Original Article

The Use of Ericson's Psychosocial Theory in Nursing Care in Pediatric Clinics

Sebahat Altundag, PhD RN
Pamukkale University Health Science Faculty, Department of Pediatric Nursing, Denizli, Turkey

Nazan Cakirer Calbayram, PhD RN
Canakkale Onsekiz Mart University Health Science Faculty, Department of Pediatric Nursing, Canakkale, Turkey

Correspondence: Nazan Cakirer Calbayram, PhD RN, Canakkale Onsekiz Mart University Health Science Faculty, Department of Pediatric Nursing, Canakkale, Turkey e-mail: nazancalbayram@gmail.com

Abstract
Purpose: This study was conducted to examine the reflection of Eric Ericson's psychosocial theory in nursing care in the approach of nurses working in pediatric clinics to patients aged 0-18.
Methods: This was a descriptive cross-sectional study. The study was conducted with 30 nurses who were working in pediatric clinics.
Results: The nurses stated that it was necessary to perform the following practices while providing care for their patients: “promptly changing the patient’s diaper when it gets dirty” in the "trust and mistrust" stage (83.3%); “taking care not to use expressions such as cutting-bleeding" in the “initiative vs. guilt” stage (86.7%).
Conclusion: Our findings highlight that nurses working in pediatric clinics should reflect Ericson's psychosocial theory in their care to support the psychosocial development of children.

Keywords: Psychosocial theory, pediatric nurse, child, Ericson’s theory, nursing care

Introduction

Nurses working with children should be aware of the physical, emotional, mental, and social needs of children and their families and include them in care (Cavusoglu, 2019; Regulation Amending the Nursing Regulation, 2019). The physical, mental, and emotional responses of the child to the disease vary according to their age, level of development, previous hospital experiences, religious-cultural characteristics, and socioeconomic status. For these reasons, nurses need to know how to identify sources that will help them effectively cope with developmental crises, diseases, and disease-induced problems that affect children of different ages (Hockenberry et.al. 2016; Toruner and Buyukgonenc, 2017).

“Pediatric Nursing”, which is one of the nursing specialties places the child and the family at the center of care in addition to the basic roles and functions of nursing. Pediatric nursing is a field that is responsible for providing health care at all levels, covering all developmental stages from the newborn period to the end of adolescence (Cavusoglu, 2019; Regulation Amending the Nursing Regulation, 2019; Hockenberry et.al. 2016; Toruner and Buyukgonenc, 2017).

The role of the pediatric health nurse is constantly changing. These changes may stem from many factors in the nursing profession. Fifty years ago, pediatric nursing only addressed the care of the hospitalized child. Today, protecting and maximizing the health and care of the child in the family has become

important (Cavusoglu, 2019; Hockenberry et.al. 2016). Nurses should take child development theorists into consideration while performing these tasks.

In pediatric clinics, children always have the right to be informed about the procedures to be performed. However, the provision of information can be often neglected. Not informing the child about the procedures to be performed increases their fear and anxiety. It is important to prepare children for procedures in accordance with their developmental period and to know their concerns and expectations. Preparation before a procedure can support the child's sense of trust, and their autonomy can be supported depending on whether they want their parents with them during the procedure (Cavusoglu, 2019; Hockenberry et.al. 2016; Toruner and Buyukgonenc, 2017). Thus, Ericson's theory can provide resources for the emotional care that nurses give to the individual.

The theory developed by Eric Ericson is predominantly based on personality development. According to Ericson, personality continues to develop in all eight stages. Individuals are affected by the society and culture that they live in. Negative experiences in one stage can be turned into positive ones in the next stage (Yigit, 2020) The fact that development is shaped not only by inheritance but also by environmental factors provides many benefits in supporting the psychosocial development of the child (Cuceloglu, 2016). In this context, knowledge of the characteristics of Ericson's psychosocial theory according to age periods and its use in care by nurse's benefits patient care while nurses are performing their roles and duties.

In the literature, there are studies that examine the gains in Ericson's psychosocial development stages by various variables and scale adaptation studies (Ozdamar et.al. 2016; Arslan and Ari, 2008). However, there are no studies related to nursing care based on Ericson's theory in this field.

This study was to examine the use of Eric Ericson's Psychosocial Development Theory in care by nurses working in the pediatric clinics of a university hospital.

Methods

Sample and Setting: This study was conducted descriptively and cross-sectionally.

Design: The population of the study consisted of 48 nurses working in the pediatric wards of a university hospital. Nurses who were on leave, were on sick leave, or were sent to in-service training were not included in the study. Nurses who were actively working and agreed to participate were included in the study, and the study was completed with a total of 30 nurses.

Procedure: Data were collected using the face-to-face interview technique between January and February 2019. At the outset, the consent of the participants was obtained, and the data collection tools were introduced. The data form took 10-15 minutes to complete. The volunteers were informed about the study and their written consent was obtained and they were informed about the investigation.

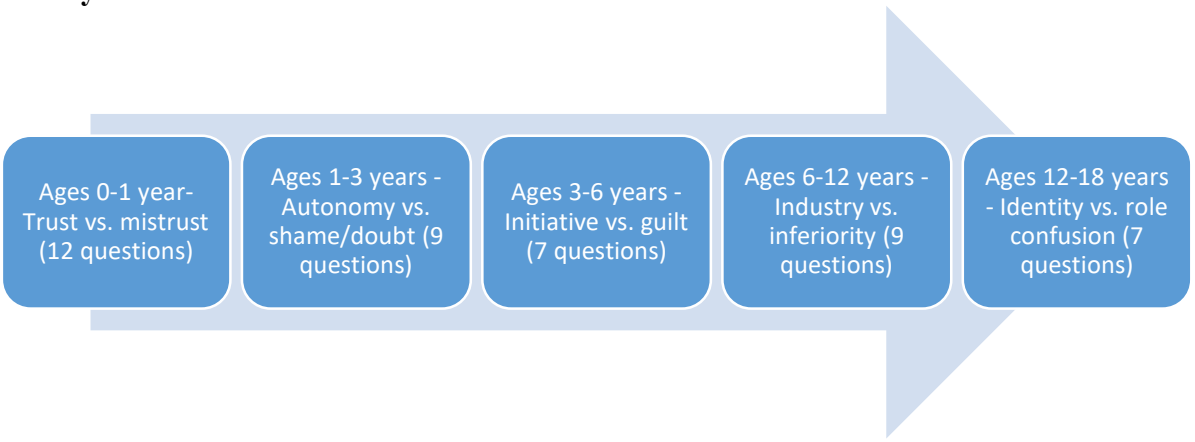
Data collection: The data were collected using a descriptive information form and The Questionnaire for Using Ericson's Psychosocial Theory in Pediatric Clinics.

Descriptive Information Form: The Descriptive Information Form: This form consists of 8 questions about the descriptive information of the nurses.

The Questionnaire for Using Ericson's Psychosocial Theory in Pediatric Clinics: This form consists of five sections and a total of 44 questions according to the theory of the theorist (part 1 (trust vs. mistrust): 12 questions; part 2 (autonomy vs. shame/doubt): 9 questions; part 3 (initiative vs. guilt): 7 questions; part 4 (industry vs. inferiority): 9 questions; part 5 (identity vs. role confusion): 7 questions). The form was developed by the researchers in line with the literature (Cavusoglu, 2019; Jones and Walsh, 2019; Erikson and Erikson 1997). It was submitted to the opinions of two experts in the field of Child Health and Disease Nursing and one expert in educational sciences, and it was finalized accordingly. To determine the intelligibility and usability of the data collection form prepared, a small-scale trial of the questionnaire was conducted with 3 nurses, which is 10% of the sample size. No changes were made to the data collection form after the pilot study. The data of the pilot

study were not included in the study (Figure 1). Survey questions were directed to the participants. No prompting was given. Responses of the participants were coded.

Figure 1. Sections of the questionnaire of the use of Erikson's Psychosocial Development Theory



Data analysis: The SPSS (Statistical Package for Social Sciences) (Released 2016. SPSS 24.0, SPSS, Armonk, NY: IBM Corp.) was used to analyze the data. Numbers and percentages were used to evaluate the data collected in line with the purpose of the study.

Results

Thirty pediatric nurses participated in the study. The mean age of the participants was 31.16 (min.: 24-max.: 50), the mean length of work experience was 101.80 months (min.: 4-max.: 312 months), and the mean length of work experience in pediatric clinics was 84.76 months (min.: 4 months-max.: 312 months). Of the participants, 86.7% were female, and 60% had an undergraduate degree.

While 83.3% of the patients stated that they agreed on the “changing the diaper promptly when it is wet, feeding on time, minimizing sudden and loud sounds” practices for the patients in the "trust vs. mistrust" stage, 16.7% stated they had already been applying them. Of the nurses, 83.3% agreed on giving primary care to the baby, and 10% had already been applying it; 76.7% agreed on giving stimuli to the baby (swinging, singing a lullaby, attracting the baby to colored objects, etc.), and 20% had already been applying it. The most frequent practices of the nurses implemented in the clinics were allowing the mother to hold the baby (43.3%), ensuring the mother stays with her baby during and after nursing practices and that she calms it down (36.7%), and allowing the mother to stay with the baby during nursing practices (33.3%) (Table 1).

While providing care to the patients in the period of "autonomy vs. shame/doubt" stage, 83.3% of the nurses agreed on “allowing hygiene (mouth, face, etc.) and changing of clothes”, 80% agreed on “allowing self-feeding”, 76.7% agreed on “using therapeutic play methods to let the child express their emotions and to develop methods of coping with stress” and “applying individual care according to the routines that the child is used to, as much as possible”, and 73.3% agreed on “continuing toilet training in the hospital (a toilet chair should be provided) if it has already been initiated”. The most frequently applied practices of the nurses were “ensuring / (allowing) parents (to) stay with the child during procedures” (30%) and “ensuring the child's participation in treatment” (30%). Also, 26.7% of the nurses stated that they practiced “allowing the child to make a choice when taking fever, pulse, or blood pressure” in their clinics (Table 2).

The nurses stated that while providing care to patients in the “initiative vs. guilt” stage, they gave the message to their patients that they were not responsible for their illnesses (83.3) and they took care not to use expressions such as cutting-bleeding (86.7%). The nurses also

applied “always answering the child's questions” (30%), "offering extremity preferences in invasive interventions", and "allowing the mobilization of the child (as far as the disease allows) during hospital stay" practices (26.7%) in their clinics (Table 3).

Nurses stated that patients in the “identity vs. role confusion” stage should be provided "good guidance", "open communication", and "education about their chronic illness” (90%)". In addition, they stated they applied "providing sexual health support" (16.7%), "paying attention to privacy" (13.3%), and "providing brochures about sexuality" (13.3%) practices in their clinics most (Table 5).

The nurses stated that while providing care to patients in the “industry vs. inferiority” stage, it was necessary to ensure confidentiality in treatment and diagnostic procedures and allow school activities during treatment (86.7%). In addition, they added that they applied “encouraging the child's efforts (participation in treatment, eating, etc.)” and “determining what the child knows about hospitalization and medical tests and correcting misunderstandings” practices in their clinics (20%) (Table 4).

Table 1. The use of “ages 0-1 year - trust vs. mistrust stage” in Erikson's Psychosocial Development Theory by nurses in pediatric clinics.

Sense of trust	Agree		Disagree		Already applying	
	n	*%*	*n*	*%*	*n*	*%*
Bringing the baby's favorite toy to the clinic	20	66.7	4	13.3	6	20.0
Allowing the mother to stay with the baby during nursing practices	14	46.7	6	20.0	10	33.3
Allowing mother to hold the baby after nursing practices	16	53.3	1	3.3	13	43.3
Ensuring the mother stays with her baby during and after nursing practices and that she calms it down	18	60.0	1	3.3	11	36.7
Determining the reason when the baby is crying	24	80.0	1	3.3	5	16.7
Holding the baby when it is crying	23	76.7	3	10.0	4	13.3
Changing the diaper promptly when it is wet	25	83.3	-	-	5	16.7
Feeding the baby on time	25	83.3	-	-	5	16.7
Giving primary care	25	83.3	2	6.7	3	10.0
Giving stimuli to the baby (swinging, singing a lullaby, attracting the baby to colored objects, etc.)	23	76.7	1	3.3	6	20.0
Minimizing sudden and loud sounds	25	83.3	-	-	5	16.7
Speaking, singing, making eye contact while giving caring	21	70.0	-	-	9	30.0

Table 2. The use of "ages 1-3 years - autonomy vs. shame/doubt" stage of Erikson's Psychosocial Development Theory by nurses in pediatric clinics.

Autonomy vs. shame/doubt stage	Agree		Disagree		Already applying	
	n	*%*	*n*	*%*	*n*	*%*
Ensuring / (allowing) parents (to) stay with the child during procedures	10	33.3	11	36.7	9	30.0
Using therapeutic play methods to let the child express their emotions and to develop methods of coping with stress	23	76.7	-	-	7	23.3
Allowing the preference for the arm for vascular access (invasive procedures)	17	56.7	6	20.0	7	23.3
Allowing the child to make a choice when taking fever, pulse, or blood pressure	17	56.7	5	16.7	8	26.7
Ensuring the child's participation in treatment	20	66.7	1	3.3	9	30.0
If toilet training has already been initiated (optional), it should be continued in the hospital (a toilet chair should be provided)	22	73.3	4	13.3	4	13.3
Allowing self-feeding	24	80.0	-	-	6	20.0
Allowing hygiene (mouth, face, etc.) and changing of clothes	25	83.3	-	-	5	16.7
Applying individual care according to the routines that the child is used to, as much as possible	23	76.7	2	6.7	5	16.7

Table 3. The use of "ages 3-6 years - initiative vs. guilt" stage of Erikson's Psychosocial Development Theory by nurses in pediatric clinics.

Initiative vs. guilt stage	Agree		Disagree		Already applying	
	n	*%*	*n*	*%*	*n*	*%*
Always answering the child's questions	18	60.0	3	10.0	9	30.0
Not getting angry or criticizing the child for their questions	23	76.7	3	10.0	4	13.3
Offering extremity preferences in invasive interventions	19	63.3	3	10.0	8	26.7
Allowing the child's activities (playing, painting, etc.) during their stay in the hospital	23	76.7	1	3.3	6	20.0
Allowing the mobilization of the child (as far as the disease allows) during their stay in the hospital	22	73.3	-	-	8	26.7
Giving the message to the child that she/he is not responsible for the disease	25	83.3	2	6.7	3	10.0
Not using words such as cutting and bleeding	26	86.7	1	3.3	3	10.0

Table 4. The use of "ages 6-12 years - industry vs. inferiority" stage of Erikson's Psychosocial Development Theory by nurses in pediatric clinics.

Industry vs. inferiority stage	Agree		Disagree		Already applying	
	n	*%*	*n*	*%*	*n*	*%*
Encouraging the child's efforts (participation in treatment, eating, etc.)	24	80.0	-	-	6	20.0
Rewarding the child's efforts (participation in treatment, eating, etc.)	24	80.0	2	6.7	4	13.3
Providing the exhibition of the child's activities (hanging pictures and special notes on the board, etc.)	25	83.3	2	6.7	3	10.0
Taking care to ensure confidentiality in treatment and diagnostic procedures	26	86.7	-	-	4	13.3
Allowing school activities during treatment	26	86.7	3	10.0	1	3.3
Giving clear information about treatment	23	76.7	3	10.0	4	13.3
Supporting participation in procedures	25	83.3	-	-	5	16.7
Rewarding for the adjustment behaviors shown during procedures	25	83.3	-	-	5	16.7
Determining what the child knows about hospitalization and medical tests and correcting misunderstandings	24	80.0	-	-	6	20.0

Table 5: The use of "ages 12-18 years - identity vs. role confusion" stage in Erikson's Psychosocial Development Theory by nurses in pediatric clinics.

Identity vs. role confusion stage	Agree		Disagree		Already applying	
	n	*%*	*n*	*%*	*n*	*%*
Providing good guidance	27	90.0	-	-	3	10.0
Establishing open communication	27	90.0	-	-	3	10.0
Taking care of the patient's privacy	26	86.7	-	-	4	13.3
Providing sexual health support	25	83.3	-	-	5	16.7
Providing brochures about sexuality	23	76.7	3	10.0	4	13.3
Examining patients in the absence of their parents	18	60.0	10	33.3	2	6.7
Providing the adolescent with chronic illness with education about their illness	27	90.0	1	3.3	2	6.7

Discussion

This study was conducted to examine the reflection of Eric Ericson's Psychosocial Development Theory in nursing care in the approach of nurses working in pediatric clinics to patients aged 0-18. Nurses can use Ericson's Psychosocial Development Theory in their care to avoid problems with the development of feelings of trust during the hospitalization of children, to develop their independent personality structure, to increase their initiative before they develop a sense of guilt, to develop feelings of success, and to

support healthy identity acquisition without experiencing identity confusion.

The presence of caregivers who give primary care and meeting the needs are important in the formation of the basic sense of trust. During this period, the mother (or caregiver) who shows permanence in the care is the most important source of trust for the child. The presence of the mother is of great importance in the healthy development of the child (Cavusoglu, 2019; Toruner and Buyukgonenc, 2017). Therefore, pediatric nurses should demonstrate practices that support basic trust in this age period during hospitalization. In the study, during their nursing practices, 46.7% of the nurses thought that mothers should be allowed to stay with their baby, while only 33.3% of them had already been applying it. Half of the nurses thought that the mother should take the baby in her arms after nursing practices, while 43.3% found to have already been applying this approach. Medina et al. (2018), found that mothers who had a baby in the neonatal unit experienced intense feelings of guilt and fear. These feelings cause the mother to have problems in touching and adopting the baby. Emotional and physical contacts achieved with the support of healthcare professionals, such as kangaroo care, breastfeeding, and therapeutic touch are practices that support the basic sense of trust.

According to Ericson, the sense of trust is based on ensuring the permanence and continuity of caregivers. A basic sense of trust develops in the infant who finds the primary caregiver's behaviors consistent and predictable. In primary nursing, a nurse takes responsibility for all of the nursing care of the patient. For this reason, a consistent and close relationship can be established between the nurse and the child, which leads to the development of a sense of trust (Toruner and Buyukgonenc, 2017). In the study, 83.3% of the nurses thought that primary care should be given, while only 10% of them were found to have been practicing primary nursing.

When the care of the baby generally involves tolerance and love, mistrust towards the basic sense of trust, the psychological conflict of the first year, is resolved positively. Good care can be exemplified as meeting the baby's needs sensitively, holding him/her gently, and feeding him/her adequately (Bulbul and Arikan, 2018; Mingsar and Yuksel, 2017). In the study, nurses thought that for the development of a sense of trust in the baby, the diaper should be changed promptly when it is wet (83.3%), she/he should be fed timely (83.3%), the reason why she/he is crying should be determined (80%), and she/he should be taken to arms (76.7%); however less than 20% stated that they had already been applying these practices (Table 1). In the care of pediatric patients in this period, pediatric nurses can develop initiatives to create/gain a sense of trust between babies and nurses in clinics, especially in intensive care units.

In the study, 33.3% of the nurses agreed that parents should stay with the child during procedures, and 30% stated they allowed it. Ozkan and Tas Arslan (2017) determined in their study that 81.9% of the nurses agreed that parental involvement in care would "relieve the child's fear and anxiety" and "facilitate the child's coping with painful practices". Sahin et al., (2020) found that the nurses allowed the presence of the parent during a painful procedure. Birnie et al., (2018) found that nurses thought that the presence of parents during a painful procedure is beneficial for the children. Polkki et al., (2002) determined that according to parents, nurses did not allow them to stay with their children during a painful procedure due to nurses' limited time (32%), their negative feelings about procedures (19%), and parents' lack of information (16%) (Table 2). Parents' presence is extremely important so that children can effectively cope with stress (Yilmaz Bolat, 2018). In a study, the most important factors affecting the reactions of children to painful procedures were reported as parents' presence, the reactions of the parents (Saglik and Caglar, 2019). Calbayram and Altundag (2018) stated that the presence of the mother/father/sibling would comfort children most during vascular access. Pediatric nurses should include initiatives supporting autonomy in their practices in the care of pediatric patients in this period, and the child should not be allowed to experience doubt and embarrassment with the help of initiatives.

According to Ericson, the motor and language development of a child aged 3-6 contributes to their further investigation of their physical and social environment (Mingsar and Yuksel, 2017). In this period of increased initiative in children, hospital is a frightening place full of unknowns for the child. They are confronted with needles, painful procedures, and unfamiliar doctors and nurses in an unfamiliar environment (Yavuzer, 2016). If the child at this age is not supported, they develop a sense of guilt. Nurses giving care should support the child's initiative. In the study, 60% of the nurses agreed that the child's questions should always be answered, while only 30% stated that they had already been applying it. Also, 86.7% of the nurses thought that they should not use words such as cutting and bleeding near the child, but only 10% of the nurses had been applying it (Table 3). In the care of patients in this period, pediatric nurses can be recommended to support the child's initiative.

According to Ericson, the industry vs. inferiority stage occurs between the ages of 6-12. During this period, children learn to work and collaborate. Since the negative experiences of the child cause the feeling of inadequacy, they develop a sense of inferiority (Bulbul and Arikan, 2018; Mingsar and Yuksel, 2017). In the study, the nurses agreed that the efforts of the child staying in hospital should be encouraged (participation in treatment, eating, etc.) and rewarded (80%), their activities should be exhibited on the board (paintings and special notes, etc.) (83.3%), whereas very few stated they applied these practices (Table 4). As we progress from school age to adolescence, the issue of privacy in children gains more importance. During these periods, it is seen that children perceive the hospital experience more realistically (Yavuzer, 2016). In the study, while 83.7% of the nurses stated that care should be taken to ensure confidentiality in treatment and diagnosis procedures, only 13.3% stated that they had already been applying it. In the study, the majority of the nurses (76.7%) stated that children between the ages of 6 and 12 should be given clear information about the treatment, while only 13.3% of them stated that they had already been applying it (Table 4). Pediatric nurses should cooperate with the child, reward them, support their sense of accomplishment, be honest in diagnosis and treatment, and take care of their privacy in their care in this period.

According to Ericson, the identity vs. role confusion stage occurs between the ages of 12-18. While the child discovers their values and professional goals, they also gain their identity (Bulbul and Arikan, 2018; Mingsar and Yuksel, 2017). In the study, while most of the nurses stated that the adolescent with chronic disease should be given education about their illness, only 6.7% of them were found to apply it (Table 5). Studies have recommended that adequate and consistent information should be given to adolescents about the importance of their disease, the treatment to be applied, and the side effects (Cavusoglu, 2019). Pediatric nurses should establish open communication with patients in this period. Care should be taken for the privacy of young people in this age period during care and invasive procedures. They can also be provided with a brochure for giving sexual health support and information about sexuality. Parents should accompany the examination.

Limitations: This study involves some significant limitations that are worthy of note. First of all, the Ericson's Psychosocial Theory were as reported by the nurses. Secondly, studies involving larger sample sizes will be required to define the relationship between the Ericson's Psychosocial Theory and nurse practices.

Conclusion: While nurses know how to approach the child according to Ericson's theory in the cognitive step, the application step is quite insufficient. Nurses can evaluate the child's reactions more effectively when they know their thoughts specific to the periods and the changes that occur. Since children learn by imitation, nurses should be role models while giving education to children. We recommend that studies should be conducted on why nurses do not apply E. Ericson's theory according to the age periods of children during their practices.

References

Arslan E, Ari R. (2008) Turkish adaptation, reliability and validity study of Erikson's psychosocial developmental stages scale. Selcuk University Social Sciences

Institute Journal 19: 53–60. https://dergipark.org.tr/en/download/article-file/1723849.

Birnie KA, Noel M, Chambers CT, Uman LS, Parker JA (2018) Psychological interventions for needle-related procedural pain and distress in children and adolescents. Cochrane Database of Systematic Reviews. 10: CD005179. https://doi.org/10.1002/14651858.CD005179.pub4.

Bulbul F, Arikan B. (2018) Evaluation of nurses' professionalism levels: sample of Balikesir. Balikesir Journal of Health Sciences 7(3): 101–107.

Cuceloglu, D. (2016) Human and Behaviour. 7th Edition. İstanbul, Remzi Publications. (in Turkish).

Calbayram N, Altundag S. (2018) Hospitalized children's opinions about peripheral venous access process (PVAP). Journal of Human Sciences 15(1): 243–250. https://www.j-humansciences.com/ojs/index.php/IJHS/article/view/5174.

Cavusoglu H. (2019) Child Health Nursing. 8th Edition. Ankara: Sistem Publications. (in Turkish).

Erikson EH, Erikson JM. (1997) The life cycle completed. New York: W.W. Norton.

Hockenberry MJ, Wilson D, Rodgers C. (2016) Wong's Essentials of Pediatric Nursing, The Child Who is Hospitalized. 10th Edition. United States, Mosby.

Jones BL, Walsh C, Phillips F. (2019) Social work with children and adolescents with medical conditions. Handbook of Health Social Work :359–380.

Medina FIM, Praenomina J, Fernández Sola C, Hernández Padilla JM, Ávila MC, Rodríguez ML. (2018) Bonding in neonatal intensive care units: experiences of extremely preterm infants' mothers. Women and Birth 31(4): 325–333. https://doi.org/10.1016/j.wombi.2017.11.008.

Mingsar E, Yuksel T. (2017) Psychological Developmental Stages and Disorders in Children. In: Haspolat YK, Buyukgebiz A, Yolbas I, Ertugrul S. (Eds), Development in Children and Adolescents. Ankara: Orient Publications, Inc.; 31–34 (in Turkish).

Ozdamar G, Ada EN, Pehlivan Z. (2016) The examination of physical education teacher candidates' gains of Ericson's psychosocial development periods. Journal of Sports and Performance Researches 7(2):103–111.

Ozkan S, Arslan Tas F. (2017) Nurses' views about parent participation in the care of hospitalized children. J Contemp Med 7(4): 355–364. https://doi.org/10.16899/gopctd.359798

Polkki T, Pietila AM, Vehvilainen-Julkunen K, Laukkala H, Ryhanen P. (2002) Parental views on participation in their child's pain relief measures and recommendations to health care providers. Journal of Pediatric Nursing 17(4): 270–278.

Regulation Amending the Nursing Regulation. 2019. Retrieved from https://www.resmigazete.gov.tr/eskiler/2011/04/20110419-5.

Saglik DS, Caglar S. (2019) The effect of parental presence on pain and anxiety levels during invasive procedures in the pediatric emergency department. Journal of Emergency Nursing 45(3): 278–285. https://doi.org/10.1016/j.jen.2018.07.003.

Sahin OO, Topan A, Suzan OK, Ciller T. (2020) Examination of the status of nurses using family-centered-care while giving health care to children at hospitals. Journal of Academic Research in Nursing 6(1):89–96. https://doi.org/10.5222/jaren.2019.07830.

Tasdemir Akkavak D, Sarikaya Karabudak S. (2019). Determination of knowledge levels for the use of ventrogluteal site in intramuscular injection of nursing students. E-Journal of Dokuz Eylul University Nursing Faculty 12(1):46–56. Retrieved from https://dergipark.org.tr/en/pub/deuhfed/issue/53195/705950.

Toruner EK, Buyukgonenc L. (2017) Child Health Basic Nursing Approaches. Ankara, Nobel Tıp Publications. (in Turkish).

Yavuzer H. (2016) The Children with Pictures. Istanbul, Remzi Publications. (in Turkish)

Yilmaz Bolat E. (2018) Children with long term disease and schools at hospital. Milli Egitim Dergisi 47 (218): 163–186.

Yigit R. (2020) Growth and Development in Childhood. 2th Edition. Ankara, Cukurova Nobel Tip Publications. (in Turkish).