

Şanlıurfa'da Çalışan Hemşire ve Ebelerin Çocuk Haklarına İlişkin Tutumları

Attitudes of Nurses and Midwives Working in Şanlıurfa Regarding Children's Rights

Fatma BOZDAĞ^{1 A,B,C,D,E,F,G}, Remziye İrem FIRTINA^{2 A,C,F}, Hüseyin SAĞLAM^{2 A,C,F}



¹Harran University Faculty of Health Sciences, Department of Nursing, Department of Child Health and Diseases Nursing, Şanlıurfa, Türkiye

²Harran University Faculty of Health Sciences, Nursing Undergraduate Program, Şanlıurfa, Türkiye

ÖZ

Amaç: Çocuk hakları, dünya üzerindeki tüm çocukların doğuştan kazandığı haklardır. Bu araştırma, Şanlıurfa'da çalışan hemşire ve ebelerin çocuk haklarına ilişkin tutumlarını belirlemek amacı ile gerçekleştirilmiştir.

Yöntem: Bu çalışma tanımlayıcı tipte yapılmıştır. Araştırmanın örneklemini Şanlıurfa ilinde ikinci basamak sağlık kuruluşlarında çalışan toplam 1250 hemşire ve ebeden 1013'ü oluşturmuştur. Araştırma verileri Aralık 2022-Mayıs 2023 tarihleri arasında Kişisel Bilgi Formu ve Çocuk Haklarına İlişkin Tutum Ölçeği kullanılarak toplanmıştır.

Bulgular: Hemşire ve ebelerin çocuk haklarına ilişkin tutum ölçeğinden aldıkları puan ortalamalarının 32.36±10.28 ile olumlu olduğu saptanmıştır. Bu yüz güldürücü sonuca rağmen hemşire ve ebelerin çoğunluğu, çocuk haklarının ihlal edildiğini, çocuk haklarına yönelik yeterli bilinçlendirmenin yapılmadığını ve çocuk hakları ihlali ile karşılaştıklarında bildirim yapacakları birimi ve prosedürleri bilmediklerini ifade etmişlerdir. Hemşire ve ebelerin çocuk haklarına yönelik tutumlarının sosyo-demografik özelliklerden etkilendiği belirlenmiştir.

Sonuç: Sonuç olarak Şanlıurfa'da çalışan hemşire ve ebelerin çocuk haklarına ilişkin olumlu tutuma sahip oldukları belirlendi. Hemşire ve ebelerin çocuk haklarına ilişkin tutumlarını daha da iyileştirebilmek için çocuk hakları ihlali ile karşılaştıkları zaman hangi birimlere ve nasıl bildirim yapmaları gerektiği konusunda bilgilendirilmesi gerekmektedir. Ayrıca doğal afetlerde, salgınlarda, savaş ve çatışmalar gibi olağanüstü durumlarda çocuk haklarının korunmasına ve çocukların sağlık hakkının uygulanmasına yönelik ulusal ve uluslararası düzeyde bilinçlendirmenin yapılması önerilmektedir.

Anahtar Kelimeler: Çocuk hakları, Hemşire, Ebe, Pediatri, Tutum.

ABSTRACT

Objective: Children's rights are the rights that all children around the world are born with. This study was conducted to determine the attitudes of nurses and midwives working in Şanlıurfa towards children's rights.

Method: This study was descriptive in nature. The sample of the study consisted of 1013 of a total of 1250 nurses and midwives working in secondary health care organizations in Şanlıurfa. The data were collected between December 2022 and May 2023 using the Personal Information Form and the Attitude Scale on Children's Rights.

Results: The mean score of nurses and midwives on the scale of attitudes towards children's rights was found to be positive with 32.36±10.28. Despite this encouraging result, the majority of nurses and midwives stated that the rights of child rights were violated, that there was not enough awareness raising about children's rights and that they did not know the unit and procedures to report when they encountered a violation of children's rights. It was determined that nurses' and midwives' attitudes towards children's rights were affected by socio-demographic characteristics.

Conclusion: As a result, it was determined that nurses and midwives working in Şanlıurfa had positive attitudes towards children's rights. In order to further improve the attitudes of nurses and midwives towards children's rights, they should be informed about which units and how they should report when they encounter violations of children's rights. In addition, it is

Sorumlu Yazar: Fatma BOZDAĞ

Harran University Faculty of Health Sciences, Department of Nursing, Department of Child Health and Diseases Nursing, Şanlıurfa, Türkiye.

fatosbozdog42@gmail.com

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Yazar Katkıları: A) Fikir/Kavram, B) Tasarım, C) Veri Toplama ve/veya İşleme, D) Analiz ve/veya Yorum, E) Literatür Taraması, F) Makale Yazımı, G) Eleştirel İnceleme

recommended to raise awareness at national and international level on the protection of children's rights and the implementation of children's right to health in extraordinary situations such as natural disasters, epidemics, war and conflicts.

Key words: Child rights, Nurse, Midwife, Pediatrics, Attitudes.

1. INTRODUCTION

Children's rights are the rights that all children around the world are born with. They are the benefits that are protected by the rules of law in order for children to develop in a healthy and age-appropriate manner and to live free and in a manner befitting human dignity (1). Turkey was among the first states to sign the United Nations Convention on the Rights of the Child on September 14, 1990. The right to health and education are the most important rights of children. Unfortunately, it is known that not all children in the world enjoy the right to health equally (2).

All health disciplines dealing with child health and diseases have important responsibilities in raising healthy generations. The equal implementation of children's health rights in all countries should be promoted. Nurses and midwives are the health professionals most frequently in contact with sick or healthy children when providing preventive, curative or rehabilitative services (3,4). Nurses and midwives, who have a wide field of work, should fulfill their advocacy role in promoting and protecting child health in the best way possible (5-7). Nurses and midwives, who have an important place in child health, need to make the right decision for the patient in many areas of practice. They are constantly confronted with ethical issues such as access to health care, the right to live and die, transplantation, abortion, experimentation and research (8). Therefore, it is crucial that nurses and midwives are able to analyze their own actions and have ethical decision-making skills.

Şanlıurfa has the highest child population and fertility rate, the 2nd highest infant mortality rate and the 3rd highest refugee population density in Turkey (9-12). With the effect of these factors, it is thought that nurses and midwives serving in this province may encounter ethical problems and ethical dilemmas more frequently and their attitudes towards children's rights may be affected. Therefore, the study was conducted to determine the attitudes of nurses and midwives working in Şanlıurfa province towards children's rights.

Research Questions

- What are the attitudes of nurses and midwives working in Şanlıurfa towards children's rights?
- Are there differences between nurses' and midwives' attitudes towards children's rights?
- Which factors affect nurses' and midwives' attitudes towards children's rights such as years of employment, unit of employment, receiving training on children's rights, etc.?

2. METHOD

Research Design

The study was conducted in descriptive type.

Population and Sample of The Research

The study population consisted of a total of 1250 nurses and midwives working in public and university hospitals providing 2nd level health care services in Şanlıurfa province. In this

study, the sample calculation was based on the mean scores of the attitudes towards children's rights scale according to the gender of the nurses in the study “determining the attitudes of pediatric nurses towards children's rights” conducted by Alemdar and Yılmaz (2019). It was seen that the mean score of male nurses was 37.72 ± 9.83 and the mean score of female nurses was 35.89 ± 10.31 . According to these scores, it was found that the study should be conducted with 954 nurses with 80% test power, 95% confidence and $d=0.1817279$ effect size (7). The study was conducted with 1013 midwives and nurses.

Data Collection Tools

The data of the study were collected with the Personal Information Form and the Attitudes Towards Children's Rights Scale (ATCRS).

Personal Information Form: It consists of a total of open-ended and multiple-choice questions including questions such as nurses' and midwives' age, gender, marital status, number of children, educational status, unit of employment, working time, information about children's rights, and encountering a problem related to children's rights.

Attitudes Towards Children's Rights Scale (ATCRS): The scale, developed by Kepenekçi, consists of 22 items in a five-point Likert-type scale and includes four basic areas of children's rights (life, development, protection, and participation). Nineteen items of the scale are positive and three items (items 2, 14, 15) contain negative statements and are reverse scored. For these statements, the scale ranges from “Totally Agree” to “Totally Disagree”. The responses to the statements are scored between 1 and 5, and a high score indicates a negative attitude. Scores that can be obtained from the scale range from 22 to 110. The cronbach alpha value of the scale was reported as 0.85 (13). In our study, the cronbach alpha value was found to be 0.85. Permission to use the scale was obtained from the author via e-mail.

Data Collection

The data were collected from nurses and midwives working in two Training and Research Hospital and one University Hospital between December 2022 and May 2023. The nurses in charge of intensive care, ward, delivery room/operating room, emergency and outpatient clinic of the hospitals were contacted and the hospitals were visited at certain intervals according to the working schedule of the nurses and midwives. The purpose and importance of the study were explained to the nurses and midwives at their convenience and they were asked to fill out the forms, which took approximately 15 minutes.

Data Analysis

IBM SPSS Statistics 25 (IBM Corp., Armonk, New York, USA) statistical package program was used in the evaluation of the research data. Percentages, median, minimum and maximum values were given as descriptive statistics of the data. Shapiro-Wilk normality test and Q-Q graphs were used to determine whether the data were normally distributed. In accordance with the distribution of the data, Mann-Whitney U test was used for two independent group comparisons and Kruskal-Wallis test was used for more than two independent group comparisons. Statistical significance level was accepted as $p < 0.05$.

3. RESULTS

It was determined that the majority of the nurses and midwives were between the ages of 25-30, female, single, without children, had a bachelor's degree and worked as nurses. Similarly, it was also found that the majority of them worked in intensive care and the duration of service was between 1-5 years. The mean score of the nurses and midwives on the ATCRS was found to be 32.36±10.28. The results show that nurses and midwives working in Şanlıurfa have positive attitudes towards children's rights (Table 1).

Descriptive Characteristics		N	%
Age	25 age↓	354	34.9
	25-30 age	398	39.3
	30 age ↑	261	25.8
Genders	Female	606	59.8
	Male	407	40.2
Marital Status	Married	479	47.3
	Single	509	50.2
	Divorced	25	2.5
Having Children	Yes	415	41.0
	No	598	59.0
Educational Level	High School	93	9.2
	Associate's Degree	85	8.4
	Bachelor's Degree	795	78.5
	Master's Degree	40	3.9
Job	Nurse	842	83.1
	Midwife	171	16.9
Work Unit	Intensive Care	489	48.2
	Clinic	316	31.2
	Delivery room/operating room	89	8.8
	Emergency	97	9.6
	Policlinic	22	2.2
Term of Office	1 year ↓	238	23.5
	1-5 year	426	42.0
	5 year ↑	349	34.5
Scale		$\bar{x}\pm SD$	Median (Min-Max)
ATCRS		32.36±10.28	30.00 (22.00-109.00)

Table 1. Distribution of Descriptive Characteristics of Nurses and Midwives and ATCR Scale Scores.

* ATCRS: Attitudes Towards Children's Rights Scale, \bar{x} : Mean, SD: Standard Deviation, Min: Minimum, Max: Maximum

Table 2 shows the distribution of nurses' and midwives' experiences and thoughts about children's rights. It was determined that the majority of nurses and midwives received training on pediatric patient rights and did not encounter any problems related to pediatric patient rights while working. Similarly, the majority of nurses and midwives stated that they thought that children's rights were violated, that they thought that nurses and midwives were not adequately informed about children's rights, and that they did not know the unit and procedures that they should report when they encountered a violation of children's patient rights. Those who thought that they knew the unit to notify gave very different answers to this question, including children's rights (45.3%), child follow-up center (28.5%), ministry of family and social policies (14.2%), hospital police (7.8%) and code pink (4.2%) (Table 2).

Table 2. Distribution of Nurses' and Midwives' Experiences and Thoughts on Children's Rights.

Experience and Reflections		N	%
Status of Prior Training on Child Rights	Yes	757	74.7
	No	256	25.3
Encountering Problems Related to Child Rights	Yes	389	38.4
	No	624	61.6
State of Thinking that Child Patients' Rights are Violated	Yes	787	77.7
	No	226	22.3
The State of Thinking that Nurses and Midwives are Adequately Informed about the Rights of Child Patients	Yes	264	26.1
	No	749	73.9
Children's Perception of Knowing the Unit and Procedures to Notify When They Encounter a Violation of Patient Rights	Yes	190	18.8
	No	823	81.2

Table 3. Comparison of Nurses' and Midwives' ATCR Scale Scores According to Descriptive Characteristics.

Characteristics		N	ATCR Scale Median (Min-Max)
Age	25 age ↓	354	29.00 (22.00-76.00)
	25-30 age	398	30.00 (22.00-109.00)
	30 age ↑	261	30.00 (22.00-107.00)
Test		<i>KW=1.405 p=0.495</i>	
Genders	Female	606	29.00 (22.00-109.00)
	Male	407	31.00 (22.00-101.00)
Test		<i>U=107140.000 p=0.000</i>	
Educational Level	High School	93	31.00 (22.00-107.00)
	Associate Degree	85	30.00 (22.00-101.00)
	Bachelor's Degree	795	30.00 (22.00-109.00)
	Master's Degree	40	25.00 (22.00-66.00)
Test		<i>KW=8.092 p=0.044</i>	
Marital Status	Married	479	30.00 (22.00-109.00)
	Single	509	29.00 (22.00-92.00)
	Divorced	25	37.00 (22.00-58.00)
Test		<i>KW=2.106 p=0.349</i>	
Having Children	Yes	415	30.00 (22.00-109.00)
	No	598	29.00 (22.00-92.00)
Test		<i>U=119781.000 p=0.346</i>	
Job	Nurse	842	30.00 (22.00-109.00)
	Midwife	171	28.00 (22.00-107.00)
Test		<i>U=66824.500 p=0.138</i>	
Work Unit	Intensive Care	489	30.00 (22.00-82.00)
	Clinic	316	30.00 (22.00-109.00)
	Delivery room/operating room	89	28.00 (22.00-66.00)
	Emergency	97	32.00 (22.00-69.00)
	Policlinic	22	25.50 (22.00-55.00)
Test		<i>KW=7.050 p=0.133</i>	
Term of office	1 year ↓	238	29.00 (22.00-76.00)
	1-5 year	426	30.00 (22.00-109.00)
	5 year ↑	349	30.00 (22.00-107.00)
Test		<i>KW=1.429 p=0.490</i>	
Status of Prior Training on Child Rights	Yes	757	29.00 (22.00-109.00)
	No	256	31.00 (22.00-82.00)
Test		<i>U=84717.000 p=0.003</i>	
Encountering Problems Related to Child Rights	Yes	389	30.00 (22.00-82.00)
	No	624	30.00 (22.00-109.00)

Table 3. Comparison of Nurses' and Midwives' ATCR Scale Scores According to Descriptive Characteristics (Continued).

Test		<i>U=119773.000</i>	<i>p=0.724</i>
State of Thinking that Child Patients' Rights are Violated	Yes	787	29.00 (22.00-107.00)
	No	226	33.00 (22.00-109.00)
Test		<i>U=75041.000</i>	<i>p=0.000</i>
The State of Thinking that Nurses and Midwives are Adequately Informed about the Rights of Child Patients	Yes	264	30.50 (22.00-109.00)
	No	749	30.00 (22.00-101.00)
Test		<i>U=94299.500</i>	<i>p=0.263</i>
Children's Perception of Knowing the Unit and Procedures to Notify When They Encounter a Violation of Patient Rights	Yes	190	26.00 (22.00-109.00)
	No	823	30.00 (22.00-107.00)
Test		<i>U=61959.500</i>	<i>p=0.000</i>

* *Min: Minimum, Max: Maximum, U: Mann-Whitney U Test, KW: Kruskal-Wallis Test.*

It was determined that the mean scores of nurses and midwives on the ATCR scale were not affected by factors such as age, marital status, having a child, occupation, unit of employment, duration of service, status of encountering a violation of child rights, and the state of thinking that nurses and midwives were adequately informed about child rights ($p>0.05$). It was determined that the mean scores of nurses and midwives on the ATCR scale were affected by factors such as gender, educational status, receiving prior training on child rights, thinking that child rights were violated, and thinking that they knew the unit and procedures to be reported when they encountered a violation of child rights ($p<0.05$). The mean scores of the ATCR scale of nurses and midwives whose gender was female, whose educational status was postgraduate, who received prior training on child rights, who thought that child rights were violated and who thought that they knew the unit and procedures to be reported in case of a violation of child rights were found to be significantly higher ($p=0.000$, $p=0.044$, $p=0.003$, $p=0.000$, $p=0.000$, $p=0.000$, respectively) (Table 3).

4. DISCUSSION

A significant number of articles of the United Nations Convention on the Rights of the Child relate to children's health (1). Şanlıurfa has an important position in terms of child health because it is a province with the highest child population in Turkey, as well as a province with a high refugee population density and high infant mortality rates. In the protection and improvement of child health, it is very important to determine the obstacles in front of the positive attitudes of midwives and nurses serving in this province towards children's rights. The majority (81%) of nurses and midwives working in public hospitals providing 2nd level health care services in Şanlıurfa between the dates of the study were reached and it was determined that they had positive attitudes towards children's rights. Similarly, in studies conducted with pediatric nurses in Turkey, it has been reported that nurses have positive attitudes towards children's rights (7,14). The fact that our results are not specific to pediatric nurses but generally belong to all nurses and midwives working in intensive care, clinic, delivery room, operating room and emergency services distinguishes our study from other studies. Because, although there is no special condition for nurses and midwives to work in pediatric clinics in our country,

this situation may vary from hospital to hospital or from province to province. For this reason, there is a constant circulation of nurses and midwives working in pediatric clinics within the hospital and it can change.

Despite these encouraging results of attitudes towards children's rights, the majority of nurses and midwives stated that children's rights were violated in hospitals, that nurses and midwives were not adequately informed about children's rights, and that they did not know the unit and procedures they should notify when they encountered violations of children's rights. Similarly, in other studies conducted in Turkey, nurses stated that they had no idea whether Turkey had signed the Convention on the Rights of the Child, that they did not have enough information about children's rights and that they thought that children's rights were violated (7,14). In another study conducted in Greece, it was reported that half of the healthcare professionals working in a children's hospital were not familiar with the convention on the rights of the child and the bioethics committee, as well as their lack of awareness of child abuse protocols and child rights procedures (15). In a study conducted in Italy on the implementation of children's rights in hospitals, it was determined that there were significant differences in the implementation of children's rights between pediatric hospitals and general hospitals and between regions. At the same time, nurses reported that hospitalized children most frequently reported differences in the implementation of children's rights to rest, play, prevention or treatment of pain, and obtaining children's informed consent for decisions concerning them (16). In another study conducted in Italy, it was emphasized that nurses should be trained to eliminate false myths about pain for the implementation of children's rights (17). Research has shown that knowledge and awareness about how children's rights can be implemented in hospitals and respecting children's views is low in Turkey, and that nurses and midwives are not in agreement on the problems encountered in clinical practice related to children's rights (8,18). In the world and in our country, it is seen that nurses and midwives have low knowledge and awareness about children's rights, the implementation of children's rights in hospitals and reporting when they encounter violations of children's rights. No matter how positive nurses' and midwives' attitudes towards children's rights are, their low level of knowledge and awareness will cause them to be inadequate in defending children's rights. Especially in case of child rights violations and child abuse, not knowing the unit to report is a very important problem.

In studies conducted in Turkey, although there are studies reporting that the level of education of nurses has no effect on their attitudes towards children's rights (7,14), there are also studies reporting that the level of education and prior training on children's rights positively affect attitudes towards children's rights (7,19-21). In our study, the factors affecting attitudes towards children's rights included level of education and previous education on children's rights. It was determined that nurses and midwives who had postgraduate education and had received training on children's rights before had more positive attitudes towards children's rights. Similarly, level of education was found to be effective in the implementation of children's rights by health workers in Afghanistan (22). Children can be provided with better and equal healthcare services by increasing knowledge and awareness about the implementation of children's rights in hospitals and reporting violations of children's rights through in-service trainings or by increasing the importance of the subject in undergraduate education.

A recent systematic review highlights the lack of data on child rights violations during pandemics and the need for regional and international cooperation to document the situation of children in health emergencies (23). In recent years, the rights of children, who are among the most affected population in the COVID-19 pandemic, natural disasters, wars and conflicts and etc., should be defended by nurses and midwives. The opinions of nurses and midwives should be taken into consideration in the fulfillment of children's rights and in maximizing children's access to the right to health. Because nurses and midwives are the people who are most frequently in contact with children and their families during treatment and care in hospitals, they are the people who have the opportunity to closely observe the situations that prevent the implementation of children's rights (16,24). In addition, all health professionals should strive to ensure that children are included in all decisions that affect them, taking into account the Convention on the Rights of the Child (25,26).

5. CONCLUSION

The results show that nurses and midwives working in Şanlıurfa have positive attitudes towards children's rights. Attitudes of nurses and midwives towards children's rights were not affected by factors such as age, length of service, working as a nurse or midwife and having children, while gender, level of education and previous education were found to be affected.

Recommendations for nursing practice

Considering these results, nurses and midwives should be informed by experts in the field of child rights. Training nurses should inform nurses and midwives through in-service trainings about which units and which forms should be reported to which units in case of child rights violations, especially child neglect and abuse. If there is a child monitoring center in hospitals, it should be introduced and staff should be trained about its functioning. Awareness seminars on ethical problems in palliative care clinics, intensive care units for children and pediatric clinics should be organized to improve attitudes towards children's rights. In order to protect children's fundamental right to nutrition, it is recommended that nurses and midwives should improve breastfeeding rates, child and baby friendly hospital practices should be increased, and play and rest areas should be improved.

Limitations

It is a limitation that the study was conducted only with nurses and midwives working in public and university hospitals. It is recommended to include nurses and midwives working in institutions and organizations providing primary health care services such as family health centers and community mental health centers and to conduct the study with a larger sample.

Ethical Considerations

Before the research, ethics committee approval was obtained from the clinical research ethics committee of a state university with the date December 12, 2022 and number 2022/24/24, and institutional permissions were obtained from the hospitals where the research was conducted. The purpose and importance of the study were explained to the nurses and midwives by the researchers and their consent was obtained. This study was conducted in accordance with the principles of research and publication ethics.

Declaration of conflicting interests

There is no conflict of interest.

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