

Examining Children's Perceptions of Nursing Care in Acute and Chronic Illness Using a Projective Method

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ABSTRACT

Objective: This descriptive study used a projective method to examine the perceptions of nursing care among children with acute and chronic illnesses.

Methods: The study population consisted of all patients aged 6–14 years with acute and chronic illnesses who were hospitalized in the Pediatric Health and Diseases Unit of a hospital between July 1 and November 1, 2021. The sample comprised 120 children who met the inclusion criteria: 60 with acute illnesses and 60 with chronic illnesses. Data were collected using the Personal Information Form, Drawing Paper, and Drawing Information Form. During the interview, each child was provided with drawing materials and asked to draw a picture that could answer simple questions about care and nursing, considering their age.

Results: Indicators of perceptions of nursing care differed between drawings by children with chronic illnesses and those by children with acute illnesses. Evaluations based on representations in the drawings showed that children with chronic illnesses included more negative expressions related to anxiety and self-confidence and more elements indicating a higher need for care. This finding suggests a more negative perception of nursing care among children with chronic illnesses.

Conclusion: The findings indicate that perceptions of nursing care differ between children with acute and chronic illnesses, as assessed using drawing-based projective evaluations. Indicators of anxiety and self-confidence were assessed through representations in the children's drawings.

Keywords: Acute disease, child, chronic disease, nursing, nursing care, perception

INTRODUCTION

Chronic diseases, particularly non-communicable diseases, constitute the leading cause of global mortality and are responsible for a substantial proportion of deaths across adult age groups, with their burden continuing to increase worldwide due to demographic and epidemiological transitions.¹ Acute diseases, on the other hand, are life-threatening, but develop rapidly within a short time and require immediate treatment.² A healthy management of acute diseases can be possible by ensuring that people are more aware of what they should do when they are ill, and by improving nurses' level of knowledge and skills.³ A child's hospitalization creates experiences that can affect their current and future health. Learning about the child's perspectives, attitudes, perceptions, needs, and satisfaction with the hospital is important for maximizing the healthcare experience and determining the most appropriate care.⁴ Consulting children's opinions is important and necessary for pediatric nursing care. Still, it is also important to consult their opinions because children have the right to participate in healthcare, and their perspectives should be reflected in decisions.⁵ Additionally, nurses' and parents' views fail to capture what is meaningful for children and may lead researchers to misinterpret issues.⁶ The contributions that children's perspectives can make to research are increasingly recognized.⁷ Pediatric researchers have recognized their capacity to provide important information about children's experiences and interests using participatory research methods.⁸

In the nursing literature, nursing care perception refers to an individual's subjective interpretation of the care they receive from nurses, including emotional, interpersonal, and support-related dimensions. This perception reflects not only observable nursing behaviors, such as clinical competence and task performance, but also the experience of

being understood, supported, and safe during care delivery.⁹ Particularly in pediatric contexts, children may face challenges in verbally expressing their experiences due to stress, fear, or illness. Therefore, drawing-based projective assessments provide a developmentally appropriate, nonverbal method for capturing children's perceptions of nursing care, revealing emotional and relational aspects that may not be accessible through structured scales.^{10,11}

Although several studies have examined perceptions of care in adults, and several have explored children's perceptions of nurses and healthcare experiences using drawing-based methods, the literature remains limited, particularly in studies comparing children with acute and chronic illnesses. Therefore, it is important to examine the perceptions of care among children with acute and chronic diseases who experience hospitalization to better understand their experiences and improve pediatric nursing care practices.

AIM

The purpose of this study is to examine nursing care perceptions of children with acute and chronic diseases using the projective method.

Research questions

- What is the level of nursing care perceptions of children with acute illness determined by using the projective method?
- What is the level of nursing care perceptions of children with chronic disease determined by using the projective method?
- How are nursing care perceptions reflected in the drawings of children with acute and chronic diseases?

METHODS

The study population consisted of all patients with acute and chronic diseases hospitalized at the Atatürk University Hospital Pediatrics Clinic between July 1, 2021, and October 1, 2021. The study sample consisted of 120 patients aged 6-14 years who were admitted to the specified clinics on the specified dates, had acute and chronic diseases, and agreed to participate in the study. According to power analysis, there should be 112 participants with an effect size of 0.5, a 95% confidence level, a 5% error rate, and 95% power to detect the effect in the population. Considering that there may be losses, a total of 120 children, 60 children with acute and 60 chronic diseases, formed the sample of the study in line with the inclusion criteria.

Acute and chronic diseases were defined based on standard pediatric criteria. Acute diseases were considered illnesses with sudden onset, short duration, and requiring immediate or short-term medical care (e.g., acute respiratory infections, gastroenteritis, and appendicitis). Chronic diseases were defined as conditions that persist for at least 3 months and require ongoing medical management (e.g., type 1 diabetes, asthma, and congenital heart disease). Patients were classified as acute or chronic based on their medical records.

Inclusion Criteria;

- Those who live with their parents,
- Do not have a difficulty that limits drawing

Exclusion Criteria of the Study;

- Those who start to have pain while painting or stop drawing for any reason.

Data collection tools

"Personal Information Form" and "Picture Drawing Information Form" were used to collect research data.

Personal Information Form: In this form, questions such as children's age, gender, reason for hospitalization, sibling status, family type, education status, health insurance, frequency of hospital admission, mother's education status, mother's employment status, father's education status, and father's employment status are included.

Information Form on Drawing: This form includes questions such as; "Are there any deleted places in the picture?", "Who is in the picture?", "What are the people in the picture doing?" "How are the people in the picture behaving?" "What are the people in the picture saying?" and answers were recorded.

Data collection and initiatives

During data collection, the study was explained to the hospitalized child and the parents who accepted the study were informed, and "Personal Information Form" and "Picture Drawing Information Form" were filled out. The parents who accepted the study were informed, and the "Personal Information Form" and "Picture Drawing Information Form" were completed by their mother and/or father. Parents who accepted the study were informed, and the "Personal Information Form" and "Picture Drawing Information Form" were completed during face-to-face interviews. During the interview, each child was given 1 pencil, 1 eraser, 1 pencil sharpener, dry paint in 12 colors and 1 drawing paper. Considering the age range, before starting drawing, they were asked to draw a picture that could answer simple questions such as "What comes to your mind when you think of nursing care?", "What are the

nurses doing while you are in the hospital?" "What care does a nurse provide to you while you are in the hospital?" As the children drew pictures, they were observed by the researcher and the forms were filled in this process. "Information Form on Drawing", which included questions such as, "Who is in the picture?", "What are they doing?", "How are they behaving?", "What are they saying?" was filled. Children's explanations/comments about the pictures drawn by them were recorded in the questionnaire forms by the researchers.

Children drew pictures in the clinic where they were hospitalized, 7 days a week, between 08-16. Average drawing time was 30 minutes.

The evaluation criteria for children's drawings, developed in line with Halmatov¹², are presented in Supplementary table 1.

Data analysis

The quantitative data obtained in the study were analyzed using the Statistical Package for the Social Sciences (IBM SPSS Corp., Armonk, NY, USA) version 21.0 through descriptive statistics (frequencies and percentages). After data collection, picture analyses were conducted by the researcher, who holds a certificate in "Picture analysis of children and picture-test application training" and who also participated in this study. The evaluation of children's drawings was conducted in accordance with the methodological principles described by Halmatov¹². Additionally, a consultation with an educational psychologist who uses picture analysis techniques was obtained. The expert evaluator had general awareness of the clinical setting during data collection; however, during the analysis phase, access to individual patients' clinical classifications (acute vs. chronic) was restricted. The drawings were provided in anonymized form, and the evaluation was conducted independently based solely on visual data.

A. Quantitative Data Analysis

- Data entry into SPSS: Numerical data were entered into the program.
- Descriptive statistics: Frequencies and percentages were calculated.

B. Qualitative Data Analysis

Step 1. Data collection and preparation

- Drawings were collected and checked for suitability.
- Expert consultation was obtained when necessary.

Step 2. Open coding

- All drawings and comments were reviewed.
- Meaningful units of data were identified and coded.

Step 3. Creating a code list

- Codes were compiled into a list.
- The inclusion and exclusion criteria for each code were defined.

Step 4. Trustworthiness and Coding Consensus

- The certified researcher and the educational psychologist collaboratively reviewed the data.
- Any divergent interpretations were thoroughly debated in consensus meetings.
- 100% conceptual agreement was achieved based on Halmatov's (2016) criteria and the children's verbal explanations.

Step 5. Applying codes to the entire dataset

- Codes were systematically applied to the whole dataset.

Step 6. Grouping codes into themes and sub-themes

- Codes were grouped, and themes and sub-themes were created.
- The process was iteratively reviewed and revised as needed.

Step 7. Reflexive notes and documentation

- All decisions, ambiguities, and coding rationales were documented.

Ethical Consideration

Ethical approval was obtained from Atatürk University Faculty of Medicine Non-Interventional Clinical Research Ethics Committee (Date: 15.04.2021, Number: B.30.2.ATA.0.01.00/32), and official permission was granted by Atatürk University Hospital (Date: 02.07.2021, Number: E-45361945-000-2100176202). Written informed consent was obtained from parents of all participating children. In addition, age-appropriate verbal assent was obtained from children after explaining the study's purpose in simple, understandable language. All participants were informed about confidentiality, voluntary participation, and their right to withdraw from the study at any time without any consequences.

RESULTS

Table 1 shows that 55% of the children were male and 36.6% were between the ages of 12 and 14. It was found that 91.7% of the children participating in the study had siblings, 80.8% had a nuclear family, 36.7% were in Grade 1-3, 56.7% had a mother with a primary/secondary school education, and 84.4% had a mother who was unemployed.

In addition, it was found that the father of 44.2% of the children had a primary/secondary school education, 91.7% of the children's fathers were employed, 87.5% had family health insurance, and 70.5% presented to hospital when they got sick.

Table 1. Distribution of Children by Sociodemographic Characteristics (n=120)

Features		n	%
Child's Gender	Girl	54	45
	Male	66	55
Child's Age	6-8	38	31.7
	9-11	38	31.7
	12-14	44	36.6
Child's Disease	Acute	60	50
	Chronic	60	50
Siblings Status	There is	110	91.7
	None	10	8.3
Family Type	Nuclear family	97	80.8
	Extended family	23	19.2
Educational Status of the Child	1.-3. Class	44	36.7
	4.-6. Class	42	35.0
	7.-9. Class	34	28.3
Mother's Education Status	Primary-Secondary school	68	56.7
	High school	20	16.7
	University	21	17.5
	Other (not literate)	11	9.2
Mother Working Status	Working	19	15.8
	Not working	101	84.2
Father's Education Status	Primary-Secondary school	53	44.2
	High school	37	16.7
	University	28	23.5
	Other (not literate)	2	1.7
Father Working Status	Working	110	91.7
	Not working	10	8.3
Family Health Insurance	There is	105	87.5
	None	15	12.5
Frequency of Admission to the Hospital	Once a week	1	0.8
	Once in a month	6	5.0
	Quarterly	12	10.0
	Once in a six month	14	11.7
	Once a year	2	1.7
	Other (as sick)	85	70.5

The pictures drawn by the children are given in Table 2-5. Interpretations of the drawings by the children are indicated by "C"; interpretations by the expert are indicated by "E".

When the distribution of people in the pictures drawn by children with chronic diseases is examined in Table 2, it was determined that 98.3% of the children drew a nurse, 61.6% drew themselves and 13.3% drew their friend. When the distribution of people in the pictures drawn by children with acute illness is examined in Table 2, it was determined that 98.3% of the children drew a nurse, 71.6% drew themselves and 16.6% drew their friends.

Regarding the people in the pictures drawn by children with chronic disease, the child and expert comments on

Table 2. Distribution of People in Pictures Drawn by Children with Chronic and Acute Diseases (n=120)

Drawn persons	Children with chronic illness			Children with acute illness		
	n	%	Picture no	n	%	Picture no
* Nurse	59	98.3	1-59	59	98.3	61-84, 86-120
* Itself	37	61.6	1, 6, 10, 11, 13, 14, 16, 17, 19-22, 24, 25, 27, 28, 29, 31-33, 35, 36, 38-40, 44-49, 53-58	43	71.6	61-65, 68-72, 74-79, 83, 84, 86, 88-90, 94-97, 100, 101, 103, 105-109, 111, 113, 114-120
* Mother	--	--	--	2	3.3	74, 107
* Father	1	1.6	51	--	--	--
* Friend	8	13.3	19, 35, 36, 39, 40, 49, 51, 56	10	16.6	63, 64, 72, 78, 92, 100, 105, 106, 111, 113
* Physician	3	5	11, 51, 53	3	5	70, 92, 100

* There are multiple figures of people in the pictures.

some of the pictures are provided below (Figure 1 and Figure 2).

"Out of the hospital and where there is no nurse, the children are happy. The picture I drew above is my friends playing games, and me. The picture I drew below shows the nurse caring for me. They took blood from both of their arms, and it hurt so much. I don't want to come to the hospital. I don't like nurses. Age: 8" (C56)

"The picture shows an angry nurse trying to care for the child with a large needle in her hand, and the child has a sad facial expression and is tearful. In the upper part of the picture, two happy girls are playing. This makes us think that the child is suffering in the hospital and misses their friends with whom they played." (E56)

"I drew the nurse twice but then erased it because I couldn't draw it well. I didn't want a nurse in the picture. Age: 7" (C60)

**Figure 1. No 56**



Figure 2. No 60

"The fact that the child draws and erases the nurse giving care in the picture twice may make us think that the level of anxiety is high. Besides, they may not include them in the picture due to negative feelings towards the nurse." (E60)

The characteristics of the nurses' pictures drawn by the children participating in the study are given in Table 3. 63.3% of children with chronic diseases erased and redrawn after drawing any limb of the nurse, 36.6% of them drew the nurse in full and did not use the eraser again, 33.3% of them erased and drew again after drawing the nurse's arm and hand. Of the children with acute illness, 48.3% erased and redrew any of the nurses' limbs; 41.6% drew the nurse in full and did not use an eraser; and 20% erased and redrew after drawing the arm and hand of the nurse.

In the pictures drawn by children with chronic illness, the children's and expert comments on some of the pictures, according to the nurses' drawing characteristics, are given below (Figure 3).



Figure 3. No 38

"I drew a nurse giving care to the child in the picture. The nurse is putting an intravenous (IV). The nurse is careful not to hurt, but she does. Age: 12" (C38)

Table 3. Distribution of Nurse's Characteristics in Children's Drawings (n=120)

Nurse characteristics	Children with chronic illness			Children with acute illness		
	n	%	Picture no	n	%	Picture no
Full drawing of the nurse (not using eraser)	22	36.6	5, 7, 13, 21, 22, 25, 32-35, 43, 45-47, 50, 53-59	25	41.6	62-65, 72, 73, 75-77, 82, 83, 86, 89, 91-93, 95, 96, 98, 100, 105, 108, 109, 112, 117
Drawing and erasing the nurse (not redraw)	1	1.6	60	--	--	--
Scratching and erasing any limb	38	63.3	1-4, 6, 8-12, 14-20, 23, 24, 26-31, 36-44, 48-52	29	48.3	61, 66, 69-71, 74, 78, 79, 81, 84, 87, 88, 90, 94, 99, 101-104, 106, 107, 110, 111, 113-115, 117, 119, 120
Nurse's drawing, erasing and redrawing of arm and hand	20	33.3	1, 6, 8, 9, 11, 12, 16, 17, 19, 20, 23, 24, 27, 28, 39, 41, 42, 48, 49, 52	12	20	66-69, 88, 94, 97, 106, 111, 113, 114, 116
Scratching and erasing any limb	1	1.6	38	1	1.6	117
Drawing any limb missing	4	6.6	2, 9, 38, 39	2	3.3	80, 117

"The picture shows a nurse putting an IV in the child. The fact that a 12-year-old child did not draw the earth and sky makes us think there is negativity in the nursing care they received. Most importantly, after the nurse's hand was erased, it was never drawn again. This may be an indication that the child got hurt or avoids treatment." (E38)

In the pictures drawn by children with acute illness, the child and expert comments on some of the pictures, considering how the children drew the nurses, are given below (Figure 4).

"I drew two pictures of the boy when he came to the hospital and when he left the hospital. The nurse says 'cough' to the child and examines. In the second picture, she sends me home. Age:14" (C117)

"It is seen that the situation of the child while receiving care from the nurse and being discharged is depicted in the picture. It is observed that the nurse's hand, while giving care, is erased after being drawn. However, it is

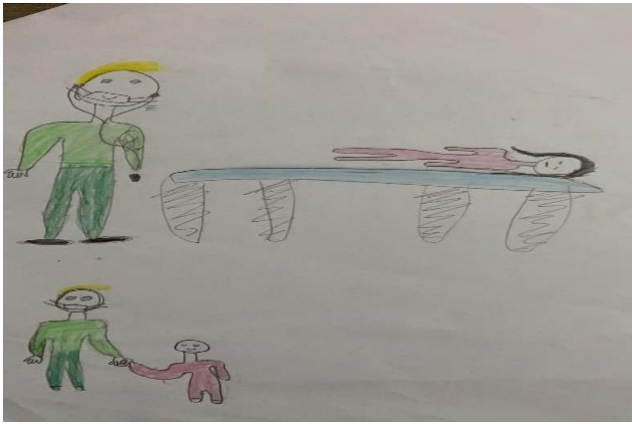


Figure 4. No 117

understood from the child's facial expression that they are upset. And this makes us think how unhappy the child is while receiving care from the nurse. However, in the other picture, it is seen that the child's treatment is over, he is discharged and has a happy facial expression. In this case, it makes us think how happy the child will be when they are discharged." (E117)

The facial expressions in the pictures drawn by the children participating in the research are given in Table 4. Of the children with chronic disease, 66.6% drew a cheerful face, 35% an ambiguous or masked face, 13.3% a sad face, 6.6% a tired face, and 5% an angry face. Of the children with acute illness, 65% drew a cheerful face, 35% an ambiguous or masked face, 15% a sad face, and 3.3% an angry face.

Table 4. Distribution of Characteristics of Facial Expressions Drawn by Children (n=120)

Face expressions*	Children with chronic illness			Children with acute illness		
	n	%	Picture no	n	%	Picture no
Sad face	8	13.3	1, 16, 27, 39, 45, 51, 54, 58	9	15	72, 74, 75, 92, 96, 101, 110, 111, 117
Cheerful face	40	66.6	1-3, 6, 10-18, 20, 22-29, 31, 33, 36, 38-40, 42, 44, 46-50, 52-55, 58	39	65	61, 63-65, 67-70, 72, 73, 76-81, 84, 86, 87-91, 93-99, 101, 102, 111, 113-117, 119
Indistinct face or masked	21	35	4, 7-9, 14, 19, 21, 30, 32, 34, 35, 37, 39, 41, 43-45, 49, 51, 55, 59	21	35	66, 71, 74-76, 83, 89, 90, 100, 103-109, 112, 116, 117, 118, 120
Tired face	4	6.6	5, 13, 20, 22	--	--	--
Angry face	3	5	39, 56, 57	2	3.3	82, 94

* There are multiple facial expressions in the drawings.

According to the facial expressions used by children with acute illness in the pictures they draw, the child's and expert's comments on some pictures are given below (Figure 5).

"I likened a bed to a nurse. The bed asks the child, 'Do you want me to make you laugh?' The doctor asks, 'Do you want a gift?' The nurse is constantly smiling at me. Age: 10" (C70)



Figure 5. No 70

"In the picture, it is seen that the child draws a nurse from the bed and on his right, he draws a nurse and a doctor. The nurse, drawn from the bed, may be the reason the child feels safe. The fact that the bed makes the child laugh may symbolize the happiness the nurse brings the child. Under the mask, the nurse and doctor are smiling. The drawn bed may show us how compassionate the nurse is to the patient while giving nursing care." (E70)

Some figures used by the children participating in the study in drawing pictures are given in Table 5. Of the children with chronic disease, 46.6% drew a needle/medicine figure, 16.6% a hospital building, 8.3% a sun figure, 6.6% a flower figure and 1.6% a tree figure. Of the children with acute illness, 51.6% drew a needle/medicine figure, 11.6% a sun figure, 8.3% a hospital building, and 8.3% a flower figure.

According to the figures used by children with chronic diseases in the pictures they drew, the comments of the children and experts are given below (Figure 6).

"I drew a nurse who gave me an injection. The nurse uses the items in the cabinet, and other materials are used to measure height and weight. Age: 8" (C57)

"It is seen that the child drew the nurse who is trying to give injections and themselves and some treatment materials. The child's drawing an extra needle and erasing and redrawing his arm on the side of the needle twice may indicate the child's fear of needles. However, it is clearly seen that the nurse looks at the child with anger. This

situation may be expressing the negative feelings of the child towards the perception of nursing care.” (E57)

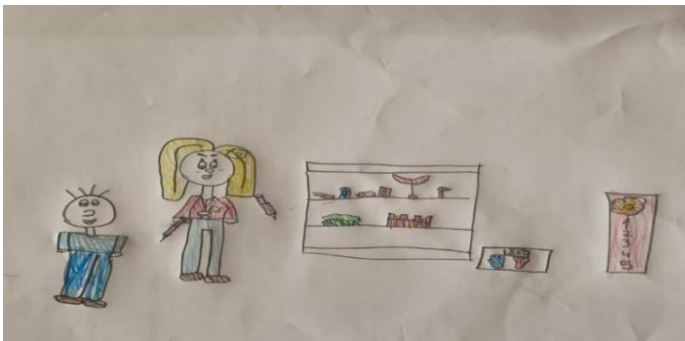


Figure 6. No 57

Table 5. Distribution of Figures Used by Children in Drawing (n=120)

Figures *	Children with chronic illness			Children with acute illness		
	n	%	Picture no	n	%	Picture no
Needle/ drug figure	28	46.6	4-6, 10, 17, 19, 21-23, 28, 30- 33, 35, 36, 38- 40, 42, 46, 47, 49, 53, 54, 56, 57, 59	31	51.6	61, 63, 70, 72, 75- 80, 83, 86, 90, 91, 93, 96, 97, 100, 103, 105, 106, 108, 110, 112, 114-120
Hospital building	10	16.6	14, 19, 20, 28, 34, 41, 49, 50, 53, 58	5	8.3	81, 85, 94, 109, 113
Flower figure	4	6.6	11, 12, 47, 57	5	8.3	62, 64, 95, 109, 114
Sun figure	5	8.3	8, 28, 39, 59, 60	7	11.6	68, 73, 85, 101, 104, 109, 114
Tree figure	1	1.6	8	--	--	--

* Multiple figures are used.

Supplementary Table 2, the proportion of children with acute and chronic illnesses depicting the nurse figure in their drawings is similar, at 98.3% in both groups. However, some negative representations of nursing care were observed in the chronic disease group. These children appear to experience anxiety related to the care process, along with difficulties in self-confidence and care needs.

DISCUSSION

It was determined that 98.3% of children with chronic diseases drew nurses, and 98.3% of children with acute diseases did so (Table 2). This may reflect the central role of nurses in providing care and support, as well as the frequent interactions children have with them during hospitalization. However, the study found that 61.6% of children with chronic diseases drew themselves, compared with 71.6% of children with acute diseases. Akgun et al.¹³

stated in their study that it is necessary to evaluate the family relationships of these children, since children who did not draw themselves in pictures exhibited anger and other negative emotions more often than children who drew themselves. In the study by Malchiodi¹⁴, it was observed that children who have problems in their relationships or who do not want to draw people they do not want to be in the same environment produced limited pictures. It is thought that the reason for the results obtained in the research is that children with chronic diseases do not want to see themselves in the hospital anymore, and they do not want to see themselves in the picture while drawing, because they receive care in the hospital for a longer period of time compared to children with acute diseases.

In the study, 63.3% of children with chronic diseases and 48.3% of children with acute diseases erased and redrew any body part (Table 3). Uysal et al.¹⁵ stated that hospitalization affects children psychologically, physiologically, and cognitively, increases anxiety and worry, and hinders independence. The higher rate in children with chronic diseases may suggest that this group experiences a greater emotional burden and anxiety related to nursing care. For example, in the 38th drawing, a child with a chronic illness erased the nurse's hand after drawing it and modified the nurse's hair, which may reflect ambiguity and emotional ambivalence toward the caregiving figure.

In the study, 36.6% of children with chronic diseases drew the nurse in full, and 41.6% of children with acute diseases did so. This suggests that children with acute illness may have a more positive perception of nursing care. In the study of Çam Ağın¹⁶, the fact that the child drew their limbs incompletely could be an indication that their self-esteem was damaged, or their emotional state was negatively affected, or it could also show that their relationship with the outside world might be broken. In the study, it was found that 33.3% of children with chronic diseases drew the nurse's arm and hand and drew again after erasing them, while this rate was 20% in children with acute disease. The fact that children with acute illness use less erasers may indicate less anxiety and concern about the perception of nursing care. Similarly, in the study by Akgün et al.,¹³ positive emotional expressions are predominant in the unity and emotional dimensions of the children's family pictures. Despite this, it may be caused by reasons such as some family members are missing or have unclear figures or there are obstacles between family members. For example, in the 117th picture drawn by a child with an acute illness, the fact that the child erased the nurse's hand after they drew it and did not draw it again, but drew it in

their second discharge, may indicate to us their happiness at the time they are discharged from the hospital.

The facial expressions in the drawings of the children who participated in the study are presented in Table 4. Sixty-six point six percent (66.6%) of children with chronic illnesses drew cheerful facial expressions. Similarly, Çakirer Çalbayram et al.¹⁰ reported that when children were asked to “draw a nurse,” most depicted nurses with smiling faces. In addition, they found that children with chronic illnesses emphasized the nurse more prominently in their drawings and mentioned more nursing tasks, which is consistent with the present study's findings.

Kürtüncü et al.¹⁷ examined nurses' perceptions in the drawings and comments of hospitalized children and found that children depicted nurses with both positive and negative aspects, particularly emphasizing themes such as compassion, support, and health-related roles. These findings, the more prominent depiction of nurses and emphasis on their roles among children with chronic illnesses, may indicate that prolonged hospitalization and care experiences influence children's perceptions of nursing.

In this study, 46.6% of children with chronic diseases used needle/medicine figures in their drawings. The rate of using needle and drug figures in children with acute illness was 51.6% (Table 5). For example, in the 58th picture drawn by a child with a chronic illness, it is seen that the child draws a chair and a hospital between the nurse, himself, the nurse and himself. The figure they drew between the nurse and themselves may represent the obstacle between them and the nurse. However, the fact that the child is sad and looking at the hospital may be expressing their concern with the hospital.” However, it is seen that the child does not draw any medicine or needle figures when they had a negative perception towards the hospital. The frequent use of the Çam Ağın¹⁶ study suggests that children's anxiety about the treatment process is intense. This situation also shows that drugs and needles are important objects associated with hospitals and treatment for children. Erdogan and Karaman¹⁸ stated in their research that the child in the disease process has a high level of anxiety for the objects related to the disease and that these objects can also affect the child psychologically. While it was emphasized in the research^{18,19} that children drew objects related to the disease, this study concluded that children with chronic diseases drew fewer needle and medicine figures than those with acute diseases. The presence of needle and medicine figures in children's drawings may reflect treatment-related anxiety; their higher frequency in children with acute illness may be explained by shorter

hospital experiences and the possibility that children with chronic illness may have become accustomed to these stimuli.

The findings indicate that perceptions of nursing care among children with acute and chronic illnesses may differ within the context of drawing-based projective assessments.

Limitations

The findings of this study can only be generalized to the children who participated in the research. The study was conducted during the pandemic, and the presence of masks in the children's drawings may have influenced the way they expressed their experiences. It was observed that children with chronic illnesses demonstrated higher levels of anxiety, self-confidence issues, and greater care needs compared to children with acute illnesses. Observations suggested the presence of anxiety related to the care process, self-confidence difficulties, and care needs among children with chronic illnesses. This may have affected their perceptions of nursing care. Projective drawing methods carry inherent limitations. Interpreting children's drawings involves a certain degree of subjectivity. Differences in age, cognitive development, and drawing ability can influence how children express their perceptions. These factors may contribute to subjective interpretation bias, all of which should be considered when interpreting the results. Additionally, the study did not employ psychometrically validated measurement tools, and its cross-sectional design limits the ability to infer causal relationships.

Nevertheless, understanding children's perspectives is important. However, the study does not provide practical recommendations or structured intervention plans, so caution is needed when translating the findings into clinical practice.

Ethics Committee Approval: Ethics committee approval was obtained from the Non-Interventional Clinical Research Ethics Committee of Atatürk University Faculty of Medicine (Date: 15.04.2021, Number: B.30.2.ATA.0.01.00/32)

Informed Consent: Written informed consent was obtained from the patients and their families who participated in the study.

Peer-review: Externally peer-reviewed.

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Supplementary Table 1. Evaluation criteria for children's drawings, developed in line with Halmatov¹²

Evaluation Category	Positive Indicators	Negative Indicators
Nurse Figure	Complete and detailed drawing; no use of eraser	Missing, erased, or unclear body parts such as arms or hands
Child Figure	The child drew their own figure and portrayed themselves positively	Figure not drawn, unclear, or erased
Family / Friend / Doctor	Supportive drawings; presence of family, friend, or doctor figures	Missing or negative representations; omission of figures
Facial Expressions	Happy, cheerful, smiling facial expressions	Sad, tired, angry, or unclear facial expressions
Figures / Objects	Positive objects such as flowers, the sun, or trees	Objects with negative connotations such as needles, medication, or hospitals
General Evaluation	Organized composition, coherence, use of color, and positive details	Disorganized layout; erased or scribbled areas; lines expressing fear or tension

Supplementary Table 2. Summary

Feature	Chronic Illness Group	Acute Illness Group
Most Frequently Drawn Person (Nurse)	Nurse (98.3%)	Nurse (98.3%)
Most Frequent Erasing and Redrawing (Scratching and erasing any limb)	63.3% (erasing and redrawing the nurse)	48.3% (erasing and redrawing the nurse)
Most Frequent Facial Expression (Cheerful)	Cheerful face (66.6%)	Cheerful face (65%)
Most Frequently Drawn Figure (Needle/Medicine)	Needle/Medicine (46.6%)	Needle/Medicine (51.6%)