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ORIGINAL RESEARCH ORİJİNAL ARAŞTIRMA

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# An Example of Good Practice Related to Child-Family Friendly Hospital in Türkiye: A Cross-Sectional Study

## Çocuk-Aile Dostu Hastaneye İlişkin Türkiye'de Bir İyi Uygulama Örneği: Kesitsel Bir Araştırma

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**ABSTRACT Objective:** Aim of this study to determine the level of implementation of the roles and functions of pediatric nurses in a hospital where a child-family friendly health approach is adopted and applied, and how this is reflected on parent satisfaction. **Material and Methods:** This cross sectional descriptive study was conducted in a paediatric inpatient service (PIS) at a private hospital. The sample size including 82 paediatric patients and parents and all nurses (n=10) providing service to these parents and their paediatric patients. The child-family friendly health care approach was used in the PIS. The data were obtained using a form questioning the personal characteristics of the nurses and paediatric patients and parents, Paediatric Nurses' Roles and Functions Scale to determine the level of implementation of the roles and functions of pediatric nurses, and the PedsQL Healthcare Parental Satisfaction Scale to determine satisfaction with health care service. **Results:** The Paediatric Nurses' Roles and Functions Scale total mean score was 290.20±15.33. It was determined that there was a positive moderate statistically significant correlation between the nurses' duration of working in the profession and managing and coordinating role scores (r=0.678, p=0.031; p<0.05). The PedsQL Healthcare Parental Satisfaction Scale mean score was 97.83±4.02. **Conclusion:** It has been concluded that the level of practice of the roles and functions of the pediatric nurses in the hospital where a child family-friendly health care approach is adopted and applied is high, and the satisfaction of the parents with this health care service is high.

**Keywords:** Child friendly; hospital; pediatric nursing; family

**ÖZET Amaç:** Bu çalışmanın amacı, çocuk-aile dostu sağlık anlayışının benimsendiği ve uygulandığı bir hastanede çocuk hemşirelerinin rol ve işlevlerinin uygulanma düzeyini ve bunun ebeveyn memnuniyetine nasıl yansıdığını belirlemektir. **Gereç ve Yöntemler:** Bu kesitsel çalışma, özel bir hastanenin çocuk yatan hasta servisinde (ÇYHS) yapılmıştır. Örneklem büyüklüğü, 82 çocuk hasta ve ebeveynleri ile bu çocuk hastalar ve ebeveynlerine hizmet veren tüm hemşireleri (n=10) kapsamaktadır. ÇYHS'de çocuk-aile dostu sağlık bakım yaklaşımı kullanılmıştır. Veriler, hemşirelerin; çocuk hasta ve ebeveynlerinin kişisel özelliklerini sorgulayan bir form, pediatri hemşirelerinin rol ve işlevlerini gerçekleştirme düzeylerini belirlemek amacıyla Çocuk Hemşirelerinin Rol ve İşlevleri Ölçeği ve sağlık bakım hizmetinden memnuniyeti belirlemek amacıyla da PedsQL Sağlık Bakımı Ebeveyn Memnuniyeti Ölçeği kullanılarak elde edildi. **Bulgular:** Çocuk Hemşirelerin Rolleri ve İşlevleri Ölçeği toplam ortalama puanı 290,20±15,33'tür. Hemşirelerin meslekte çalışma süresi ile yönetici ve koordine edici rolü puanı arasında pozitif yönlü istatistiksel olarak anlamlı orta düzeyde ilişki saptanmıştır (r=0,678, p=0,031; p<0,05). PedsQL Sağlık Bakımı Ebeveyn Memnuniyeti Ölçeği ortalama puanı 97,83±4,02 idi. **Sonuç:** Çocuk aile dostu bir sağlık bakım anlayışının benimsendiği ve uygulandığı hastanede yer alan pediatri hemşirelerinin rol ve işlevlerini uygulama düzeylerinin yüksek olduğu, ebeveynlerin de bu sağlık bakım hizmetinden memnuniyetlerinin yüksek olduğu sonucuna varılmıştır.

**Anahtar Kelimeler:** Çocuk dostu; hastane; pediatri hemşireliği; aile

Paediatric nurses' supportive approach in personal healthcare services and implementation of professional nursing roles enable the children to regain their health, meet the expectations of parents, keep the communication channels open and facilitate providing the best service possible. Therefore, this approach is an important way of achieving better standards in healthcare services and increasing the satisfaction.[1] The studies highlighting these roles have reported that especially parents and other family

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members are more satisfied with the nursing service provided to the child.[2-5] As a result of another study, it was determined that the satisfaction of parents with the healthcare service is lower when the family decreased participation in care and decisions, emotional needs were not met and informing was inadequate.[6]

Quality of the healthcare setting affects the care experiences of children especially when they are hospitalised.[7-10] The literature clearly stresses that inappropriate buildings, equipment, and poorly trained staff may actually damage children.[11] Stress of a noisy and confusing hospital room may cause the child to feel anxious, sad or desperate.[12] Children's reactions to the environment may lead to physiological changes due to constant interactions between the brain, nervous system and immune system and negative physiological reactions to the environment may lead to higher blood pressure, heart rate and muscle strain.[13] Therefore, all these will hinder the recovery process. Also hormones releasing as a reaction to the emotional stress may suppress the child's immune system and slow down the recovery of wounds.[13]

Besides the healthcare setting, offering an explicit opportunity for respecting the child's rights in daily life during care service is noteworthy. Making this experience, in which the children feel that they are respected and listened to, their needs are met and they are supported, a positive experience will form the basis of the respect for child rights in a broader term. Protecting children's rights in the healthcare setting not only means that they will receive treatment that will make them feel better or enhance their quality of life, but also signifies that their broader needs will be met throughout this process. By this way, child friendly healthcare service is a better healthcare service for children and has an important multiplier effect on families and actually the whole society.[12,14,15]

Based on this need it is necessary to expand the health care approach. Every year many children are hospitalised due to acute or chronic illnesses. In the literature it is reported that there is a total of 1.407.822 (standard deviation of 50.456) hospitalisations in general hospitals and 71.7% of these hospitalisations comprise of paediatric population.[16] In this process, a child-family friendly approach will positively affect the child and family. The child friendly health care approach has application standards vary according to countries. For example, in 2008, an expert multidisciplinary working group in Australasia developed the standards. The main purpose of the standards is to ensure quality care in a safe and appropriate for the stage of development of the child. Importance was given to the need to provide separate facilities in all health services where children and adolescents take care. In the child friendly health care approach model implemented in Canada, a local community action research project was created, primarily aimed at raising awareness about the rights of children.[17] However, there is a common understanding in all practices.

The *child-family friendly health care approach,* enables children and families applying to healthcare organizations to receive service in a care system focusing on their physical, psychological and emotional well-being in accordance with the United Nations Convention on the Rights of the Children. This approach assumes that children's and families' needs are in the centre of all services. In all phases of the process, the approach encourages children and families to use their right to completely take part in decisions about their health or condition according to children's age and development. Also it usually adopts four components in the care process: prevention, definition, application and evaluation. Providing care for the right outcomes at the right time and the right place with the right cost requires evidence-based components and includes procurement of atraumatic care by competent healthcare professionals working in team collaboration. In the child friendly healthcare service approach, it is accepted that interventions should focus on not only managing the medical condition of the child but also on his/her physical or social environment.[17] International Child-Friendly Health Care Standards are described as 12 standards in the literature.[17,18]

The aim of this article is to determine the level of implementation of the roles and functions of pediatric nurses in a hospital where a child family friendly health approach is adopted and applied, and how this is reflected on parent satisfaction. The secondary pur-

pose is to contribute to the formation of evidences to extend child-family friendly health care approach.

### RESEARCH QUESTIONS

In a hospital where a child-family friendly health care approach is adopted and implemented

- To what extent do pediatric nurses practice their roles and functions?
- Is there a relationship between the working time of pediatric nurses in the profession and in the clinic and the level of practice of their roles and functions?
- What is the satisfaction status of the parents who receive services in the pediatric inpatient service?
- Does the level of implementation of the roles and functions of pediatric nurses have an effect on parent satisfaction in a hospital where a child-family friendly health approach is adopted and implemented?

## MATERIAL AND METHODS

### STUDY DESIGN

The research was designed using a quantitative approach using a cross-sectional descriptive design.

### SAMPLE AND SETTING

The study was conducted in the *paediatric inpatient service (PIS) adopting and implementing a child friendly health care approach* in a private hospital with branches in İstanbul between 2 January 2020 and 14 January 2021. In this service, healthcare professionals provide service with International Child Friendly Health Care Standards. In addition, the healthcare setting has been established based on age-specific developmental characteristics of paediatric population receiving service in the service, patient safety principles and designing of hospitals as a colourful, tidy, cosy and warm setting different from their usual standard settings.[12,17,19]

A few examples from the service were presented in images (Figure 1; Figure 2; Figure 3; Figure 4).

The PIS has a total of 8 beds. Occupancy rate of the service varies from 30% to 50% and the mean ratio of nurses providing service to children and families is 1.3.

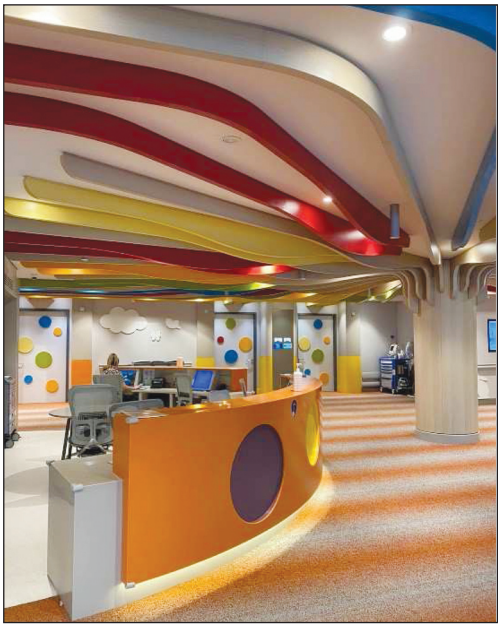

**FIGURE 1:** Nurse's counter and patient rooms.

**FIGURE 2:** Activity room.

The sample of the study comprised the parents of paediatric patients hospitalised in the PIS and the paediatric nurses working in the service. The sample size including paediatric patients and parents was calculated the sample size calculation according to a 5% acceptable error using the sample calculation formula whose universe is known. The number of paediatric patients to whom service had been provided in the past

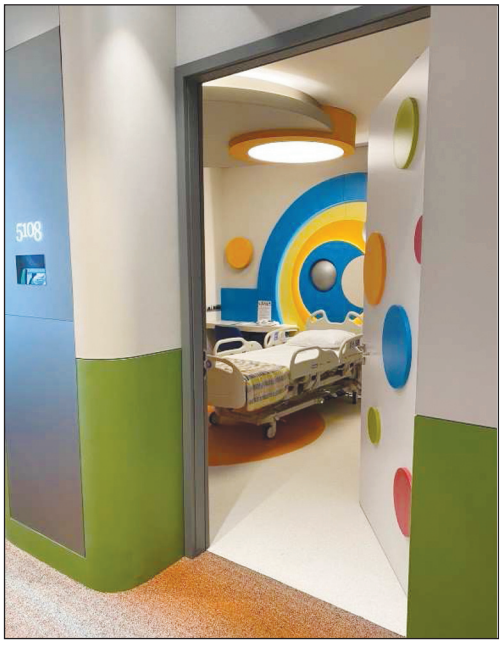

**FIGURE 3:** Patient room.

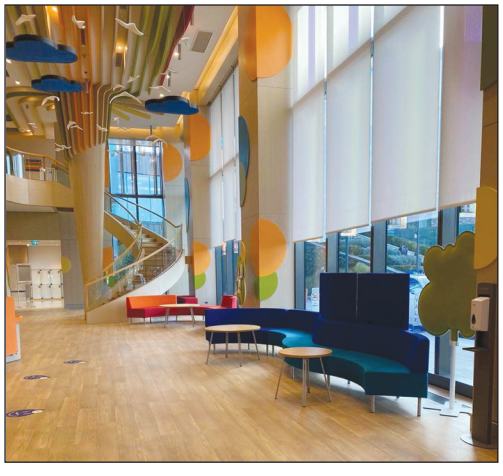

**FIGURE 4:** Waiting area.

year were 1,217 patients and according to this formula, we required a sample of at least 280 of the patients to achieve a 95% confidence interval. However, since there was a limited number of hospitalisations during coronavirus disease-2019 pandemic, 82 parents and all nurses (n=10) providing service to these parents comprised the sample. At the end of study post-hoc power analysis was performed with the G*Power program (ver. 3.1.9.2 Universität Düs- seldorf, Düsseldorf, Germany). The post-hoc power of the study was determined as 63.5%, according to the correlation between the nurses' duration of working in the profession and the managing and coordinating role scores.

## DATA COLLECTION

The data were obtained using a form questioning the personal characteristics of the nurses and the personal characteristics of paediatric patients and parents, Paediatric Nurses' Roles and Functions Scale, and the PedsQL Healthcare Parental Satisfaction Scale.

### Data Collection Form For The Nurses

This form was prepared by the researchers based on the literature.[20-22] The form has 6 questions about information of nurses (such as age, educational background, unit, duration of working in the profession, duration of working in the clinic, position).

### Data Collection Form For Paediatric Patients And Parents

The form was prepared by the researchers based on the literature.[4,5,20] The form has 11 questions about demographic characteristics of paediatric patients and their parents (such as age, gender, medical diagnosis, number of hospitalisation days).

### The Paediatric Nurses' Roles and Functions Scale

The Paediatric Nurses' Roles and Functions Scale was developed by Yüzer et al., in 2008 and its validity and reliability were conducted. It was used for determining the levels of nurses working with children to fulfil their roles and functions. The scale has a total of 63 items with eight subscales. The total lowest and highest scores of the scale are 63 and 315, respectively.[21]

### The PedsQL Healthcare Parental Satisfaction Scale

The original version of the scale was developed by Varni et al. in 1999 and its Turkish validity and reliability study was conducted by Ulus and Kublay in 2012.[23,24] The PedsQL Healthcare Parental Satisfaction Scale is used for determining the satisfaction of parents receiving service from paediatric units. The scale has 25 questions, 6 subscales.[24] The lowest score that can be obtained from the scale is 0, and the highest score is 100.

## PROCEDURE

Collaboration with the hospital directorate was made before the PIS started recruiting patients. In line with this cooperation, the necessary standards to provide a child-friendly health service were reviewed, the

health care approach and health care environment was organized in line with these principles. Service was provided to the paediatric patients and their parents with a child-family friendly health care approach in a child-family friendly healthcare setting.

After obtaining informed consent, the form questioning the personal characteristics of the paediatric nurses, paediatric patients and their parents was completed as face-to-face interview. The nurses were asked to complete the Paediatric Nurses' Roles and Functions Scale to make self-evaluation. Parents of pediatric patients cared for by nurses during discharge and hospitalization completed the PedsQL Healthcare Parental Satisfaction Scale.

### DATA ANALYSIS

For statistical analyses, the Number Cruncher Statistical System program was used. When evaluating the data, descriptive statistical methods (mean, standard deviation, median, frequency, ratio, minimum, maximum) were used. In evaluation of the correlations between the variables, the Spearman's correlation analysis was used. The significance was evaluated at the level of $p<0.05$.

### ETHICAL AND LEGAL ASPECTS OF THE STUDY

The study was approved by the Acıbadem University and Acıbadem Healthcare Institutions Medical Research Ethics Committee (ATADEK) in accordance with the Helsinki Declaration principles (ethics committee approval dated November 7, 2019, decision no ATADEK 2019/17/10). And institutional permission were received from the scientific research evaluation board. For the use of the scales, permission was obtained from the authors who conducted its Turkish validity and reliability study. In the beginning of the study, permission was obtained from the paediatric patients and parents to be included in the sample via "informed consent form".

## RESULTS

### RESULTS SPECIFIC TO THE PAEDIATRIC NURSES

It was determined that 20% (n=2) of the nurses were high school graduate and 80% (n=8) had associate degree-bachelor's degree. 30% (n=3) were leader nurse and 70% (n=7) were staff nurse. Mean age of the nurses was 24.30±2.95 years. The healthcare professionals' mean duration of working in the profession was 2.75±1.75 years and mean duration of working in the clinic was 1.78±1.10 years (Table 1).

When examining the Paediatric Nurses' Roles and Functions Scale subscale mean scores, it was determined that mean scores were 4.79±0.16 in the caregiving and health protecting role, 4.56±0.37 in the training and researching role, 4.81±0.20 in the defending and decision making role, 4.49±0.36 in the relaxing role, 4.73±0.32 in the rehabilitating role, 4.67±0.35 in the counselling role, 4.38±0.39 in the managing and coordinating role, and 4.43±0.39 in the communicating and collaborating role. The mean score was 290.20±15.33. The Cronbach's alpha value concerning the overall scale was found to be 0.944 for the study. Accordingly, the scale was highly reliable (Table 2).

**TABLE 1:** Distribution of the descriptive characteristics of the paediatric nurses (n=10).

| Characteristics | | n | % |
|---|---|---|---|
| Educational background | High school | 2 | 20.0 |
| | Undergraduate | 8 | 80.0 |
| Position (Team leader/Clinical training nurse/ Nurse in charge) | Leader nurse | 3 | 30.0 |
| | Nurse | 7 | 70.0 |
| | **X̄±SD** | **Minimum-Maximum** | |
| Age (year) | 24.30±2.95 | 21-30 | |
| Duration of working in the profession (year) | 2.75±1.75 | 0.21-6 | |
| Duration of working in the clinic (year) | 1.78±1.10 | 0.21-4 | |

Descriptive statistical methods (mean, SD, frequency, ratio, minimum, maximum).

**TABLE 2:** Distribution of the Paediatric Nurses' Roles and Functions Scale scores (n=10).

| The Total and the Subscales of the Scale | X̄±SD | Minimum-Maximum |
|---|---|---|
| Caregiving and health protecting role | 4.79±0.16 | 4.5-5 |
| Training and researching role | 4.56±0.37 | 3.9-5 |
| Defending and decision making role | 4.81±0.20 | 4.3-5 |
| Relaxing role | 4.49±0.36 | 3.8-4.9 |
| Rehabilitating role | 4.73±0.32 | 4-5 |
| Counselling role | 4.67±0.35 | 4-5 |
| Managing and coordinating role | 4.38±0.39 | 3.7-4.7 |
| Communicating and collaborating role | 4.43±0.39 | 3.8-5 |
| Total | **290.2±15.33** | **262-309** |

Descriptive statistical methods (mean, SD, frequency, ratio, minimum, maximum).

**TABLE 3:** Correlation between the nurses' durations of working in the profession and clinic and Paediatric Nurses' Roles and Functions Scale scores (n=10).

| | Duration of working in the profession (year) | | Duration of working in the clinic (year) | |
|---|---|---|---|---|
| **The Total and the Subscales of the Scale** | **r** | ***p*** | **r** | ***p*** |
| Caregiving and health protecting role | 0.115 | ***0.751*** | 0.391 | ***0.264*** |
| Training and researching role | 0.441 | ***0.202*** | 0.389 | ***0.267*** |
| Defending and decision making role | 0.453 | ***0.189*** | 0.571 | ***0.085*** |
| Relaxing role | 0.509 | ***0.133*** | 0.193 | ***0.593*** |
| Rehabilitating role | 0.491 | ***0.150*** | -0.016 | ***0.964*** |
| Counselling role | 0.426 | ***0.220*** | 0.132 | ***0.717*** |
| Managing and coordinating role | 0.678 | ***0.031**** | 0.536 | ***0.110*** |
| Communicating and collaborating role | 0.518 | ***0.125*** | 0.463 | ***0.178*** |
| Total | 0.566 | ***0.088*** | 0.439 | ***0.204*** |

*p<0.05; r: The Spearman's correlation coefficient.

It was determined that there was a positive moderate statistically significant correlation between the nurses' duration of working in the profession and managing and coordinating role scores (r=0.678, p=0.031; p<0.05) (Table 3).

## RESULTS SPECIFIC TO THE PARENTS

The children hospitalised in the paediatric service were aged 0 to 16 years and their mean age was 4.72±3.84 years. Of the children, 59.8% (n=49) were male and 82.9% (n=68) had come to the clinic for the first time. Of the parents, 62.2% (n=51) comprised of mothers, 61% (n=50) had associate degree-bachelor's degree education and 78% (n=64) were employed (Table 4).

When examining the distribution of the PedsQL Healthcare Parental Satisfaction Scale subscale mean scores, it was determined that mean scores were 96.08±7.08 in the informing, 99.16±3.07 in the family participation; 98.05±6.75 in the communication; 98.50±4.68 in the technical skill; 97.11±6.62 in the emotional needs; and 98.68±4.24 in the general satisfaction. The scale mean score was 97.83±4.02. The Cronbach's alpha value was found to be 0.889. Accordingly the scale was highly reliable (Table 5).

**TABLE 4:** Distribution of the characteristics of the children and parents (n=82).

| **Characteristics** | | **X̄±SD** | **Minimum-Maximum** |
|---|---|---|---|
| Age (year) | | 4.72±3.84 | 0-16 |
| | | **n** | **%** |
| Gender | Female | 33 | 40.2 |
| | Male | 49 | 59.8 |
| How many times they have come | Once | 68 | 82.9 |
| | Twice | 9 | 11.0 |
| | ≥ Three times | 5 | 6.1 |
| Parent's | Mother | 51 | 62.2 |
| | Father | 31 | 37.8 |
| Parent's education | Primary school | 3 | 3.7 |
| | High school | 9 | 11.0 |
| | Associate degree-Bachelor's degree | 50 | 61.0 |
| | Postgraduate-Doctorate | 20 | 24.0 |
| Parent's employment | Unemployed | 18 | 22.0 |
| | Employed | 64 | 78.0 |

Descriptive statistical methods (mean, SD, frequency, ratio, minimum, maximum).

**TABLE 5:** Distribution of the PedsQL Healthcare Parental Satisfaction Scale scores.

| **The Total Scale and the Subscales** | **X̄±SD** | **Minimum-Maximum** |
|---|---|---|
| Informing | 96.08±7.08 | 70-100 |
| Family participation | 99.16±3.07 | 81.3-100 |
| Communication | 98.05±6.75 | 55-100 |
| Technical skill | 98.50±4.68 | 75-100 |
| Emotional needs | 97.11±6.62 | 75-100 |
| General satisfaction | 98.68±4.24 | 75-100 |
| Total | **97.83±4.02** | **78-100** |

Descriptive statistical methods (mean, SD, frequency, ratio, minimum, maximum).

## DISCUSSION

Paediatric nursing is dynamic and multidirectional. It should be able to fulfil many roles such as making innovative and developmentally appropriate interven-

tions to enhance the care and health outcomes of children and families, establishing sensitive communication when giving information about care related to health and disease, supporting the child and family to develop the ability of coping with stress related to disease and healthcare and guiding.[25]

According to the result of the study which was conducted to determine to what extent the paediatric nurses in a hospital adopting and implementing a child-family friendly health care approach fulfil their roles and responsibilities and how this reflects on parental satisfaction, the paediatric nurses had higher levels of fulfilling their roles and functions (290.20±15.33) (Table 2). In their study, Çetinkaya et al., found that the paediatric nurses had higher levels of fulfilling their roles and functions, which is compatible with the present study.[26]

When examining the Paediatric Nurses' Roles and Functions Scale mean scores, it was seen that there was a high score distribution in all subscales. It was seen that the paediatric nurses fulfilled each role (*caregiving and health protecting, training and researching, defending and decision making, relaxing, rehabilitating, counselling, managing and coordinating, and communicating and collaborating*) with the same approach.

The nurses' mean duration of working in the profession was 2.75±1.75 years and mean duration of working in the clinic was 1.78±1.10 years (Table 1). When examining the correlation between the nurses' durations of working in the profession and clinic and the Paediatric Nurses' Roles and Functions Scale scores, it was determined that there was a positive statistically significant moderate correlation between their duration of working in the profession and managing and coordinating role scores ($r=0.678$, $p=0.031$; $p<0.05$) (Table 3). Assessing from this point of view, as the duration of working in the profession increased, the efficiency of paediatric nurses in the managing and coordinating role increased.

When assessing parental satisfaction about healthcare services provided by nurses, it was determined that the overall PedsQL Healthcare Parental Satisfaction Scale and each subscale (*Informing, family participation, communication, technical skill, emotional needs, general satisfaction)* scores were very high and the parents were always satisfied with the healthcare service (Table 5).

In a study conducted to investigate the perceptions of parents concerning the quality of healthcare in the child friendly paediatrics unit, the parents gave a high mean score for general satisfaction with the child friendly unit in a scale from 1 to 5, which is compatible with the present study (mean=4.38).[27] These results confirm that parents of hospitalised children have a positive attitude toward the child friendly unit in general.

In a study based on the views and experiences of children and adolescents in member states of the European Council concerning child friendly healthcare service, they primarily indicated "not suffering". Also they indicated "Being with the parent/family, having information of/preparing for the treatment beforehand, understanding what the doctor says, asking questions, being listened to, being fearless and knowing the doctor's/nurse's name". In addition, when the children were asked about what they wanted to change in the healthcare system, they stated that they wanted healthcare professionals to inform them of what they were about to undergo, talk to them more often, listen to them more often and be more friendly.[28] The children's precious views on healthcare services obtained at the end of the study demonstrate the importance of the child friendly nature of healthcare services for the roles and responsibilities of paediatric nurses. Considering the findings obtained from the present study in this respect, it is thought that parental satisfaction was high because the paediatric nurses substantially fulfilled their roles in a child friendly healthcare setting and with a child friendly health care approach. In a child-friendly hospital, the family, the child, the health care delivery environment, and the approach of health professionals are a whole. This child-friendly health care approach includes fundamental rights and children's specific rights, dignity, participation, equitable access to quality health care, best interest of the child.[14]

In a study assessing patient satisfaction in paediatric dermatology, the strongest predictors of patient satisfaction were found to be likelihood of

recommending care provider, cheerfulness of practice, care provider using a clear language, patient confidence in care provider and sensitivity to patient needs.[29] In another study aiming to determine parents' perceptions concerning satisfaction with paediatric intensive care, it was reported that number of hospitalisations, health insurance and severity of disease were the main predictors of parental satisfaction.[30]

In the present study, the highest score was in the family participation subscale among subscales of PedsQL Healthcare Parental Satisfaction Scale. High scores indicated that paediatric nurses managed the care process by establishing supportive relationships with parents.

As is known, children are normally dependent on their family to meet their physical and emotional needs. Parents often feel anxiety due to losing control in their childrearing roles when their child is treated in a hospital. Their stress usually affects the child. When parents know that they have control over their child, they will know the best strategies of making their child collaborate with the procedure and by this way the care process will reflect on the child's entire hospital experience positively.[25,31,32] In the present study, it was seen that the paediatric nurses in a child-family friendly hospital resolve this concern with a supportive healthcare setting and family participation by helping both the patient and family realise how they can contribute to the success of the child's treatment.

In addition, paediatric services have areas for the needs of children and families and these areas are used actively at all hours. The child friendly healthcare setting created positively affects children's hospital process, which is believed to be another reason why parental satisfaction is high. In a study, a series of interventions such as wallpapers shaped like a zoo, play rooms separated according to specific age groups, silent patient rooms for families to rest, an attractive waiting room and plasma TVs with children's channels were implemented. The satisfaction which was 68% before the intervention showed an increase by 90%.[31]

Another study using an artistic approach discussed the views of young children (aged five to eight years) on the physical design properties of hospital settings and revealed that the children wanted a bright, cheerful, warm, colourful and comfortable hospital setting. The child participants stressed that hospital settings were a prerequisite not only as child friendly places, but also for respecting the dignity, privacy, family support and self-control rights of young children.[12]

### LIMITATIONS

The study was limited to a paediatric service in a hospital that has recently been established and started to provide service with a child-family friendly health care approach. Child-Family Friendly Hospital health care policy is still being disseminated in the world, and awareness and dissemination studies are continuing in our country. Therefore, our study is a single-centered study. In addition, due to pandemic conditions, a limited number of patients are accepted into the service, restrictions were imposed on the number of attendants and visits. Also service was provided by taking pandemic measures in areas in the service such as playgrounds, activity rooms, and classrooms.

## CONCLUSION

Consequently, it was determined that the level of practice of the roles and functions of the pediatric nurses in the hospital, where a child family-friendly health care approach is adopted and applied, is high, and the satisfaction of the parents with this health care service is high. Adoption of a child-family friendly health care approach in every environment where children and families are and paediatric nurses' fulfilment of their roles at a high level will make a positive contribution to parental satisfaction. In addition, human is a being with bio-psycho-socio-cultural and spiritual dimensions. It is a whole with needs for all these dimensions and there is a constant interaction between these needs. Therefore, a child friendly healthcare environment will positively support this process. For a positive hospital experience it is recommended that this health care approach be adopted in every area where the child and family are, countries create standards according to their cultures and reflect this on the care of the child and family.

### Source of Finance

*During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.*

### Conflict of Interest

*No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.*

### Authorship Contributions

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