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## Swab testing for SARS-CoV-2 screening and child-centred care. Is it possible in every setting?



Dear Editor,

widespread screening for SARS-CoV-2 through swab tests is still a daily burden for the healthcare force and citizens. Different kinds of swabs are available to minimise discomfort, although, to our knowledge, nasopharyngeal tests are still the gold standard (Lee et al., 2021). Nasopharyngeal swabs for diagnostic testing are invasive procedures and cause discomfort, especially in children (Uddin et al., 2021).

Although tolerable for many, children approaching SARS-CoV-2 screening point-of-care are already scared. Most children had experienced nasopharyngeal tests several times since the beginning of this pandemic emergency. Some hate it; some are getting used to it; some older children tolerate it because they know it is unpleasant but quick. Sometimes, keeping the child steady is necessary for a less traumatic procedure. However, recurring to child holding intensifies distress for the children and parents involved and increases the risk of behavioural or emotional disturbances post-procedure (Karlsson et al., 2019). As nurses and parents, we are wondering about the consequences of these, now considered “normal”, practices that we are forcing kids to get used to, without having appropriate time to embrace their fears or rejections when they say: “I don’t want to! I’ve had enough!”.

Moreover, tight swab testing appointments leave very little time to nurses for adequate children welcome and involvement in the procedure in a child-centred care manner. The smile of a nurse is not enough. Excuse us: eyes smiling above masks are not enough! And, are appointments planned to adequately address the needs and timings of children, e.g. with an autism spectrum disorder?

It is striking how little scientific literature is available in this field while websites are full of articles with “Tips for parents” to ease their child experience when taking swab tests. Therefore, there is an urgent need to use some of the different distractions techniques available to maximise children’s comfort during invasive procedures (Sajeev et al., 2021), also for SARS-CoV-2 nasopharyngeal swabbing in point-of-care settings. Moreover, quick strategies, available in exemplary videos in literature, could be adopted to desensitise vulnerable children to procedures and equipment (Krauss et al., 2016).

Furthermore, SARS-CoV-2 screening performed by community pharmacists yields different benefits, including improved access to timely testing. However, literature findings highlight age-appropriate approaches in best practices for SARS-CoV-2 diagnostic testing for pharmacists are lacking (Goode et al., 2020). We are wondering if nurses could share their expertise across specialities to enhance sensitivity and promote the most appropriate approach with children in a pandemic era, even outside hospitals’ settings.

There is also a need to consider that such high demand for SARS-CoV-2 screening swabbing, staffing shortages and tight appointments

impose nurses’ workforce to fast and super efficient performances. Sometimes it seems that a nurse’s competence is estimated on the basis of the number of swabs performed in a given period of time. We argue that this kind of work organisation resembles the adoption of Taylorist principles, such as specialisation (swabbers?), fragmentation of work, time-controlled performances, and reduced personnel costs (Wise et al., 2017). These working features may lead to a general deterioration of professionals’ working conditions and possible burnout, which is extremely important to avoid in order to preserve child-centred care. To prevent such issues, literature findings support nurses’ job rotation, which was found to help to alleviate the low morale resulting from the highly repetitive tasks required in some health services (Chen et al., 2015). However, does high nurse rotation guarantee the same high number of efficient performances in time constraints?

And, we are wondering, how long can we keep this fast pace and not lose credibility with the young public?

It is true that the pandemic we are experiencing is an exceptional circumstance and that the nursing workforce has already faced several challenges in providing comfort and other essential care. However, maybe some aspects of care need further investigation and effort to improve them in the light of the intensification of work together with the need to ensure the best approach to children in new settings.

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### CRediT authorship contribution statement

**Raffaella Dobrina:** Conceptualization, Investigation, Writing – original draft, Writing – review & editing. **Andrea Cassone:** Conceptualization, Investigation, Writing – review & editing. **Livia Bicego:** Conceptualization, Writing – review & editing.

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No conflict of interests have been declared by the authors with respect to the research, authorship, and/or publication of this article.

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