to participate in the interview, and (3) fluency in Persian. Parents who were unable or unwilling to participate were excluded.

Data Collection

Semi-structured in-depth interviews were conducted with all eight participants between early and mid-2022. Interviews lasted between 30 and 60 minutes and were conducted in private rooms at the hospital, adhering to COVID-19 safety protocols. All interviews were audio-recorded and supplemented by field notes that documented nonverbal cues and emotional responses. Key open-ended prompts included:

1. Can you describe your feelings on a typical day since learning your baby might have COVID-19?
2. What concerns did you have when you received your baby's test results?
3. How did you experience the medical care your infant received?
4. What were your expectations of the medical staff?

Interviews continued until data saturation was achieved and no new themes emerged.

Data Analysis

Data were analyzed *using* MAXQDA software version 18 following Colaizzi's seven-step method (16). First, transcripts were read thoroughly to gain a general understanding. Then, significant statements were

extracted and their meanings formulated. These meanings were grouped into clusters of themes, followed by a comprehensive description of the phenomenon. The structure of the experience was then articulated, and the findings were validated through member checking by returning results to participants for feedback and member checking.

Throughout the analysis, the researchers employed bracketing to document and suspend their assumptions, to stay as close as possible to the participants' original meanings and experiences.

Trustworthiness

To ensure trustworthiness, *Lincoln and Guba's (1985)* criteria were applied (16):

Credibility

Achieved through member checking (participants were recontacted to confirm the accuracy of the transcribed data and interpreted meanings) and peer debriefing (two qualitative research experts independently reviewed and discussed the coding and emerging themes to reach consensus).

Dependability

Ensured by keeping a detailed audit trail (including raw data, field notes, coding steps, and theme development process), allowing external reviewers to assess the consistency and logic of the analysis process.

Confirmability

Achieved by documenting all analytic decisions and reflecting on potential researcher bias through reflexive journaling and peer discussions.

Transferability

Enhanced by providing rich, thick descriptions of participants, context, and findings to enable readers to determine applicability to other settings.

Results

Eight parents—four mothers and four fathers—aged between 22 and 45 years—participated in this study. All parents were identified as Muslim. Their educational backgrounds ranged from high school diplomas to doctoral degrees, and their occupations varied widely. The infants who were suspected or confirmed COVID-19 cases ranged from 1 to 11 months old. Demographic details of participants are shown in Table 1.

Phenomenological analysis of participants' narratives identified four core themes that capture the essence of parents' lived experiences while caring for infants suspected or infected with COVID-19. These themes reflect emotional turbulence, identity disruptions, existential reflections, and deeply internalized responsibility. Each theme includes experiential sub-layers that reveal the nuanced meanings participants attributed to their journey. A summary of the themes is provided in Table 2.

Theme 1: Suspended Between Fear and Hope

Parents described a state of emotional limbo, fluctuating between the dread of loss and glimpses of fragile hope. Time often felt frozen or distorted—days seemed like weeks—as they waited for clinical updates. Many clung to subtle signs of improvement, such as changes in their infant's breathing or brief encouraging words from healthcare staff. These "micro-hope moments" served as emotional lifelines in an otherwise paralyzing landscape of uncertainty.

Sub-Theme 1.1: Emotional Limbo

Parents experienced intense emotional ambivalence, torn between dread and hope, which heightened their anxiety and distress.

"One small change in how she breathed gave me strength to last another night."(Participant 1)

Sub-Theme 1.2: Micro-Hope Moments

Brief positive signs became the sources of emotional lifelines amid pervasive uncertainty.

"When the nurse told me he was a little better, I felt alive again."(Participant 5)

Theme 2: Disrupted Parental Identity and Embodied Anxiety

The hospital's clinical setting, combined with enforced

Table 1. Demographic characteristics of research participants

Code	Sex	Parents' Age (Years)	Job	Education	Infant's Age (Months)	Number of Children
1	Male	37	Baker	Senior High School	1	1
2	Male	35	Teacher	Master's	6	1
3	Female	22	Housewife	Senior High School	10	1
4	Female	29	Housewife	Bachelor's	3	1
5	Female	36	Housewife	Master's	1	3
6	Male	31	Worker	Bachelor's	11	2
7	Male	32	Freelance	Senior High School	11	2
8	Female	45	Nurse	Ph.D.	8	3

Table 2. Main Themes, Sub-Themes, and Descriptions

Main Themes	Sub-Themes	Description
Suspended Between Fear and Hope	Emotional limbo	Oscillation between dread of loss and moments of fragile hope creates an emotional liminal state.
	Micro-hope moments	Clinging to subtle positive signs, such as an infant's breathing or staff's encouraging words, among uncertainty.
Disrupted Parental Identity and Embodied Anxiety	Rupture of parental role	I feel transformed from an active caregiver to a helpless observer due to enforced separation.
	Somatic manifestations	Physical symptoms like headaches, chest pain, and sleep disturbances reflect internalized anxiety.
Existential Loneliness and Search for Meaning	Emotional and spiritual isolation	Experiencing profound loneliness beyond physical separation, including spiritual solitude.
	Reflective meaning-making	Questioning the purpose of suffering, engaging in spiritual or existential reflections to find meaning.
Deep Responsibility as Transformative Meaning	Internalized caregiving responsibility	Viewing care-giving as a sacred duty and a source of spiritual strength and resilience.
	Growth and redefinition of parenthood	Transforming suffering into purposeful action, leading to personal growth and a redefined parental identity.

separation from the infant, deeply disrupted participants' sense of parental identity. Many felt transformed from caregivers into helpless observers. Some described the hospital environment as cold and depersonalizing, stripping them of the natural intimacy of caregiving. This rupture was internalized and lived through the body, manifesting as headaches, chest pain, loss of appetite, or sleep disturbances. For many, the inability to "be there" for their child was more painful than the illness itself.

Sub-Theme 2.1: Rupture of Parental Role

Parents expressed feeling alienated from their natural caregiving role and powerless to provide comfort.

"I felt invisible as a mother. They were treating my baby, but I wasn't part of it."(Participant 3)

Sub-Theme 2.2: Somatic Manifestations

Psychological distress was embodied through physical symptoms reflecting their anxiety.

"I couldn't sleep at night, had headaches and chest pain. It felt like everything was pressing down on me." (Participant 6)

Theme 3: Existential Loneliness and the Search for Meaning

Beyond physical isolation, parents experienced a form of existential solitude—a deep sense of being emotionally and spiritually alone. Many questioned the meaning of their suffering and searched for explanations through spiritual reflection, asking whether this crisis was a test or punishment. This "silent spiritual dialogue" helped some create a narrative of endurance and resilience, while others remained caught in cycles of doubt and alienation. The absence of shared understanding with others, including extended family, intensified their emotional solitude.

Sub-Theme 3.1: Emotional and Spiritual Isolation

Separation from family and social support deepened their existential solitude.

"I asked God, 'Why my child?' But there was only silence."(Participant 3)

Sub-Theme 3.2: Reflective Meaning-Making

Parents sought to make sense of their experience through prayer and contemplation.

"I see this illness as a divine test and try to be patient and hopeful." (Participant 7)

Theme 4: Deep Responsibility as Transformative Meaning

Despite the physical and emotional toll, all participants expressed a profound sense of responsibility toward their infant. This sense was not merely a social role, but a deeply internalized calling—what one mother described as a "sacred duty." Amid despair, this commitment often became a source of spiritual strength, giving shape and meaning to the suffering. For some, care-giving became a form of love-driven endurance, a purposeful path that allowed them to transcend exhaustion and fear. The crisis thus acted as a catalyst for personal growth and redefinition of parenthood.

Sub-Theme 4.1: Internalized Care-Giving Responsibility

The sense of responsibility was deeply embedded and empowered parents to endure hardship.

"Even in the worst moments, I felt I was doing something meaningful. I was being a parent, not just surviving."(Participant 4)

Sub-Theme 4.2: Growth and Redefinition of Parenthood

The crisis acted as a catalyst for personal growth and a deeper understanding of parenthood.

"This experience changed me; now I understand more deeply what it means to be a parent."(Participant 8)

Essence of the Experience

The essence of parents' lived experience caring for infants suspected or infected with COVID-19 is characterized by a profound emotional oscillation between fear and hope, a disruption and redefinition of parental identity, and a deep existential loneliness coupled with a search

for meaning. Amid these psychological and spiritual challenges, parents internalize a transformative sense of responsibility that fosters resilience and personal growth. This complex interplay of emotions, identity shifts, and meaning-making highlights the multidimensional nature of caregiving during a health crisis and underscores the need for holistic support addressing both emotional and existential dimensions.

Discussion

This study explored the lived experiences of parents caring for infants suspected or infected with COVID-19 through a descriptive phenomenological approach. By rigorously applying bracketing, the researchers minimized their preconceptions and ensured that the findings authentically reflected the participants' own lived experiences. The findings illuminate the complex emotional, existential, and relational dimensions that characterize this caregiving journey, as captured by four core themes. These results contribute novel insights into a relatively underexplored context—the Iranian cultural and healthcare setting—highlighting the intersection of socio-cultural, economic, and spiritual factors influencing parental experiences during a global pandemic.

The first theme, *Suspended Between Fear and Hope*, highlights the parents' emotional limbo where time itself becomes distorted and their existence oscillates between profound dread and fragile optimism. This is consistent with the result of previous phenomenological research on parents of critically ill children, who similarly describe suspended temporality and heightened emotional states during medical crises (17). The notion of "micro-hope moments" resonates with the concept of "hope as a dynamic process" in chronic illness care-giving (18). Importantly, these micro-moments of hope provided critical emotional sustenance that helped parents navigate ongoing uncertainty, a finding that reinforces the importance of continuous supportive communication from healthcare providers.

Disrupted Parental Identity and Embodied Anxiety, the second theme, reflects the profound rupture in parents' sense of self when deprived of their caregiving role. The hospital environment emerges as a depersonalizing space, stripping parents of agency and intimacy. This is consistent with other studies emphasizing how institutional settings may inadvertently marginalize parental presence (19-20). The somatic expressions of anxiety confirm the embodiment of psychological distress, a phenomenon well documented in psychosomatic literature (20). This theme underscores how care-giving is not only a physical task but is deeply tied to parents' identity and well-being, highlighting a critical area where hospital policies could be improved to better involve and support parents.

The third theme, *Existential Loneliness and Search for Meaning*, underscores the parents' experience of profound solitude, not only socially but existentially. Their reflective spiritual questioning echoes findings from studies on parental coping in life-threatening pediatric conditions, where meaning-making and spiritual engagement serve as crucial resources (21-23). This theme extends the understanding of parental isolation beyond physical separation to encompass a felt existential alienation. In the Iranian cultural context, religious and spiritual beliefs appeared to play a particularly significant role in providing a framework for parents to interpret their suffering and maintain resilience. This cultural nuance adds important depth to global understandings of parental coping and suggests that spiritual support could be an effective component of holistic care in similar settings.

Moreover, many parents conveyed economic vulnerability as an intertwined aspect of their lived experience. Financial strain from medical costs and disruptions to employment threatened their dignity and stability, exacerbating emotional distress and amplifying feelings of helplessness. This economic hardship, although external, permeated their psychological and existential struggle, illustrating how socio-economic factors shape the lived experience of caregiving in a health crisis. This finding highlights the need for healthcare systems and policymakers to consider integrated financial and social support mechanisms for families facing pediatric health emergencies, especially in resource-constrained contexts.

Among these challenges, parents' perceptions of healthcare providers emerged subtly within their narratives, reflecting a complex relational dynamic. While not the primary focus of the phenomenological inquiry, these interactions—ranging from moments of compassionate connection to feelings of marginalization—are intertwined with parents' evolving caregiving identity and emotional endurance. The caregivers' presence or absence appeared to influence the texture of parental experience, suggesting that the quality of healthcare interactions may modulate feelings of agency and existential comfort. This finding highlights a critical area for healthcare improvement: fostering empathetic communication and family-centered care practices even during infectious disease outbreaks.

Finally, *Deep Responsibility as Transformative Meaning* reveals how care-giving responsibility becomes a wellspring of resilience and personal growth, transforming suffering into purposeful action. This transformative experience is consistent with the concept of post-traumatic growth described in health psychology literature (24-26). The sacralization of caregiving as a moral and spiritual duty highlights the profound identity work parents undertake in crisis. This theme illustrates the potential for crises to serve as catalysts for meaning-making and personal development, emphasizing the value of recognizing and supporting this transformative process within psychosocial interventions.

Limitations and Implications

Limitations of this study include the small sample size and the single geographic location, which may limit generalizability. Future research could expand these findings by including a larger and more diverse sample and by employing longitudinal designs to explore how parental experiences evolve.

This study provides rich, culturally grounded insights into the multifaceted experiences of Iranian parents caring for infants with suspected or confirmed COVID-19. The findings emphasize the need for holistic healthcare approaches that attend not only to the medical but also to the emotional, existential, social, and economic dimensions of caregiving. Addressing these interconnected needs can improve parental well-being and ultimately infant outcomes in future public health crises.

Conclusion

This phenomenological study offers a deep understanding of parents' lived experiences during their infants' suspected or confirmed COVID-19 illness. The findings reveal a complex interplay of emotional turbulence, identity disruption, existential loneliness, economic vulnerability, and a deeply internalized caregiving responsibility that serves as a transformative source of meaning and resilience. Recognizing these dimensions can guide healthcare providers in offering holistic support that addresses not only clinical needs but also the emotional and existential challenges faced by families in crisis.

The emotional toll, economic strain, distress over medical uncertainty, and social disconnection revealed the urgent need for culturally responsive and holistic care practices. Healthcare systems must implement family-centered policies that support not only physical health but also emotional resilience and financial security during public health emergencies.

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Competing Interests

The authors declare no conflict of interest.

Ethical Approval

The present study, with grant number, was approved by the Research Ethics Committee of Shahid Sadoughi University of Medical Sciences (Ethical code: IR.SSU.SPH.REC.1400.10.29). All participants signed an informed consent form, which contained the objectives, benefits, and risks of the study. Also, each participant had the right to withdraw from the study at any stage. All procedures were performed following the relevant guidelines and regulations.

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