

Original Article

Investigation of Evaluations of Nurses Working in Children's Hospital on Psychosocial Care and Consultation-Liaison Psychiatry Nursing

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Abstract

Aim: The aim of this study was to investigate the evaluations of nurses working in a children's hospital on psychosocial care and consultation liaison psychiatry nursing.

Methods: The descriptive study was conducted with 80 nurses working in Ege University Health Application and Research Center, Children's Hospital between April-June 2019. The study data were collected with an Introductory Information Form, a Psychosocial Care Questionnaire and a Consultation Liaison Psychiatry (CLP) Nursing Questionnaire. The number and percentage distribution were used in the evaluation of the data.

Results: It was determined that 68.8% of the nurses encountered a pediatric patient suffering from mental distress in the clinic, 68.8% had difficulty working with this patient group, 61.2% encountered a patient relative suffering from mental distress, 59.2% of them were mothers and 45.0% encountered a health professional suffering from mental distress.

It was found that 71.3% of the nurses knew the definition of psychosocial care and all of them found it important.

It was determined that 10.0% of the nurses could define CLP nursing, 52.5% had previously received information about CLP nursing, 91.2% did not work with the CLP nurse, 91.2% needed CLP nursing at the clinics where they worked.

Conclusion: It was concluded that the nurses had difficulty in working with pediatric patients, their relatives and health care workers suffering from mental distress in the clinics where they worked, found that psychosocial care was important and needed the guidance of a professional in this field.

Key Words: Nurse, Psychosocial Care, Consultation Liaison Psychiatry

Introduction

In childhood, the presence of a physical disease requiring hospitalization causes physical and mental difficulties in the child (Barlow, Ellard 2006; Toros, Tot, Duzovalı 2002; Pinguart, Shen 2011). Disease status influences not only the physical and mental health of children but also their social life and education (Williams et al 2008). This leads to a number of mental, social, economic, and spiritual problems by affecting children and all members of their family

(Churchill et al 2010; Ersoy Simsek, Eyüboğlu, Eyüboğlu 2019).

The relationship between physical diseases and psychiatric disorders has been clearly indicated in the literature (Ozkan 1993; Kocaman 2005a) and the possibility of psychiatric comorbidity has been found to be 2-4 times higher in children with physical diseases than in healthy controls (Colpan, Eray, Vural 2013; Kerimoglu, Alpas 2008; Lewis, Vitulano, 2003). This ratio may increase even more in children with chronic

diseases who receive advanced care and treatment (Aktepe et al 2013). In pediatric patients, psychiatric comorbidity leads to reduced compliance with the disease and treatment and has been found to be associated with refusal of treatment, prolonged hospital stay, and increased morbidity and mortality risk (Douzenis, Lykouras, Christodoulou 2008; Gozacanlar Ozkan, Yalın Sapmaz, Kandemir 2017). Therefore, the regular psychiatric evaluation of pediatric inpatients, early diagnosis and effective treatment planning will both reduce the cost by reducing the duration of hospital stay and increase the quality of health care provided (Alpaslan et al 2015; Salomon 2008).

Nurses are team members who are with patients twenty-four-seven in the hospital and receive training to provide holistic care.

However, they require help and support from well-trained professionals while observing changes in patients and providing psychosocial care to them (Kocaman 2005b). Consultation liaison psychiatry (CLP) nurses meet this need that is important in the field (Yildirim et al 2019). CLP nursing is a higher specialty of psychiatric nursing and a CLP nurse is able to identify the psychological and psychosocial problems and “emotional, philosophical, developmental, cognitive, and behavioral” responses of patients and their families, who are involved in health care system due to actual or potential physical dysfunction, during primary protection, treatment, care, and rehabilitation. CLP nurses play a role in treatment and care, monitor the process, provide training to the nurses in psychiatric medicine and conduct research in this field (Cam, Babacan Gumus, Yildirim 2014).

It is very important to determine the current knowledge of nurses on CLP nursing, which has started to develop after 1990 in our country, and related concepts, difficulties that they encounter while working with pediatric patients and their families, and their practices and requirements.

This will enable to determine the current situation experienced by nurses who work with pediatric patients, which is an important group of patients and guide the developments that will contribute to meeting the needs of patients, their families and nurses. Based on these reasons, in this study, the aim was to investigate the evaluations of nurses working in pediatric hospitals about psychosocial care and CLP nursing.

Method

Design and Sample: The study was conducted as a descriptive study to investigate the evaluations of nurses, who worked in Ege University Health Application and Research Center, Children's Hospital, about psychosocial care and CLP nursing between April-June 2019. The target group were nurses who worked in Ege University Health Application and Research Center, Children's Hospital constituted the universe of the study (N: 215). Since CLP services are provided as outpatient services in the department of pediatric mental health and diseases, nurses who worked in this unit were not included in the study (n:10). Therefore, the universe of the study consisted of 205 nurses and the sample consisted of 80 nurses who were at the institution at the time of the study and who agreed to participate in the study. A 39% of the target population was reached.

Data Collection Tools: Three forms which were “Introductory Information Form”, “Psychosocial Care Questionnaire”, and “CLP Nursing Questionnaire” were used as the data collection tools in the study.

Introductory Information Form: It was developed by the researchers and consists of seven questions regarding socio-demographic characteristics and working life characteristics of the nurses who worked in pediatric clinics.

Psychosocial Care Questionnaire: The form which was developed by Yildirim et al. (2019) by reviewing the relevant literature (Yildirim et al, 2019) and which was re-designed for nurses working with pediatric patients and finalized by taking the opinions of three experts in the field consists of 20 questions.

CLP Nursing Questionnaire: The form which was developed by Yildirim et al. in 2019 (Yildirim et al, 2019) and which was re-designed for nurses working with pediatric patients and finalized by taking the opinions of three experts in the field consists of 20 questions.

After obtaining the necessary permits, data collection forms were given to the nurses who worked in pediatric clinics at the time of the study and who wanted to participate in the study. Then, the forms were collected in the clinics again within the time determined.

Data Analysis: The data obtained in the research were analyzed in SPSS (Statistic for Sciences) for Windows 22.0. The results obtained are

presented with the number and percentage distributions.

Ethics: In order to conduct the study, the approval of the ethics committee dated 07.03.2019 and numbered E.97634 was obtained from the Medical Research Ethics Committee of Ege University Rectorate, Dean of Medical Faculty. Besides ethics committee approval, the institutional permission was obtained from the hospital where the study was conducted and verbal consent was taken from the nurses.

Results

It was determined that, of the nurses, 48.8% who participated in the study were in the 23-30 age group, 90.0% were female, and 77.5% were faculty graduates (Table 1). It was found that, of the nurses, 32.5% worked in the intensive care unit, 57.5% had been working in the clinic for 1-5 years, 41.3% had been working for 1-5 years in total, and 92.5% worked in nurse position (Table 2).

Table 1: The Sociodemographic Characteristics of Nurses

Sociodemographic Characteristics	n	%
Age Group		
23-30 years	39	48.8
31-38 years	27	33.8
39 years and over	14	17.4
Sex		
Female	72	90.0
Male	8	10.0
Education		
High School	2	2.5
Undergraduate	62	77.5
Master's	14	17.5
Ph.D.	2	2.5
Total	80	100.0

Table 2: Departments where the Nurses Work

Working Life	n	%
Clinics		
Hematology, oncology	8	10.0
Gastroenterology	4	5.0
General pediatrics	3	3.5
Rheumatology	4	5.0
Infection	4	5.0
Neurology	4	5.0
Chest diseases	5	6.3
Emergency service	16	20.0
Intensive care	26	32.5
Other	6	7.7

Working Time in the Clinic		
1-5 years	46	57.5
6-10 years	17	21.2
11-15 years	9	11.3
16 years and over	8	10.0
Total Working Time		
1-5 years	33	41.3
6-10 years	20	25.0
11-15 years	14	17.5
16 years and over	13	16.2
Title		
Nurse	74	92.5
Charge nurse	5	6.3
Head nurse	1	1.2
Total	80	100.0

Table 3: Distribution of Nurses According to the Status of Encountering Pediatric Patient/Relative/Health Worker Who Had Mental Distress

Pediatric Patient/Relative/Health Worker Who Had Mental Distress	n	%
Status of Encountering Pediatric Patient		
Yes	55	68.8
No	25	31.2
Observation regarding Pediatric Patient*		
Crying, restlessness	16	29.2
Anxiety	7	12.7
Refusal of treatment	18	32.7
Suicide attempt	4	7.3
Other	2	3.2
No answer	8	14.5
Care and Treatment Approach to Pediatric Patient*		
Request for consultation	19	34.5
Encouragement to express feelings	23	41.8
Encouragement to participate in care	4	7.3
Prevention of self-harm	1	1.8
Collaboration with family	1	1.8
Doing nothing	4	7.3
No answer	3	5.5
Status of Having Difficulty While Giving Care to		

Pediatric Patient		
Yes	55	68.8
No	25	31.3
Difficulties While Giving Care to Pediatric Patient*		
In treatment and care	28	35.1
In communication	10	12.5
Not knowing how to approach	8	9.9
No answer	34	42.5
Status of Encountering Relatives of Pediatric Patient		
Yes		
No	49	61.2
	31	38.8
Relatives of Pediatric Patient*		
Mother	29	59.2
Father	13	26.5
Mother and father	7	14.3
Observation regarding Relatives of Pediatric Patient*		
Attention Deficit/Dissonance		
Depression	12	24.5
Psychological Problems	10	20.4
Violence (Verbal/Physical)	7	14.3
No answer	9	18.3
	11	22.5
Status of Having Difficulty with Relatives of Pediatric Patient		
Yes	40	50.0
No	40	50.0
Difficulties with Relatives of Pediatric Patient*		
Compliance with treatment/care	11	27.5
Agitation	7	17.5
Communication	8	20.0
No answer	14	35.0
Approach to Relatives of Pediatric Patient*		
Guiding to psychiatry	7	17.5
Trying to understand	22	55.0
Informing security	4	10.0
White code notification	1	2.5
No answer	6	15.0
Status of Encountering Health Worker		
Yes	36	45.0

No	44	55.0
Health Worker*		
Nurse	24	66.7
Doctor	11	30.5
Personnel	1	2.8
Observation regarding Health Worker*		
Agitation	6	16.5
Depression	11	30.6
Anxiety	8	22.3
Communication problem	2	5.6
No answer	9	25.0
Total	80	100.0

* row percentage

Table 4: Evaluations of Nurses on Psychosocial Care

Evaluations on Psychosocial Care	n	%
Definition of Psychosocial Care		
A holistic approach to the patient	22	27.5
Care provided to patients suffering from a psychological disorder due to impairment in physical health	35	43.8
Professional support for one's needs	4	5.0
No answer	19	23.7
Information on Psychosocial Care		
Knows	57	71.3
Partially knows	4	5.0
Does not know	19	23.7
Importance of Psychosocial Care		
Very important	53	66.3
Important	27	33.7
Who Meet the Need of Patient Requiring Psychosocial Care?***		
Self		
Family	24	30.0
Nurse	68	85.0
Doctor	72	90.0
	70	87.5
Need for Consultation from a Child Psychiatrist		
Yes	72	90.0
No	8	10.0
Status of Receiving Psychiatric Help for Child Patient		

Yes	62	77.5
No	18	22.5
Status of Following Treatment Processes of Pediatric Patients Who Started to Receive Psychiatric Treatment		
Yes	38	47.5
No	42	52.5
Total	80	100.0

** Multiple options were selected

Table 5: Evaluations of Nurses on CLP Nursing

Evaluations on CLP Nursing	n	%
Definition of CLP Nursing		
Physical, psychosocial, and mental approach to the patient	24	30.0
Communicating with and accompanying patients and their relatives	5	6.2
The nurse who plays a role in the diagnosis and treatment of psychological syndromes developed in patients	8	10.0
Support and counseling for health professionals	2	2.4
Requesting a consultation	1	1.3
The nurse who specialized in psychiatry	1	1.3
I do not know	39	48.8
Information on CLP Nursing		
Knows	8	10.0
Partially knows	33	41.2
Does not know	39	48.8
Status of Receiving Information on CLP Nursing		
Yes	42	52.5
No	38	47.5
Where/From Whom the Information on CLP Nursing was Received?		
Hospital	3	7.1
School	28	66.9
Internet	10	22.7
No answer	1	2.4
Status of Previous Working with a CLP Nurse		
Yes	7	8.8
No	73	91.2
Status of Needing a CLP Nurse		
Yes	73	91.2
No	7	8.8
Total	80	100.0

It was determined that 68.8% of the nurses who participated in the study encountered a pediatric patient who experienced a mental problem in the clinic where they worked, that 32.7% observed refusal of treatment for this patient, that 41.8% encouraged the patient to express the feelings as a care and treatment approach for this patient. In addition, 68.8% of the nurses were found to have difficulties while providing care to this patient. Among those who had difficulty, 42.5% did not express on which issues they had difficulty and 35.1% had difficulty in providing treatment and care to the pediatric patient. It was determined that 61.2% of the nurses encountered a pediatric patient's relative who experienced mental distress in the clinic where they worked, that 59.2% of them were mothers, that 24.5% observed attention deficit and dissonance in these relatives, that 50.0% had difficulty while working with these relatives. Among those who had difficulty, 35.0% did not express on which issues they had difficulty. 27.5% of the nurses had difficulty in compliance with treatment and care and 55.0% tried to understand as an approach to these relatives. It was determined that 45.0% of the nurses who participated in the research encountered health workers who had mental distress in their working environment, that 66.7% of these workers were nurses, and that 30.6% of them observed depression in these workers (Table 3).

When the evaluations of nurses about psychosocial care were investigated, it was determined that 71.3% of the nurses were able to define psychosocial care and that all of them found psychosocial care important. When the nurses were asked who met the needs of the patient who required psychosocial care, 90% stated that the need was met by the nurse. 90.0% of the nurses stated that they needed consultation from a child psychiatrist, 77.5% stated that they could receive psychiatric help for the child patient, and it was found that 52.5% of the nurses were not able to follow the treatment process of the patient who started to receive psychiatric treatment (Table 4).

It was determined that 10.0% of the nurses who participated in the study were able to define CLP nursing and that 52.5% had previously received information about CLP nursing. Among those who received information, 66.9% stated that they received information in the school, 91.2% stated that they had not worked with a CLP nurse

before, and 91.2% stated that they needed CLP nurses in the clinic they worked (Table 5).

Discussion

It was seen that the majority of the nurses who participated in this study which was conducted with nurses who worked in children's hospital were female, that the majority had an undergraduate degree (Table 1), that half of them were the nurses who worked in emergency service and intensive care units and who had been working for 1-5 years both in the clinic and in total (Table 2).

More than half of the nurses encountered a pediatric patient who experienced mental distress in the clinic where they worked and they stated that they generally observed refusal of treatment, crying, restlessness, anxiety, and even suicide attempts (Table 3). Physical diseases and hospitalization are known to significantly affect the psychological structure, social adaptation, and behaviors of children (Er 2006; Gultekin, Baran 2005). The degree of being affected by the disease and hospitalization varies based on the child's age, cognitive development, duration, severity, and type of the disease, experiences with the previous disease, preparation for hospitalization, attitudes of the family, and cultural characteristics (Basbakkal et al 2010). In the studies in which pediatric patients and their reactions to the disease were examined, it was found that pediatric patients had mental distress similar to that in this study (Gokcen, Celik 2011; Shields 2001).

More than half of the nurses stated that they had difficulty while working with pediatric patients who had mental distress and that these difficulties were about the provision of treatment and care to pediatric patients, communication with them, and not knowing how to approach (Table 3). Working with children, particularly working with ill and hospitalized children, requires special knowledge and skills. During that time, children face mental distress in addition to their existing problems. Therefore, the fact that nurses had difficulty while working with this patient group was expected.

More than half of the nurses encountered a pediatric patient's relative who experienced mental distress and more than half of the relatives experiencing psychological distress were mothers, and the nurses stated that they observed attention deficit, dissonance, depression and other

psychological problems and violence (Table 3). The illness and hospitalization of a child is an important source of stress in the life of family members and causes unexpected changes (Erdim, Bozkurt, İnal 2006). In the study conducted by Pejovic et al. (2003) with parents of hospitalized children, it was reported that many negative behaviors and stress-related disorders were observed in parents (Pejovic-Milovancevic et al 2003). In the studies conducted with families who have children who are ill or hospitalized, the most affected family member was found to be the mother (Karakavak, Cırak, 2006; Knafl, Zoeller, 2000). Because mothers are more closely interested in children who are ill and hospitalized and have all the responsibilities related to the care of their children. Thus, it makes mothers have a burden in many ways (Erdim et al 2006). The findings obtained in the research support the literature knowledge.

Approximately half of the nurses encountered health workers who had mental distress; more than half of them stated that health workers who had mental distress were nurses and they observed depression, anxiety, and agitation in health workers (Table 3). Health workers have an important place in the execution of health services. They experience huge stress in the working environment due to the reasons such as differences in the working conditions of the health workers, high demands on work, concerns regarding quality, insufficient control on work, relationships with team members, working systems (Ozgun, Yildirim, Aktas 2008). Nurses, who are in close contact especially with patients and their relatives and who spend time together with patients for a long time, may have problems in their family lives as well as those in their working lives. Therefore, it may become inevitable for them to have mental distress. In a similar study conducted by Yildirim et al. (2019) study with nurses, it was determined that one-third of the nurses encountered a health worker who experienced mental distress in the clinic where they worked (Yildirim et al 2019). The research findings are similar to those in the literature.

Approximately half of the nurses defined psychosocial care as “care provided to patients who have psychological disorder due to the impairment of physical health” (Table 4). Psychosocial care is the provision of psychological and social care of the individual

considering one's cultural characteristics (Oz, 2014).

When the nurses' definitions of psychosocial care were evaluated according to this literature information, it was seen that the majority of the nurses knew psychosocial care. In the study conducted by Yildirim et al. (2019) with nurses working with adult patients, it was found that one-fourth of the nurses knew psychosocial care (Yildirim et al 2019). In the research, the level of knowledge about psychosocial care was higher in nurses working with pediatric patients than those working with adult patients.

All of the nurses thought that psychosocial care was important and that the need of the pediatric patient was met by the nurse, doctor, family and him/herself, respectively. In addition, almost all of the nurses stated that they needed to get a consultation from a child psychiatrist (Table 4). The nurses stated that the care of the pediatric patients who needed psychosocial care was provided mostly by them; however, almost all of them wanted to get a consultation. This suggested that they needed another professional on this issue. Moreover, more than half of the nurses stated that they could not follow the treatment of the patient who started to receive psychiatric treatment (Table 4).

Psychopharmacological drugs have an important role in relieving the mental distress of patients. It is the responsibility of the nurse to make the patient to start using these drugs, monitor the patients whether they use them correctly or even if the drugs have side effects. The fact that nurses were unable to follow the use of drugs was considered that their patients could not receive holistic care and suggested that nurses and especially patients needed a professional on this issue.

When the nurses were asked to define CLP nursing, half of them made a definition while almost half of them stated that they did not know the definition (Table 5). When nurses' definitions of CLP nursing were compared to the definition in the literature (Kacmaz 2006; Okanlı and Ekinci, 2001), it was thought that only a few nurses knew the definition of CLP nursing. In another study that has examined the knowledge and practices of nurses working with adult patients on CLP nursing, similar findings were obtained (Yildirim et al 2019).

Half of the nurses stated that they had previously received information about CLP nursing and of those who received information, more than half of the participants had received this information in the school during their education (Table 5). The ratio of nurses who had received information about CLP nursing was found to be very low considering that almost all of the nurses had an undergraduate degree; because theoretical courses are given on CLP nursing in the undergraduate nursing programs, in Turkey. However, the research findings suggested that nurses cannot integrate this information or that there are deficits in undergraduate programs. Moreover, almost all of the nurses stated that they had not previously worked with CLP nurses and almost all of them stated that they needed CLP nurses (Table 5). In the institution where the study was conducted, CLP services were provided by doctors in the outpatient clinic and nurses were not included in these services. Therefore, the finding that nurses had not previously worked with CLP nurses was expected. It was noteworthy that the nurses did not answer the open-ended questions. This finding was interpreted as that nurses hesitated to answer the open-ended questions or that they did not answer these questions since they were time-consuming questions.

Conclusion

It was concluded that nurses encountered pediatric patients, relatives, and health workers who experienced mental distress in the units they worked, that they experienced difficulties while working with these people, that they needed the support of a professional specialized in this field, and that they had lack of information on psychosocial care and CLP nursing. In this respect, it is very important to provide training to nurses, to transform their knowledge into skills, and to improve the quality of health services provided. Moreover, the existing graduate programs should be expanded in order to train CLP nurses and increase their number to meet this need. In addition, it is very important to employ nurses to work in the existing CLP unit in the hospital and to establish a CLP nursing model.

Limitations of the Research

The limitation of the research is that the findings cannot be generalized since the research was conducted in one institution. The strength of the research is that it is the first known study on

pediatric patients, psychosocial care, and CLP nursing.

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