

Determining the Views of Pediatric Nurses on the Importance of Children's Hospices and Their Establishment in Turkey*

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<p style="text-align: center;">Corresponding Author</p> <p style="text-align: center;">Çiğdem Müge HAYLI</p> <p style="text-align: center;">DOI</p> <p style="text-align: center;">https://10.48121/jihSAM.1120739</p> <p style="text-align: center;">Received</p> <p style="text-align: center;">24.05.2022</p> <p style="text-align: center;">Accepted</p> <p style="text-align: center;">02.09.2022</p> <p style="text-align: center;">Published Online</p> <p style="text-align: center;">27.10.2022</p> <p style="text-align: center;">Key Words</p> <p style="text-align: center;">Hospice care, End of life care, Turkey, Nurse practice, Pediatric, Pediatric nurse, Palliative care.</p>	<p style="text-align: center;">ABSTRACT</p> <hr style="border-top: 1px dashed black;"/> <p><i>Background:</i> Hospices improve the quality of end-of-life care. In particular, the care needs of children in this area are important.</p> <p><i>Objectives:</i> This research was conducted to determine the opinions of nurses working in the field of pediatrics in Turkey about the importance of child hospices and its establishment in Turkey.</p> <p><i>Methods:</i> The sample of the study consisted of 365 nurses working in the field of pediatrics. In the collection of data, "Question Form Explaining the Importance of Child Nursing Home/End of Life Palliative Care" and "Scale for Determining the Views of Nurses Working in the Field of Pediatrics about Child Nursing Home" were used. It was developed by Çiğdem Müge Haylı, the owner of the research, which was developed to determine the feelings and thoughts of nurses working in the field of pediatrics about the importance and establishment of child care centers in Turkey, and consists of 17 questions. There is no study or development regarding the Children's Hospice in Turkey yet.</p> <p><i>Result:</i> Of the nurses who participated in the study; 60.82% were female and 39.18% were male. 43.01% thought the country does not need any more children's hospice services, 42.47% considered that developing them in Turkey would not happen due to a lack of information and training about hospices of these services and 95.92% stated that the country needs more children's hospices.</p> <p><i>Conclusion:</i> The fact that nurses who could take an active role in the establishment of pediatric hospices and palliative care applications, lack of basic training in hospice care and experience in advanced care practices will affect the perspective of children's hospices. In Turkey, pediatric nurses do not have enough knowledge about hospices. The fact that nurses and their families do not have sufficient knowledge on this subject is an obstacle to the further establishment in children's hospices in Turkey.</p> <p><small>*This manuscript is derived from the master's thesis of Haylı, Çiğdem Müge. Child Hospices and the Importance of Establishment in Turkey. Girne American University, 2017.</small></p> <p><small>*This study was also presented as a poster at the 4th International European Science, Mathematics, Engineering and Health Sciences Congress held between 21.03.2019 -23.03.2019.</small></p>
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INTRODUCTION

Hospices are institutions where a home-like environment and conditions and care activities can be provided for terminally ill patients (Işıkhan, 2008). They first appeared when the Roman Empire first accepted Christianity (in the fourth century BC); the influence of religious authority in Europe began to increase and hospices were transferred to religious institutions. Although hospices continued to serve in this period, some of them were converted into monasteries and churches during the Reformation in Europe and some were closed down. The hospices which were closed this movement, were reopened again in 1842 by Jeanne Garnier in France and by the 1900's the number of these centers had increased to throughout the country. The first international pediatric hospice institution was the International Pediatric Hospice Hospital, established in 1983 in Virginia, USA (CHO, 2010). Children's hospices have spread in countries such as Germany, France and the UK since the 1980's. In addition to symptom-based care programs in pediatric hospices, they provide guidance and emotional support to patients and their relatives. In the report published by the World Health Organization in 2014, the importance of pediatric hospices has been demonstrated and studies have been initiated to promote them worldwide (WPCA, 2014).

The rapid progress in healthcare around the world has led to the diversification and expansion of comprehensive and full care practices for terminally ill children and their families. In Turkey many problems such as a lack of healthcare personnel to provide palliative care for children the need for long-term care of children and the families' need for physical, emotional, and financial support have increased the necessity of children's hospices (Çarkoğlu ve Kalaycıoğlu, 2012). Children's hospices should be evaluated and supported not only within the scope of healthcare services but also within the scope of social services and social policies. In the (Republic of Turkey the) Ministry of Health under the leadership of the Ministry of Family and Social Policy and the Ministry of Education will sign a charter for psychosocial activities for patients who are terminally ill, thereby improving their health and educational services (Elçigil, 2014).

The activities of the Ministry of Health, the Ministry of Family and Social Policies for hospice and palliative care centers started between 2010 and 2015. However, there have been some problems regarding the structuring and establishment of hospices in Turkey. One of the most important problems here is the division of the ministry budget into various units and areas in other public hospitals.

Another problem is that the hospices are not adequately promoted and remain outside of the

cultural structure of Turkish society. The fact that hospices are similar to nursing homes is contrary to the family tradition and cultural structure of Turkish society. For these reasons, the relatives of the patients carry out the treatment process in the hospitals but carry out the care activities for children and elderly patients at home (Demir, 2017).

Although there are few children's hospices in Turkey, the most important task of health institutions is to provide examination and treatment services. Under the leadership of the Ministry of Health, all public, foundation and private hospitals have palliative care centers. One of the biggest obstacles to palliative care and hospices is that only the Ministry of Health carries out studies in this field. This situation negatively has affected the opening of palliative care centers in health institutions (Demir, 2017).

To provide modernization in the hospice field it is necessary to establish palliative care and hospice departments and courses in the faculties of medicine, nursing, and health sciences, to train experienced and knowledgeable healthcare team members in this field. In this way, there will be an increase in the quality and number of scientific studies on hospice and palliative care as well as an increase in the number of well-equipped medical team members (Köse, 2015). Hospices are institutions that provide healthcare and social services. For this reason, The Ministry of Health and The Ministry of Family and Social Policies should carry out activities for hospices (Tutku, 2016).

Hospices are healthcare institutions that organize their own internal units and should be handled separately from other healthcare institutions. In hospices, priority is the implementation of comprehensive healthcare services and treatment services are the most important after current services. The classification of hospices varies according to age group and disease type. A multidisciplinary team consisting of doctors, nurses, psychologists, social workers, dieticians, and religious officials should be involved in pediatric hospices (Akbulut et.al, 2015).

Hospices provided protection against negative social conditions (capitalism, child labor, etc.) and reflect the value given to human life in the infrastructure of this transformation. The position of children's hospices should also be sought in these sociological and psychological origins (Yolcuoğlu, 2010).

Palliative services and hospice applications are multifaceted services that include psychological support as well as the alleviation of pain and symptoms. They can be applied to improve the quality of life and normalize the death of the patient. In this sense, relieving the physical pain and providing

psychological support related to the life of a terminally ill child has an effect that increases his/her quality of life. In today's society, the increase in the population is causing an increase in the types of death and quite painful types of death have been revealed. Rehabilitation of the painful death process for children, who are the most basic objects of endearment in society is very important for the psychology of the child and his/her family (Valiee, 2012).

Although there is little desire for the development of hospice services in Turkey due to various factors, it evident that these services are in serious need. Hospice services are classified into three groups importance for the terminally ill child, the child's family and for the community itself. As a fairly new concept in Turkey, there is a preconception that hospice services for terminally ill patients are not a foreign concept. However, hospice services from foreigners in Turkey are an effective approach because of cultural codes to

ease the pain of terminally ill children and their families. They are literally producing some of the children's hospice practices in Turkey and the child, family and social aspects are very important (Kostak ve Akan, 2011).

Hospices are also very important in terms of providing services for the families of terminally ill children. Because they generally need emotional support and thanks to this child care services are very important for the healthy progress of the family. This is the most important point that separates hospice services from care home. The approach to caring for the terminally ill child requires expertise (Kostak ve Akan, 2011).

This research was conducted to determine the opinions of nurses working in the field of pediatrics in Turkey about the importance of child hospices and its establishment in Turkey.

MATERIALS AND METHODS

2.1. Research Model

This research was carried out as a descriptive study in order to determine the feelings and thoughts of nurses working in the field of pediatrics in Turkey, about the importance of establishing pediatric hospices in Turkey and the problems they encounter in the care of end-of-life children and their families.

2.2. Place of Research

This research was carried out by preparing an online questionnaire with the Survey method and applying it to the nurses working in hospitals actively working in the field of pediatrics in Turkey and participating from all over Turkey until the sample value was reached.

2.3. Research Population and Sample

The population of the research consists of pediatric nurses actively working in Turkey. The sample will consist of pediatric nurses who will be drawn from this population. Around 7000 Pediatric nurses are actively involved throughout Turkey (Türkmen, 2015). From this population, 365 samples were reached with 95% confidence and 5% sensitivity. The sample size was obtained by means of the sampling formula when the universe was known (Figure 1).

Figure 1: Sampling formula

$$\frac{Nt^2pq}{d^2(N-1)+t^2pq}$$

Sampling inclusion criteria

-Nurses actively working in the pediatric services.

Sampling exclusion criteria

- Nurses who are not actively working in the pediatric services.

2.4. Data Collection Tools in the Research

Before starting the research, data collection was started on December 2016 with the permission of the Ethics Committee. The study was approved by the relevant ethics committee and was conducted in accordance with the Helsinki Declaration of Principles. Instructions were added to the beginning of the questionnaire and the scale to ensure that the nurses who agreed to participate were willing to read the information form.

In order to collect the data of this study, the Questionnaire Descriptive of the Importance of Child Hospice / Palliative Care in the End of Life Period and the Scale Form for Determining the Opinions of Nurses Working in the Field of Pediatrics about Child Hospice were used to determine the feelings and thoughts of the nurses.

Questionnaire Descriptive of the Importance of Child Hospice / Palliative Care in the End of Life Period

This form consists of 42 questions prepared in order to determine the introductory characteristics of nurses working in the field of pediatrics, the problems they encounter in the care of children and their families in the end-of-life period.

Scale for Determining Pediatric Nurses' Views on Child Hospice

This scale, which was developed to determine the feelings and thoughts of nurses working in the field of pediatrics regarding the importance of pediatric

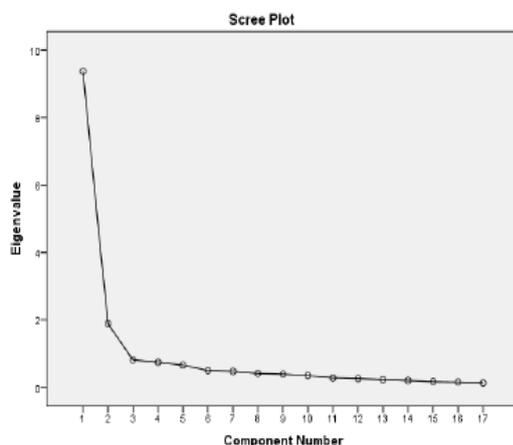
hospices and their establishment in Turkey, was developed by research owner Çiğdem Müge Haylı since December 2016 and consists of 17 questions. While developing this scale, opinions were taken from 10 academicians who are experts in the field and necessary corrections were made in line with the views. The scale form for determining the views of the pediatric nurses on children’s hospices comprised 17-items with a 5-point Likert scale; completely disagree (1), disagree (2), undecided (3), agree (4), and completely agree (5) developed and validated for reliability. Scoring was based on the score given for each item. 10 experts were consulted during the scale development.

Cronbach’s alpha (α) reliability coefficients were calculated to determine the construct validity of the views of pediatric nurses on pediatric hospices to determine the exploratory factor analysis (EFA), confirmatory factor analysis (CFA) and reliability. The arithmetic mean was taken calculate the scale score. The total score obtained from the 17 questions was divided into 17 hence the minimum score for each question was 1 and the maximum score was 5 and the average score of the scale ranged from 1 to 5 points.

Exploratory Factor Analysis (EFA)

Exploratory Factor Analysis (EFA) was used to statistically determine the construct validity of the scale. KMO [Kaiser-Meyer-Olkin] and Bartlett’s sphericity test were used to determine whether the scale was suitable for EFA. In this context, the KMO test result should be 0.50 or higher and Bartlett’s sphericity test result should be statistically significant (Jeong, 2004). In this study, KMO test result was 0.93 and Bartlett’s sphericity test achieved ($p < 0.01$).

Figure 2: Scattering diagram of eigenvalues of factors



Accordingly, there was high correlations between the variables, and thus our data set was suitable for EFA (Kalaycı, 2009). In the first analysis, it was determined that there were two factors with an eigenvalue greater than 1 (**Figure 2**).

Table 1. Scale factor load values of the pediatric nurses as a result of the factor analysis to determine their opinions on pediatric hospices.

Question Value	Factor
M14	0.828
M9	0.825
M11	0.824
M13	0.824
M8	0.810
M12	0.794
M10	0.791
M6	0.787
M4	0.756
M7	0.754
M3	0.750
M5	0.750
M2	0.715
M15	0.688
M17	0.619
M16	0.586
M1	0.380

In the EFA, the limit value was taken as 0.30 for the load values in the factor in which the items were located since with a factor load value of less than this should be excluded from the analysis (Sumerian, 2000). However all factors fulfilled this criterion. The findings from the EFS on the scale form for determining the views of pediatric nurses on children’s hospices are given in (Table 1). As a result of the EFA, it was concluded that nurses had two factors explainings 55.14% of the total variance of the scale form data. The data obtained as a result of the factor analysis indicate that the validity of the scale is at a high level.

Confirmatory Factor Analysis (CFA)

Data were collected via an identity scale adapted for the researcher. The scale included 15 items and two factors. The total number of participants was 365. First and second level Confirmatory Factor Analysis (CFA) was used to determine whether the factor structure of the scale was verified. The aim of (CFA) is to evaluate whether a factorial model consisting of many observable variables (latent variables) corresponds to the actual data. The model to be examined can be used to define a structure determined by using empirical data or based on a specific theory.

The following indices were used to assess the validity of the model with CFA. Chi- squared goodness of fit (χ^2) the comparative fit index (CFI), the non-standardized (non-normed) fit index (NNFI) the normed fit index (NFI), the goodness of fit index (GFI), and the root mean square error of approximation (RMSEA). The values observed for the scale model were $X^2 / d < 3$, $0 < RMSEA < 0.05$, $0.97 \leq NFI \leq 1$, $0.97 \leq CFI \leq 1$, $0.95 \leq GFI \leq 1$ and $0.95 \leq NFI \leq 1$ for the first level and $4 < X^2 / d < 5$, $0.05 < RMSEA < 0.08$, $0.95 \leq NNFI \leq 0.97$, 0.95

$\leq CFI \leq 0.97$, $0.90 \leq GFI \leq .95$ and $0.90 \leq NFI \leq 0.95$ for the second level, which show acceptable agreement (Sumer, 2000).

Table 2: Regression and t-values of the scale.

Item	Regression Value	t - value	Item	Regression Value	t- value
M1	0.32	6.13	M10	0.79	17.79
M2	0.69	14.85	M11	0.83	19.19
M3	0.72	15.81	M12	0.79	17.79
M4	0.74	16.47	M13	0.81	18.78
M5	0.74	16.37	M14	0.81	18.64
M6	0.78	17.53	M15	0.64	13.41
M7	0.73	16.14	M16	0.52	10.37
M8	0.81	18.56	M17	0.55	11.23
M9	0.83	19.28			

When the compliance statistics calculated with CFA were considered, it was decided that the previously determined structure of the scale generally complied with the collected data. When the regression values and t- values of the scale items were examined, it was found that the obtained regression coefficients and t- values were significant ($> 1- 92$) thus the model was validated (**Table 2**).

According to the results of confirmatory and exploratory factor analysis one of the most commonly used methods for measuring internal consistency for reliability is Cronbach's (α). A scale is not reliable when $0.00 < \alpha < 0.40$; has low reliability when $0.40 < \alpha < 0.60$; is reliable when $0.60 < \alpha < 0.80$ and very reliable when $0.80 < \alpha < 1.00$ ¹⁶. Cronbach's α for this study was calculated as 0.93 according to the statistics, indicating that the scale could makes a very reliable measurements.

The fit indices were found as $\chi^2=483.12$, $X2/sd=4.06$, $RMSEA=0.076$, $CFI=0.92$, $IFI=0.92$, $NNFI=0.91$ and $NFI=0.91$. When the coefficients showing the relationship between the observed variables of the model showing the factorial structure of this scale and its factors were examined, it was concluded that all the coefficients were at a sufficient level. Considering the fit statistics calculated by CFA, it was decided that the previously determined structure of the scale was generally compatible with the collected data. It was determined that the obtained regression coefficients and t values were significant (>1.92) and the model was confirmed.

In order to determine the reliability of the scale, the Cronbach Alpha reliability coefficient was calculated. According to the statistics, the alpha value of the scale was determined as 0.93. Tezbaşaran (1997) states that a reliability coefficient that can be considered sufficient in a Likert type scale should be as close to 1 as possible. According to these results, it can be said that the reliability of the entire scale is at a high level.

2.5. Data Collection for the Research

The data of this research was completed by preparing an online (google form) questionnaire using the Questionnaire method from the nurses actively working in the field of pediatrics in Turkey. Data were collected between 12.12.2016 and 03.02.2017. Although the nurses have the advantage on the day and time they want, information about the application method of the research is given. Before applying the questionnaire and scale, the nurses were informed about the scope of the research, instructions were added by the researcher, and it was stated that participation was on a voluntary basis. The nurses who accepted to participate in the study were asked to read the information form and the instruction about the research beforehand. It was important for the research to fill the Scale for Determining the Opinions of Nurses Working in the Field of Pediatrics on Child Hospice. Questionnaire and scale application were continuously observed online until reaching the exact number of identified populations.

2.6. Data Analysis Method

Data were analyzed with the SPSS 20 package. Frequency, percentage, arithmetic mean, and standard deviation were used for the descriptive statistics. Frequency, percentage, arithmetic mean and standard deviation values of the questions of the Scale for Determining the Opinions of Nurses Working in the Field of Pediatrics on Child Hospice were examined by considering the sub-dimensions. Mann Whitney U, Kruskal Wallis-H and Post-Hoc Multiple Comparison Tests were used for the data that did not show normal distribution between the groups. In case of normal distribution knit, Kruskal Wallis-H Test and Post-Hoc Multiple Comparison Test were used.

RESULTS

Table 3: Sociodemographic characteristics

		n	%
Gender	Famale	222	60,82
	Male	143	39,18
	Total	365	100
Marial Status	Single	269	73,7
	I'm in a relationship	21	5,75
	Separate	4	1,1
	Divorced	4	1,1
	The married	67	18,36
	Total	365	100
	Where were you born?	Central Anatolia Region	51
Eastern Anatolia Region		66	18,08
Aegean Region		84	23,01
Marmara Region		82	22,47
the Mediterranean region		31	8,49
black Sea region		31	8,49
South East Anatolia Region		18	4,93
Other		2	0,55
Total		365	100
Please tick the settlement where you have lived the longest?	Bay	8	2,19
	District	91	24,93
	Province	264	72,33
	Abroad	2	0,55
	Total	365	100
Do you have children?	There is	62	16,99
	no	303	83,01
	Total	365	100
What is the last school you graduated from?	Normal highschool	4	1,1
	Vocational high School	27	7,4
	Associate degree program	89	24,38
	undergraduate program	236	64,66
	Degree	9	2,47
Total	365	100	
What is your mother's education level?	illiterate	31	8,49
	Primary school graduate	75	20,55
	Secondary school graduate	35	9,59
	High school graduate	213	58,36
	Graduated from a Universty	11	3,01
	Total	365	100
	Does your mother work?	Yes	183
No		182	49,86
Total		365	100
If yes, what is your mother's occupation?	Employee	37	20,22
	Officer	133	72,68
	Small business	13	7,1
	Total	183	100

Table 3: Sociodemographic characteristics (continuation of the table)

		n	%
What is your father's education level?	İlliterate	6	1,64
	Primary school graduate	63	17,26
	secondary school graduate	30	8,22
	High school graduate	244	66,85
	Graduated from a Universty	22	6,03
	Total	365	100
	Does your father work?	Yes	265
No		100	27,4
Total		365	100
If yes, what is your father's occupation?	Employee	69	26,14
	Officer	155	58,71
	Small business	40	15,15
	Total	264	100
Are you continuing your education in the vocational field?	Yes	308	84,38
	No	57	15,62
	Total	365	100
If your answer is yes, how do you continue?	Undergraduate completion	113	36,69
	postgraduate education	181	58,77
	Other	14	4,55
	Total	308	100
What is your total working time after graduation?	1-5 years	73	20
	6-10 years	145	39,73
	11-15 years	86	23,56
	16-20 years	47	12,88
	21 and over	14	3,84
Total	365	100	
In which part of Turkey do you work?	Central Anatolia Region	34	9,32
	Eastern Anatolia Region	41	11,23
	Aegean Region	92	25,21
	Marmara Region	124	33,97
	the Mediterranean region	41	11,23
	Black Sea region	23	6,3
	South East Anatolia Region	10	2,74
Total	365	100	

Of the nurses participating in this study; 60.82% were female and 39.18% were male. 95.46% of the participants stated that they were continuing with their vocational education. While 58.77% of them were graduate, 36.69% had completed undergraduate training. Other information on sociodemographic characteristics is given in Table 3

Table 4: Percentage distribution of palliative care knowledge and experience

		n	%
Do you think it is necessary to receive additional training in palliative care?	Yes	361	98.9
	No	4	1.1
	Total	365	100
What was the weight of the information training you received?	Giving bad news	16	4.38
	Communication skills	213	58.36
	Symptom management	39	10.68
	Legal and ethical issues	17	4.66
	Basic concepts and principles of palliative care	78	21.76
	Other	2	0.16
Total	365	100	
When working in the field of nursing, did you come across an individual in need of palliative care?	Yes	339	92.88
	No	26	7.12
	Total	365	100

After graduation, 57.26% of the participants were working in public hospitals and 35.89% in private hospitals. Moreover 20% of them had worked there for 1 - 5 years, 39.73% for 6 - 10 years, 23.56% for 11 - 15 years, 12.88% for 16 - 20 years and 3.84% for 21 years or over. 98.9% of the nurses participating in the study thought that it was necessary to receive additional training in palliative care during the vocational training and working process. Indeed, 58.36% and 21.76% had received palliative care training on learning the basic concepts and principles respectively. This is because 92.88% of the nurses had encountered palliative care during their employment (Table 4).

Table 5: Percentage distribution of nurses' awareness of children's hospices.

		n	%
What do you think are the reasons for the development of hospice care in Turkey?	Inadequate training on hospice	155	42.47
	Because is not necessary	157	43.01
	Lack of regulations on hospices	45	12.33
	The concept of hospices is not one of the nursing duties	8	2.19
	Total	365	100
Is it necessary to establish more hospice institutions in Turkey?	Yes	349	95.62
	Undecided	15	4.11
	No	1	0.27
Total	365	100	
Do you know what a children's hospice is?	Yes	284	77.81
	Partially	68	18.63
	No	13	3.56
Total	365	100	
Where did you get information about hospices during your professional career?	Seminars	103	28.22
	Conferences	94	25.75
	In-service training	54	14.79
	Newspapers and magazines	13	3.56
	Media (TV, Radio and Internet)	31	8.49
	Colleagues	42	11.51
	Professional publications and journals	28	7.67
	Total	365	100
Would you recommend a children's hospice relative /child of an acquaintance who needs terminal care or continuous care?	Yes	320	87.67
	Partially	29	7.95
	No	16	4.38
	Total	365	100

Concerning the growth of children's hospice services in Turkey; 43.01% of the study participants thought that they had not been developed because they were not required and 42.47% stated that the service had not been developed because of insufficient training and information. In addition 95 – 62 % of hospice nurse had seen the establishment of the necessary institutions in Turkey. Moreover 77.81% of the nurses stated that they knew what a children's hospice was and 94.52% thought that the establishment of more children's hospices in Turkey was also essential. 28.22% of the nurses stated that hospice information was obtained from seminars and 25.75% from conferences. In addition, 87.67% of nurses stated that they would recommend hospice for the continuous care of a terminally ill relative or an acquaintance's child (Table 5).

Table 6: Distribution of the scale scores for determining the views of pediatric nurses on pediatric hospices.

	n	Mean	Median	Min	Max	ss
Children's Hospice Score	365	1.37	1.18	1	5	0.48

The average of the total scale scores of the pediatric nurses participating in the study was 1.37 ± 0.48 and the children's hospice score was also expressed, for which the median value of the points was 1.18 (the minimum score was 1 and the maximum score was 5). Hence, it was concluded that the establishment of more children's hospices was positive (Table 6).

DISCUSSION

Palliative care centers and pediatric hospices established for terminally ill pediatric patients in Turkey was the main subject of our research and the necessity of pediatric hospices has been emphasized. Today, children's hospices are a part of modern healthcare services and one of the most important healthcare institutions established for the development of child healthcare services. Hospices and palliative care centers, which have started to spread all over the world since the 1980s, now serve many disease types and age groups. Children's hospices have also emerged in this context. The World Health Organization has drawn attention to the importance of hospices aimed at enhancing the quality of life by making effective evaluations in the palliative care process (Çolak ve Özyılkan, 2006; Tezbaşaran, 1997).

The time of life when palliative care is most required is the terminal period during which patient care services are not only the responsibility of the doctor, but also a multidisciplinary understanding of the doctors and nurses in hospice institutions, social workers, psychologists, physiotherapists, dietitians, sociologists, and clerics (Karan, 2005). Psychological support should be given to terminally ill children which will not only cause the child to relax but also contribute to the continuation of physical, mental, spiritual and physical development. Children who are at this stage of life should continue their education as much as possible, while parents can continue their education with coordination between the school management and the healthcare personnel (Öz and Bahadır, 2009).

The final focus of the research findings is on the extent to which awareness of children's hospices in Turkey has improved. 42.47% of the participants stated that the reason for not developing children's hospices was not being given the necessary education and 43.01% stated that hospices were not needed. Accordingly, while most pediatric nurses do not have the necessary awareness in the community about pediatric hospices, the majority think that such a practice has no place in society.

The majority of participants in the study were aware of children's hospices in Turkey and think that

the establishment of children's hospice is necessary. In our study, the mean for 17 items calculated by taking the average of the children's hospice score indicated the direction of the establishment of children's hospice quite clearly.

In many studies on the importance of palliative care in the neonatal unit, it was found that nurses responded to the item palliative care is as important as therapeutic care: 96% in Australia (Chen et.al., 2013; Kain et.al, 2009), 95.21% in Taiwan (Chen et.al., 2013), (93.32%) in Iran (Azzizadeh et.al., 2017). Nurses without basic education may not have the opportunity to educate themselves in palliative care in their professional lives. In this regard, stated that palliative care should be included in neonatal nursing education (Kain et.al, 2009). In their study, 98% of the nurses stated that palliative care education is necessary and 34% of them had in-service training about communication skills. In similar survey, the rates of palliative care were 96.3% and 60% and 82.1% and 39.3%, respectively (Azzizadeh et.al., 2017; Chen et.al., 2013) which is in parallel with our study.

According to study, the majority of the nurses had problems in dealing with terminally ill children; their experience was inadequate and so many patients were referred to the hospital. In contrast to our study, 87% of nurses had palliative care experience for dying infants and their families, 69% experienced frequent infant deaths in the neonatal unit, 60% found that caring for dying babies was a traumatic experience. and 21% had a feeling of personal failure when a baby died in the clinic.

The authors considered it important to include training programs for palliative care during and after nursing education to strengthen the ability of nurses to deal with problems in the care and interventions for terminally ill patients and their relatives (Kain et.al, 2009).

In study, the nurses' approach to palliative care in cases they had not encountered before was questioned and it was determined that they examined the previous medical records of the patient and educated themselves according to appropriate care behavior (Andersson et.al., 2016). It is very important for the

palliative care nurses to be up-to-date and improve themselves, to use the evidence-based care practices, to plan care for the patient's needs and to protect and defend the patient when necessary to provide more effective and safe care to him/her and his/her family (Filiz ve Dikmen, 2017). However, the lack of

healthcare policies and application areas in the countries and the lack of understanding of palliative care by both nurses and families has revealed difficulties [Aldridge et.al., 2016; Kavalieratos et.al., 2014; Balboni et.al., 2013; Garner et.al., 2013].

CONCLUSION AND RECOMMENDATIONS

There is a lack of education about children's hospice nursing in Turkey, which is the reason for asking pediatric nurses to participating in this study on the development of pediatric hospice services. The results of the questionnaire and scale reveal the necessity for more children's hospices as part of the modernization of healthcare services and public health in Turkey. Increasing the number of nurses and healthcare personnel specialized in the field of child health will positively affect the structuring of hospices. One of the most important issues to be carried out in this context is to inform the public about hospices, to raise awareness, and to explain why hospices are needed.

Palliative care and hospices offer a solution for healthcare and social problems concerning death that affect the family structure and emotional state. Therefore, the activities to be conducted for hospices should not be limited to the Ministry of Health and the Ministry of Family and Social Policies should make the necessary contributions to these studies.

Pediatric nurses who care for terminally ill patients should improve themselves in the planning and implementation of nursing interventions for terminal and palliative care for the child and his family, help the child and family to control their feelings of hopelessness, worthlessness, and guilt by using the therapeutic approach, expressing thoughts, expressing social relations. and increase the support of the immediate environment.

Limitations of the Research

350 nurses working in the field of pediatrics were included in the study. Research results can only be generalized to the sample group in the study.

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Ç.M.H.

Ethical Statement

Before starting the research, data collection was started on December 2016 with the permission of the*** Girne American University Social Sciences Research Ethics Committee (17.12 / 16 approval). The study was approved by the relevant ethics committee and was conducted in accordance with the Helsinki Declaration of Principles. Instructions were added to the beginning of the questionnaire and the scale to ensure that the nurses who agreed to participate were willing to read the information form.

Conflict of Interest

The authors declare that they have no conflict of interest.

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Authors' Contributions

The authors confirm contribution to the paper as follows: study conception and design: ÇMH; N.B., M.R.G, data collection: Ç.M.H.; analysis and interpretation of results: Ç.M.H. draft manuscript preparation: Ç.M.H. All authors reviewed the results and approved the final version of the manuscript.

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