ARAŞTIRMA

THE IMPLEMENTED ROLES AND FUNCTIONS OF NURSES WORKING ON PEDIATRIC CLINICS

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Alınış Tarihi:10.11.2008
Kabul Tarihi:19.06.2009

ABSTRACT

This research was conducted for the purpose of determining the roles and functions required by nurses who work on pediatric clinics and their level of implementation.

The research was conducted in 2004 with 81 nurses who work in four hospitals in Turkey. Data were collected using a tool developed by researcher titled, "Implementation of Pediatric Nurses' Roles and Functions Scale" The data collected were analyzed using SPSS 11.0, Statistica and Microsoft Excel 2002 packet computer programs. At the conclusion of the research it was seen that the nurses roles of caregiver and health protector were at the highest level, but the role of counseling was at the lowest level. Nurses with baccalaureate degree, who were single and worked in university hospitals were seen to implement their roles and functions at a higher level than the other nurses.

Keywords: *Pediatric nursing, roles and functions*

ÖZET

Çocuk Kliniklerinde Çalışan Hemşirelerin Rol ve Fonksiyonlarını Uygulama Düzeyleri

Bu araştırma, çocuk kliniklerinde çalışan hemşirelerin sahip olması gereken rol ve işlevleri belirlemek ve bu rol ve işlevlerin uygulama düzeylerini ortaya koymak amacıyla yapılmıştır.

Araştırma, Türkiye'de dört hastanede çalışan 81 hemşire ile 2004 yılında yapılmıştır. Veriler araştırmacı tarafından geliştirilen "Çocuk Hemşirelerinin Rol ve İşlevlerini Uygulama Ölçeği" uygulanarak elde edilmiştir. Elde edilen veriler, SPSS 11.0, Statistica 5.0 ve Microsoft Excel 2002 paket programları yardımıyla analiz edilmiştir. Araştırma sonucunda, hemşirelerin en üst düzeyde; bakım verici ve sağlığı koruyucu rollerini, en alt düzeyde ise danışmanlık rollerini yerine getirdikleri görülmüştür. Lisans mezunu, bekâr ve üniversite hastanelerinde çalışan hemşirelerin, rol ve işlevlerini uygulama düzeyleri diğer hemşirelerden daha yüksek bulunmuştur.

Anahtar Kelimeler: *Çocuk hemşireliği, rol ve işlevler*

INTRODUCTION

Rapid advances in science and technology are affecting society's un-derstanding of health and illness and the way health care is given (Yigit 2002, Erdemir and Pınar 2004). Nursing services are also being redefined in parallel with these changes and developments. Although the general purposes of nursing have remained the same for hundreds years the scope and quality of practice changes according to needs (Bayraktar 1999, Furlong and Smith 2005, McCash 2000). Nursing is a profession that emerged out of the desire to help keep people healthy, make them comfortable and to create a feeling of security in individuals when they are being cared for when they are ill (Furlong and Smith 2005, Karagözoğlu 2005). The International Council of Nurses defines nursing as a health care discipline from the fields of science and art responsible for protecting the health of individuals, families and society and for planning, organizing, implementing and evaluating nursing care to develop and improve their health in illness (The ICN Definition of Nursing 2001). Science and art are the most important components of the nursing profession. Nursing's artistic side includes the skills of implementing nursing actions, interpreting and explaining the meaning of patients' unique experiences. The trustbased nurse patient relationship requires that nurses have experience, empathy and develop effective helping skills. The scientific side includes following the latest developments in science and technology, health and nursing, and giving the best care by researching and using research

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results to give scientifically based care. Nurses use the artistic and scientific aspects of their profession to fulfill their roles and responsibilities (Yam and Rossiter 2000).

In the past the roles of nurses were related to their care and comfort functions. Today the roles of nurses focus on health promotion, improvement, preventing illnesses, and the diagnosis, treatment and care of frequently seen illnesses (McCash 2000, Wong 2005).

Nursing education in our country is given like other modern countries, however some confusion and difficulties are experienced in the areas of practice (hospital, health clinics, etc.) because the roles and functions of nurses are not legally defined (Cimete and Aksayan 2000). The result of this is that the roles and functions of nurses vary according to the policies of the institution where they work. In very few institutions are nurses able to fulfill the roles and functions that they learned in school, in most institutions they work according to the institution's policies.

Theoretically the roles of nurses are quite comprehensive and include care giver, teacher, counselor, patient and family advocation, decision maker, coordinator, rehabilitator, comforter, communicator, researcher and manager (Rudolph 2002, Pillitteri 2002, Kaplan et al. 2000, Potter and Perry 2004). Pediatric nursing, one of the areas of nursing specialty, includes the additional roles and functions of child and family-centered care, and is an area that is responsible for providing primary, secondary and tertiary care to children in all areas of development, beginning with the newborn period and continuing through the adolescent period (Bowden and Greenberg 2003, Çavuşoglu 2004).

As in other areas of specialty the roles of pediatric nurses are constantly changing and developing (Erdemir and Pınar 2004). Pediatric nurses need to be aware of the physical, emotional, intellectual and social needs of the child and family and include these in their care. In addition the nurse needs to know and be sensitive to the fact that a child is in the process of rapid growth and development (Bowden and Greenberg 2003, Çavuşoglu 2004, Gültekin and Baran 2005). The reason for this is that children's self-concept, coping methods and social behaviors are less developed than those of adults. For this reason the physical, intellectual and emotional reactions shown by children to their illness change according to their age and level of development. At the same time children's education, previous hospital experience, religious beliefs, cultural characteristics and socioeconomic status are important factors that affect their perception of their illness and their response to their hospitalization. For this reason when evaluating a child's individual needs and when establishing communication with him/her, it is very important to be aware of these characteristics (Wong 2005, Fawcett 2003).

Differences in education in our country, the laws that define the roles and functions of nurses have not been modernized. However nurses who work on pediatric wards, in particular, need to work in cooperation with the health care team, including the mother-father-child and to take the child's characteristics into consideration. For this reason there is a need to determine at what level the nurses who work on pediatric clinics implement the roles and functions of nurses.

Aim

This study was conducted for the purpose of determining the roles and functions required by nurses who work on pediatric wards and their level of implementation.

Research Suppositions and Limitations

To be able to carry out the research it was conducted with some suppositions and limitations.

In the hospitals where the research was conducted, it was accepted that it was implemented in a manner appropriate to the directive. It was accepted that when the nurses answered the information form and Inventory they were reflecting reality and gave answers that were sincere and accurate.

The findings are limited to the nurses who work on the pediatric clinics in the four hospitals where the research was conducted in 2004.

METHODS

Population

The research population was composed of all of the 116 nurses who worked on pediatric clinics at Mersin University Medical Faculty, Akdeniz University Medical Faculty, Mersin Toros Public and Mersin Public Hospitals. 35 of

the nurses were not included because they were on vacation or leave. Therefore, the forms were completed by 81 nurses.

Data Collection

Research data were collected using an "Information Form" and the "Implementation of Pediatric Nurses' Roles and Functions Scale."

The Information Form was used to determine some of the nurses' demographic characteristics and included 6 questions about their age, education, marital status, information about where they worked and how long they had worked in nursing and on the pediatric clinics. The "Implementation of Pediatric Nurses' Roles and Functions Scale" was developed by researcher for the purpose of determining the level of implementation of roles and functions that are necessary for pediatric nurses to have (Appendix 1). Information Forms and Implementation of Pediatric Nurses' Roles and Functions Scales were distributed by researcher during their duties to nurses who worked on pediatric clinics at determined hospitals. The all forms were collected back same day or couple of days later.

The item analysis, reliability and validity of the tool were conducted. At the conclusion of factor analysis a 63 item tool with eight subcategories was available. The tool's Cronbach α reliability was 0.96 and every subcategory's Cronbach α reliability values were: 0.83 for the 1st subcategory (Caregiver and Health Protector Roles), 0.86 for the 2nd (Teacher and Researcher Roles), 0.82 for the 3rd (Advocate and Decision Maker Roles), 0.86 for the 4th (Comforter Role), 0.83 for the 5th (Rehabilitator Role), 0.80 for the 6th (Counselor Role), 0.81 for the 7th (Manager and Coordinator Roles), and 0.60 for the 8th (Communicator and Cooperation Roles). For every item on the Inventory one of five statements was chosen: "I never do this," "I don't do this," "Undecided," "I do this," and "I always do this." The lowest possible score from the inventory is 63 and the highest is 315.

Ethical Consideration

Written permission was obtained from hospital administrations for data collection and after the nurses received an explanation of the purpose for the research their verbal permission was obtained.

Data Analysis

In the analysis of research data One Way Analysis of Variance and Kruskal Wallis was used for unrelated sample in a way that was appropriate to the research questions, and Tukey test was used to compare the difference between pairs.

RESULTS AND DISCUSSION

The demographic data concern-ing the 81 nurses who participated in the research is summarized in Table 1.

Table 1. Characteristics of Research Participants (n=81)

Age	**N**	**%**
18-22	5	6.2
23-27	48	59.3
28-32	24	29.6
33 and above	4	4.9
Educational Status	**N**	**%**
Health High School	30	37.0
Health Vocational Schools	15	18.5
Open Educational Schools	4	4.9
Nursing College	18	22.2
Health College	12	14.8
Master's of Science	2	2.5
Marriage Status of Nurses	**N**	**%**
Married	29	35.8
Single	52	64.2
Institution	**N**	**%**
Mersin University Faculty of Medicine Hospital	35	43.3
Akdeniz University Faculty of Medicine Hospital	21	25.9
Mersin Toros State Hospital	10	12.3

Mersin State Hospital	15	18.5
Working Period in Occupation	**N**	**%**
12 months and below	7	8.6
1-3 years	21	25.9
4-6 years	23	28.4
7-9 years	16	19.8
10-12 years	9	11.1
13-15 years	2	2.5
16 years and above	3	3.7
Working Period in Clinic	**N**	**%**
12 months and below	15	18.5
1-3 years	33	40.7
4-6 years	17	21.0
7-9 years	12	14.8
10-12 years	2	2.5
13years and above	2	2.5
Total	81	100.0

Based on these data more than half of the nurses (59.3%) were 23-27 years old (Table 1). In a study conducted by Gülen (2003) 32.7% of the nurses were 23-26 years old. It is clear from these findings that the nurses are in a young age group, based on the mean age. Age did not have an effect on the level of implementation of the nurses' roles and functions ($\bar{x}$ =272.80), p>0.05).

It was also seen that 64.2% of the nurses were single, 28.4% had worked in nursing for 4-6 years, and 40.7% had worked on the pediatric ward for 1-3 years (Table 1). The nurses were young, and even if they were able to gain experience in a specific area of practice, their work site was changed frequently based on the needs of the hospital, and for these reasons the length of time they had worked on the pediatric ward may have been short.

More than half of the nurses who worked on pediatric wards were graduates of a health high school (40%) or a 2 year associate degree nursing program (20%) (Table 1). Although the level of basic nursing education in our country is now post high school in a university the fact that the majority of nurses working on the pediatric wards were high school and associate degree nursing graduates shows that university nursing program graduates were not been employed in sufficient numbers. However it has been emphasized that nursing education needs to be at the university level in the Munich Declaration (2000) and Dimant (2003) also have emphasized the need for university level education for nurses to be able to fulfill their roles and functions.

Approximately one third (28.4%) of the nurses had worked in nursing for 4-6 years and approximately half (40.7%) had worked on the pediatric wards for 1-3 years (Table 1). These results show that the nurses are a young group but also that they have worked on the pediatric wards for a short period of time. This situation is probably a result of the work designs of the hospitals.

The subcategory score means and standard deviation values for the "Implementation of Pediatric Nurses' Roles and Functions Scale" used for the purpose of answering the first research question are given in Table 2.

Table 2. The Mean Score and Standart Deviation Regarding Subdimension of Scale (n=81)

Sub-dimension	$\bar{x}$	sd	F	p
1. Caregiver and Health Protector Roles	47.73	5.63	989.035	0.000*
2. Teacher and Researcher Roles	41.46	5.18		
3. Advocate and Decision Maker Roles	38.08	3.28		
4. Comforter Role	46.05	5.71		
5. Rehabilitator Role	13.96	3.02		
6. Counselor Role	12.07	2.01		
7. Manager and Coordinator Roles	38.47	5.32		
8.Communicator and Cooperation Roles	15.34	2.72		

*p<0.01

In the examination of the relationships between the subcategories it was seen that the mean scores for the 1st and 4th subcategories were higher than the other subcategory mean scores and showed differences with the other subcategories. The differences between subcategory mean scores were tested with ANOVA and found to be significant ($F_{7.640}$=989.035, p<0.01). According to the results of the Tukey test conducted to determine the source of the difference, the inventory's 1st and 4th subcategories had the highest mean scores, and they were followed by the 2nd, 7th, 3rd, 8th, 5th and 6th. Based on this the nurses respectively fulfill their roles of "Caregiver and Health Protector," "Comforter," "Educator and Researcher," "Manager and Coordinator," "Advocate and Decision Maker," "Communicator and Cooperation," and "Rehabilitator and Counselor." In addition, based on this finding, the nurses primarily fulfill their roles of "Caregiver and Health Protector" and "Comforter."

Even though the scope and limitations of nursing change in parallel with the changing needs of society it is seen again in our study that the universal and unchangeable caregiver role of nursing has not changed. The results in a study by Erdem (1996) support our findings that nurses fulfill their caregiver role in particular.

The mean scores and standard deviations in different educational levels are given in Table 3.

Table 3. The Mean and Standart Deviation of Scale Scores According to Educational Status

Educational Status	N	$\bar{x}$	sd	$\chi 2$	p
Health High School	30	39,33	5	22,085*	0,001*
Health Vocational Schools (2 year university level)	15	30,43			
Open Education Schools (2 year university level)	4	15,63			
Nursing College (bachelor's of science)	18	50,28			
Health College (bachelor's of science)	12	58,83			
Master's of Science	2	5,50			
Total	81	-			

*p<0.05 *KW=22.085

When Table 3 is examined it can be seen that the nurses who graduated from university health and nursing schools had higher scores than the other groups. This difference was found to be statistically significant ($F_{5.75}$=5.379; p<0.01). According to this result the level of implementation of pediatric nursing roles and functions significant varies with level of education. As the nurses' educational level increased the level of fulfilling their roles and functions also increased. Analysis conducted to determine which educational group was the source of the difference in roles and functions' implementation levels and it was determined that it was from the level of implementation of roles and functions of the university health school graduates ($\bar{x}$=58.83), and the open university associate degree program graduates ($\bar{x}$=15.63). A higher level of education is effective in developing a professional consciousness and in gaining knowledge and skills. In a study by Cowan et al. (2005) as well the level of

implementation was directly proportional to the educational level. In our study a positive effect of increased educational level was seen on practice. For example, nurses who were graduates of university nursing and health schools gave more time to educating patients and their families that the other nurses. This is also shows us that functions related to abstract and intellectual processes can only be achieved with a university education. In university education it is emphasized that healthy or ill individuals' needs for basic care need to be considered as a whole. Fulfilling the educator role, one of the important roles of nurses, meets the need and right of patients to be informed, one of the basic rights. In Erdem's study (1996) as well the nurses who had graduated from a university nursing school gave more time to their educator roles. The mean scores and standard deviation values for the married and single nurses are shown in Table 4.

Table 4. The Mean and Standart Deviation of Scale Scores According to Marital Status

Marital Status	**N(%)**	$\bar{x}$	**sd**	**F**	**p**
Single	53(64.2)	257.36	25.36	4.174	0.044*
Married	28(35.8)	245.00	26.90		
Total	81	253.09	26.40		

*p<0.05

When Table 4 is examined it can be seen that the level of implementation of single nurses' roles and functions is higher. This difference was statistically significant ($F_{1.79}$=4.174; p<0.01). Based on this the level of implementation of functions and roles by the single nurses was higher than the married nurses. The difference in the level of implementation of roles and functioning of nurses with a different marital status was in the 1st, 2nd and 5th subcategories. This is reflected in the practice of the single nurses as having higher levels of implementation of "caregiver and health protector" roles and functions ($\bar{x}$=48.64) than the married nurses ($\bar{x}$=46.00), "educator and researcher" roles and functions ($\bar{x}$=42.43) than the married nurses ($\bar{x}$=39.61) and "rehabilitator" roles and functions ($\bar{x}$=14.55) than the married nurses ($\bar{x}$=12.86).

More than half of the nurses in our study were single (64.2%) and the nurses' marital status was shown to have an effect on the level of implementation of their roles and functions (Table 4). This situation can be explained as single nurses having fewer responsibilities at home and having more energy to expend at work.

The mean scores and standard deviation values for nurses based on their place of work are shown in Table 5.

Table 5. The Mean and Standart Deviation of Scale Scores According to Institution

Institution	**N**	$\bar{x}$	**sd**	**χ2**	**p**
Mersin University Faculty of Medicine Hospital	35	26.51	3	18.016*	0.000*
Akdeniz University Faculty of Medicine Hospital	21	25.52			
Mersin Toros State Hospital	10	23.90			
Mersin State Hospital	15	23.40			
Total	81	25.09			

*p<0.05 *KW=18.016

When Table 5 is examined it can be seen that the mean scores for the nurses working in university hospitals was higher than those working in the public hospital. This difference was found to be statistically significant ($F_{3.77}$=10.342; p<0.01). Analysis conducted to determine the difference between institutions showed that the level of implementation of roles and functions by nurses at Mersin University Medical Faculty Hospital ($\bar{x}$=26.51) and at Mersin Toros State Hospital ($\bar{x}$=23.90) was higher than that of the nurses working at Mersin State Hospital ($\bar{x}$=23.40). Also, the level of

implementation of roles and functions by nurses at Akdeniz University Medical Faculty Hospital ($\bar{x}$=25.52) was higher than those at Mersin State Hospital ($\bar{x}$=23 .40).

The levels of implementation of nurses' roles and functions were different according to the institution where they worked. The nurses who worked at university hospitals had higher levels of implementation of their roles and functions than the other nurses (Table 5). This was an expected result, because the basic goal of universities is to conduct research, follow new developments and by implementing them in practice to ensure that the service fields are benefited in the best manner. Because the university hospitals are educational sites for medical, nursing and other students, it was expected that nurses in these places would fulfill their roles and functions at higher levels.

CONCLUSION

It was determined that the nurses participating in this research gave the least time to their counseling role and functions. In this context it can be recommended that basic nursing education and continuing education give more emphasis to the counseling role so that nurses will be better equipped in this area.

In this research the baccalaureate degree nurses were seen to fulfill the roles and functions of nurses at a higher level than the other nurses. For this reason it is recommended that more baccalaureate degree nurses be employed on pediatric wards. In addition, as in other developed professions, it is also recommended that more emphasis be given to post graduate Pediatric Nursing education and that hospital administrators make changes necessary to be able to employ pediatric nurse specialists on pediatric wards who have decision making positions.

Nurses need to be motivated to follow professional publications and their economic conditions need to be brought to a level that will facilitate their work from the aspect of developing the profession. In particular hospital administration can ensure that nurses keep their knowledge and skills current by providing continuing education, certificate programs and professional publications.

It is recommended that school and hospital administrators create conditions that will ensure that academicians and clinicians work together more and in that way ensure that shared scientific studies are conducted that will influence the development of the profession.

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Appendix 1. Implementation of Pediatric Nurses' Roles and Functions Scale

	I always do this	I do this	I'm undecided	I don't do this	I never do this
I determine the level of a child's growth and development.					
I want the parents to give their children positive news about their siblings, home, school and friends.					
I prevent strangers from entering the room during procedures.					
I encourage the parents to talk about their feelings, thoughts, experience and expectations about their child's illness.					
I participate in the care of a child (decision making, planning, implementation.					
I have parents participate in the care of their child.					
I ensure continuity of care.					
I implement family centered care.					
I listen to what children say and observe what they do.					
I can understand the reactions of children to their illness and being hospitalized.					
I participate in professional and civilian social organizations that are directed at improving the status of children.					
I observe the effect of interventions on the illness and record all results.					
I inform parents about the condition of their child, procedures that will be done and results.					
I inform the child and family about their rights and choices.					
When necessary I help the child and family protect and seek their legal rights.					
I respect the child's right to privacy and confidentiality.					
I consider the feelings of the child and ensure that they state their personal choices, fears and things they don't like.					
I respect the child's and family's personal, cultural and religious beliefs.					
I provide for the child to have cognitive, emotional and psychomotor learning.					
I organize educational programs to prepare the child and family for the hospital.					
I explain health care related concepts to the child and family.					
I examine the child and parents' level of understanding.					
I provide education to the child and family based on their needs.					
I explain educational materials to the child and family.					
I support learning.					
I oversee the implementation of the child's and family's learning.					
I evaluate the child's level of development in learning.					
I share new information with nurses and other team members on the ward.					
I follow scientific studies.					
I introduce myself to the child and family.					

I introduce the child and family to the ward.					
I ensure the acceptance and adaptation of a newly admitted or transferred child to the ward.					
I have a positive effect on the behavior and attitudes of the team.					
I share my knowledge and experiences with team members.					
I participate in local and national nursing organizations.					
I participate in scientific activities, such as various courses, conventions and seminars, for self development.					
I make recommendations for continuing education programs.					
I prevent the unnecessary use of materials.					
I motivate the child to continue his/her education.					
I have continuous communication with the family.					
I inform the family about new developments in the illness.					
I evaluate the child's rehabilitation process.					
To overcome a child's fear of the white uniform I use objects that are present (stethoscope, pen, other tools and equipment such as play models) to get close to him/her.					
I tell the child and family that they are safe.					
I decide together with the child and family the appropriate approach for the characteristics of care given to the child or in the evaluation of care.					
I keep frightening objects out of sight of an infant or child.					
I do painful procedures, not in the infant's or child's bed, but in a separate room.					
I explain the concrete function and mechanism of equipment that will be used during a procedure to the child.					
I distract the child's attention during a procedure.					
I use perceptual stimulation (rubbing, talking, etc.) during procedures.					
I use perceptual stimulation (rubbing, talking, etc.) after procedures.					
I ensure that children feel like they are at home (I give permission for them to have their own toy, object, family photograph or picture they drew).					
I encourage parents to touch their child.					
I establish communication taking into consideration the characteristics of the child's developmental level.					
After discharge I continue contact with the child and family.					
I help the family learn about and use resources that will help them in health promotion, development or coping with the effects of illness.					
I inform the family about health care services.					
I share opinions and thoughts with the family to solve problems.					
I give confidence to the family that there is always someone they can get information from.					
I do what is necessary to introduce the child and family to social support resources and to help them use them.					
I share the child's responses to illness with other nurses and members of the team.					
I decide together with the team members the appropriate approach to use to give care to or evaluate the care given to a child.					
I share decisions that have been made with the child and family.					

Ek 1.Çocuk Hemşirelerinin Rol ve İşlevlerini Uygulama Ölçeği

	Her zaman yapıyorum	Yapıyorum	Kararsızım	Yapmıyorum	Hiçbir zaman yapmıyorum
Çocuğun büyüme ve gelişme değerlerini saptarım.					
Ebeveynlerden çocuklarına; kardeşleri, ev, okul ve arkadaşları ile ilgili olumlu					

haberler vermelerini isterim.					
İşlem sırasında odaya yabancıların girmesini engellerim					
Ebeveynlerin, çocuğun hastalığı hakkında duygu, düşünce, deneyim ve beklentilerini anlatmalarını sağlarım.					
Çocuğu, bakıma (karar alma, planlama ve uygulama) katarım.					
Ebeveynleri çocuğun bakımına katarım.					
Bakımın sürekliliğini sağlarım.					
Aile merkezli bakım uygularım.					
Çocuğun anlattıklarını dinlerim ve yaptıklarını gözlemlerim.					
Çocuğun, hastalığa ve hastaneye yatmaya verdiği tepkileri anlayabilirim.					
Çocukların iyilik durumlarını yükseltmeye yönelik mesleki ve sivil toplum örgütlerine katılırım.					
Hastalığın etkisini gözlemlediğim durumlara müdahalede bulunur, tüm sonuçlarını kayıt ederim.					
Çocuğun sağlık durumu, yapılacak işlemler ve sonuçları hakkında ebeveynlere bilgi veririm.					
Çocuk ve ailesine hakları ve seçimleri konusunda bilgi veririm.					
Çocuk ve ailesinin yasal haklarını korurum ve gerektiğinde haklarını aramalarına yardım ederim.					
Çocuğun mahremiyetine ve gizliliğine saygı gösteririm.					
Çocuğun, duygularını dikkate alarak, bireysel tercihlerini, korkularını ve hoşlanmadıklarını ifade etmesini sağlarım.					
Çocuk ve ailesinin kişisel, kültürel ve dini inançlarına saygı gösteririm.					
Çocuğun bilişsel, duygusal ve psikomotor olarak öğrenmesini sağlarım.					
Çocuğu ve ailesini hastaneye hazırlayıcı eğitim programları düzenlerim.					
Çocuk ve ailesine sağlık bakımı ile ilgili kavramları açıklarım.					
Çocuk ve ebeveynlerinin anlama durumunu gözden geçiririm.					
Çocuk ve ailesine gereksinim duyduğu eğitimi veririm.					
Çocuk ve ailesine öğretilecek konuyu materyallerle anlatırım.					
Öğrenmeyi desteklerim.					
Çocuğu ve ebeveynlerini öğrenmeye ya da öğrendiklerini uygulamaya yönlendiririm.					
Öğrenmede çocuğun gelişim düzeyini değerlendiririm.					
Yeni bilgileri klinikteki meslektaşlarım ve diğer ekip üyeleriyle paylaşırım.					
Bilimsel çalışmaları izlerim.					
Çocuk ve ailesine kendimi tanıtırım.					
Çocuk ve ailesine kliniği tanıtırım.					
Diğer ünitelerden kliniğe gelen ya da yeni yatan çocuğun kliniğe kabulünü ve uyumunu sağlarım.					
Ekibin davranış ve tutumlarını olumlu yönde etkilerim.					
Bilgi ve deneyimlerimi ekip üyeleriyle paylaşırım.					
Yerel ve ulusal hemşirelik organizasyonlarına katılırım.					
Kendimi geliştirmek amacıyla çeşitli kurs, kongre ve seminer gibi bilimsel aktivitelere katılırım.					
Hizmet içi eğitim programlarına öneriler getiririm.					
Malzemeleri gereksiz kullanmam ve kullanımını önlerim.					
Çocuğun okuluna yeniden devam edebilmesi için onu motive ederim.					
Aile ile sürekli iletişimde bulunurum.					
Hastalık hakkındaki yeni gelişmelerden aileyi haberdar ederim.					
Çocuğun rehabilitasyon sürecini değerlendiririm.					
Çocuğun beyaz gömlek korkusunu yenmesi için var olan objeleri (steteskop, kalem veya klinikte kullanılan araç-gereçlerin oyuncak maketleri v.b) kullanarak yakınlaşmasını sağlarım.					
Çocuk ve ailesine güvende olduklarını söylerim.					
Çocuğa verilen bakımın özelliği ya da bakımın değerlendirilmesinde uygun yaklaşıma, çocuk ve ailesi ile birlikte karar veririm.					

Korkutucu objeleri bebeğin ya da çocuğun görme alanından uzak tutarım.					
Ağrılı işlemleri bebeğin ya da çocuğun yatağında değil, ayrı bir odada yaparım.					
Çocuğa işlem sırasında kullanılacak malzemelerin fonksiyon ve mekanizmalarını somut kavramlarla açıklarım.					
İşlem sırasında çocuğun dikkatini başka yöne çekerim.					
İşlem sırasında duygusal uyaranlar (okşama,konuşma v.b) kullanırım.					
İşlemden sonra duygusal uyaranlar (okşama, konuşma v.b) kullanırım.					
Çocuğun kendisini evindeymiş gibi hissetmesini sağlarım (ona ait bir oyuncağı, eşyayı, ailesine ait fotoğrafı ya da kendi yapmış olduğu bir resmi bulundurmasına izin veririm).					
Ebeveynleri bebeklerine dokunmaları için cesaretlendiririm.					
Çocuğun gelişim dönem özelliğini dikkate alarak iletişim kurarım.					
Taburcu olduktan sonra çocuk ve ailesi ile iletişimi sürdürürüm.					
Çocuk ve ailesinin, sağlığı koruma, geliştirme veya hastalığın etkileri ile baş edebilmeleri için sağlanabilecek kaynakları tanımalarına ve kullanmalarına yardım ederim.					
Aileyi sağlık hizmetlerinden haberdar ederim.					
Sorunların çözümü için ailenin görüş ve düşüncelerini paylaşırım.					
Aileye har zaman danışabilecekleri birisi olduğu güvenini veririm.					
Çocuk ve ailesine sosyal destek olanaklarının tanıtılması ve bu kaynakların kullanılması için gerekli girişimlerde bulunurum.					
Çocuğun hastalığa verdiği tepkileri meslektaşlarım ve ekibin diğer üyeleriyle paylaşırım.					
Çocuğa verilen bakımın özelliği ya da bakımın değerlendirilmesinde uygun yaklaşıma, ekip üyeleri ile birlikte karar veririm.					
Alınan kararları çocuk ve ailesi ile paylaşırım.					