ORIGINAL RESEARCH ARTICLE

In-patient health care satisfaction and healthy life education consciousness of parents: A cross-sectional study

DOI: 10.29063/ajrh2025/v29i12.17

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Abstract

This study aimed to investigate the level of inpatient health care satisfaction and healthy life education consciousness of parents.The study employed a descriptive, correlational, and cross-sectional study design. This study consisted of 211 parents whose children were monitored as inpatients in the pediatric clinic of the State Hospital. The data were collected with the Parent and Child Descriptive Information Form, PedsQL Healthcare Satisfaction Scale (PHSS), and Healthy Life Education Conscious Level Scale in Parents (HLECLSP). The average HLECLSP score of the parents in the study was 125.65±19.65, and the PHSS average score was 69.80±20.25, which was at a moderate level. It was determined that the mean scores of PHSS varied according to the status of the following current developments related to the health and hospitalization process, and these differences were statistically significant. It was determined that the mean scores of HLECLSP differed according to family type, education level, working status, parents' job, and parents' status of following current developments, and these differences were statistically significant. Parents' satisfaction with health care was determined to increase in parallel with their perception of healthy life education consciousness. It is especially recommended that health care environments be improved in terms of parents' emotional support needs, and updated healthy life awareness training programs for parents be included. *(Afr J Reprod Health 2025; 29 [12]: 174-182).*

Keywords: Health care satisfaction; pediatric nursing; healthy life consciousness; education; parenting

Résumé

Cette étude visait à évaluer le niveau de satisfaction des soins de santé en milieu hospitalier et la conscience de l'éducation à une vie saine chez les parents. L'étude a utilisé un modèle descriptif, corrélationnel et transversal. Elle a porté sur 211 parents dont les enfants étaient suivis comme patients hospitalisés dans le service de pédiatrie de l'Hôpital d'État. Les données ont été recueillies à l'aide du Formulaire d'Information Descriptive Parent-Enfant, de l'Échelle de Satisfaction des Soins de Santé PedsQL (PHSS), et de l'Échelle de Niveau de Conscience d'Éducation à une Vie Saine chez les Parents (HLECLSP). Le score moyen HLECLSP des parents dans l'étude était de 125,65±19,65, et le score moyen PHSS était de 69,80±20,25, ce qui était à un niveau modéré. Il a été déterminé que les scores moyens de PHSS variaient selon le statut des développements actuels liés à la santé et au processus d'hospitalisation, et ces différences étaient statistiquement significatives. Il a été constaté que les scores moyens de HLECLSP différaient selon le type de famille, le niveau d'éducation, le statut professionnel, l'emploi des parents et leur suivi des développements actuels, et ces différences étaient statistiquement significatives. Il a été déterminé que la satisfaction des parents à l'égard des soins de santé augmentait parallèlement à leur perception de la conscience de l'éducation à une vie saine. Il est particulièrement recommandé d'améliorer les environnements de soins de santé en termes de besoins de soutien émotionnel des parents, et d'inclure des programmes de formation actualisés sur la sensibilisation à une vie saine pour les parents. *(Afr J Reprod Health 2025; 29 [12]: 174-182).*

Mots-clés: Satisfaction des soins de santé ; soins infirmiers pédiatriques ; conscience d'une vie saine ; éducation ; parentalité

Introduction

A healthy lifestyle is defined as the regulation of behaviors that can affect an individual's physical, mental, and social health in their daily activities by choosing approaches that are appropriate for their health status and awareness, and making these behaviors regular. These behaviours, acquired through family, school, society, and education and updated over time, are behaviours that ensure the continuity of individuals' health status and that individuals decide are right for themselves.[1] Healthy lifestyle behaviours include taking health responsibility for protecting and improving one's existing health, avoiding harmful habits, regular exercise, adequate and balanced nutrition,

interpersonal support, conscious effort to protect and improve one's health and the health of others, and stress management.[2]

The acquisition of healthy lifestyle behaviors should start in childhood. Gaining healthy life behaviors in the individual is provided by conscious parents.[3]

Conscious parenting means parents with sufficient health literacy. Healthy lifestyle behaviors are also very related to the concept of health literacy. A healthy lifestyle is based on health literacy. Health literacy has become an urgent issue as a decisive factor in making healthy lifestyle choices. Health literacy is the ability of individuals to acquire health information and use it correctly.[4] When evaluated according to sub-categories, 52.1% of the parents had adequate and excellent health literacy, while 48% had insufficient and problematic limited literacy.[5] There is a need to investigate the value of family in parenting and child care among parents with low socioeconomic status.[6,7] Because parents with low health literacy face a range of challenges, such as longer or more intensive hospital stays and greater difficulty coping with chronic or challenging conditions.[4]

It is important to determine the nursing support levels and satisfaction of persons to have an idea about the quality of all health services and hospitalizations, including nursing care. Oztas and Akca (2024) reported that the PHSS average score was 55.22± 24.22, which was at a moderate level.[8] To facilitate active discussions between the health team and family, it is important to know which aims or healthy life education levels are considered to be valuable by the family in parenting.[9] In this context, it is vital for pediatric nurses to understand the health literacy and healthy lifestyle level and the factors affecting their patients and the patients' family members or caretakers.[4]

The foundation of nursing care is to support parents during their hospital stay. Supportive care helps reduce stress for children and parents, making it easier for them to adapt to difficult and new roles It is important to empower parents with supportive nursing care, especially in children newly diagnosed with chronic diseases. In conclusion, the support given to the family by the nurses affects parents' health care satisfaction.[10,11]

The support of the health care team, and the information they share with the families, are all significant to parents' satisfaction and hence to better quality of health care. Targeting the topics of satisfaction expressed by the persons could increase parents' satisfaction and achieve the quality improvement required.[12] Therefore, satisfaction is an output of health services and is parallel to an indicator of service quality.[13]

Studies on this subject have become increasingly valuable in recent times because satisfaction assessments provide insight into the quality of healthcare services.[14,15] As satisfaction with quality healthcare services increases, parents' confidence increases, which contributes to the quality of treatment and care services provided to children.[16-18]

After conducting a literature review, it was determined that studies have been conducted on satisfaction, but none have examined the link between parents' consciousness of healthy living education and care satisfaction.[3, 8,19]

This study aimed to determine the relationship between the satisfaction of parents of inpatients with healthcare services and the healthy lifestyle consciousness they provided to their children, as well as the factors affecting these. This study sought to answer the following questions; Are there variations in parents' healthy life education conscious levels on basic socio-demographic descriptive characteristics of the family and child? Are there variations in parents' inpatient health care satisfaction on basic socio-demographic descriptive characteristics of the family and child? Is there a correlation between parents' healthy life education conscious levels and their satisfaction with inpatient care?

Methods

Study design

This relational, descriptive and cross-sectional study was presented to the parents of inpatient children. Relational search types are research species aimed at determining the degree and/or presence of mutual variations between two or more variables. Following the EQUATOR guidelines, reporting was guided by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE).

The variables of research

Dependent variables: PedsQL healthcare satisfaction scale (PHSS) and Healthy Life Education Conscious Level Scale in Parents (HLECLSP).

Independent variables: The basic sociodemographic characteristics of parents and children, parents' ability to follow current health-related developments.

Participants

The population of the study consisted of parents staying with their children who received treatment and care in the 28-bed paediatric clinic (maximum two patients in a room) of the 150-bed an state hospital in Turkiye, where 10 nurses and 3 doctors provide care and service. According to hospital records, the number of children hospitalised between May 1, 2021, and May 1, 2022, was approximately 1480. According to information received from the hospital automation system, the number of children hospitalised for two days (48 hours) or longer was 442. In the sample calculation of the population, in which the population was considered as 442, the sampling volume formula was used with a frequency of p=0.5, error of 1.96, and deviation of 0.05, and the sample size was calculated as 206. The data were gathered from parents who met the inclusion criteria between June and December 2022 until the required sample size was reached, and the study was completed with N=211 parents.
Research inclusion criteria; 1) Being literate, 2) Not having communication problems, 3)Volunteering to participate in the study, 4)The parent's child must have been hospitalized for at least two days.

Data collection tools

The data were collected through a face-to-face survey in a patient room. It took a quarter hour to fill out the data collection form.
The survey includes the Parent and Child Descriptive Information Form, PedsQL healthcare satisfaction scale (PHSS), and Healthy Life Education Conscious Level Scale in Parents (HLECLSP).

Parent and child descriptive information form

This form is a 13-question survey prepared by the researchers based on the literature, which includes information such as the sociodemographic characteristics of the parents and the child, and the status of following current developments in healthy living education as a parent.

PHSS

The scale that was developed by Varni aims to measure satisfaction with health care services. [20] The scale has six subscales: communication, inclusion of family, information, emotional needs, technical skills, and overall satisfaction. The total item number is 25. Sample item: "The staff's efforts to make your child as comfortable as possible." Participants rate each item with a value between 0 and 4. The total scale ranges between 0 and 100. The higher points on the PHSS show major satisfaction with the care received. Cronbach's Alpha value of the PHSS, which was adapted into Turkish by Ulus and Kublay (2012), was determined to be 0.93. In this research, Cronbach's Alpha score was 0.944. [21] (Table 3).

HLECLSP

It was determined that this scale developed was a reliable and valid tool for parents to measure the awareness of healthy life education. Healthy Life Education Conscious Level Scale in Parents, developed by Karagöz and Ilıman in 2019, is a five-point Likert-type scale. The HLECLSP, including 30 items, is a four-factor scale in the form of Physical Health (7 items), Nutrition (4 items), Hygiene (6 items), and Mental Health/Social Activity (13 items), respectively. Sample item: "I warn her to pay attention to hygiene rules and try to be an exemplary model." The lowest value from the HLECLSP is 30, and the highest value is 150. As the scores from the scale increase, it is evaluated that parents' consciousness of healthy life education also increases. [3] It is seen that the Cronbach Alpha value of the total 30 items in the scale is 0.948. In this study, within the scope of the reliability study of this scale, the Cronbach Alpha score was determined as 0.938 in total, and the sub-dimension values are given in Table 3.

Data analysis

Descriptive analyses were performed to provide information about the general characteristics of the parents who participated in the study. Data related to continuous variables were shown as mean ± standard deviation, and data related to categoric variables were shown as n (%). In the data analysis phase, the normal distribution of the dependent variables was

examined by using skewness and flatness. Independent groups t-test, One-way analysis of variance, Post HocTukey HSD, and Tamhane's T^2 and Pearson Correlation were used. Cronbach's Alpha score was used for the reliability of the scale dimensions. The p-values were considered statistically significant when calculated less than .05. Statistical software was used in the calculations.

Ethical considerations

Research and publication ethics were adhered to in the study (The Helsinki Declaration of Human Rights). University Clinical Research Ethics Committee Permission was taken before starting the study (22-KAEK-126). Institutional Permission and verbal consent were taken from volunteering parents who met the criteria for child/parents in research (e-596). Before the research was initiated, children or families who met the inclusion criteria were informed about the purpose of the research, and they were told that they had the right to quit the research at any time and that the study would not affect their care in any way. It was also expressed that their data would be kept confidential and would not be shared with other persons. In addition, permission to apply the scales was obtained from the authors who adapted the Turkish version of the scales for use in the study.

Results

Tables 1 and 2 show the total scores for the PHSS and HLECLSP with socio-demographic features. Among the parents who participated in the study, 52.7 % were 31 or older, 36.0 % had a secondary education level, 77.7 % were housewives, 43.6 % had the middle income, and 32.2 % had two children. Moreover, 33.6% of parents do not follow current developments on healthy life education. Based on considering their status of following current developments related to health, PHSS total scores were found to be different at a significant level ($p = 0.015$). There were statistically significant differences in PHSS total mean scores on the hospitalization process (day) ($p < 0.046$).

Table 1: Healthcare satisfaction (PHSS) and Healthy Life Education Conscious Level Scale (HLECLSP) mean scores of parents according to their demographic characteristics (n=211)

Demographic characteristics		**n**	**%**	**PHSS**	**HLECLSP**
Age	30 and younger	100	47.3	69.50±19.88	124.57±19.74
	31 and older	111	52.7	70.07±20.66	126.58±19.62
	t;p			0.204;0.839	0.740;0.460
Parent	Mother	190	90.0	68.92±20.37	124.80±20.16
	Father	21	10.0	77.77±17.52	133.10±12.26
	t;p			1.914;0.057	1.846;0.066
Family type	Nuclear family	125	59.2	68.84±21.65	128.90±17.12
	Extended family	86	40.8	71.19±18.05	120.87±22.10
	t;p			0.859;0.391	**2.833;0.005**
Educational level	Primary school (1)	35	16.6	66.81±21.27	115.66±26.16 [a]
	Secondary school (2)	76	36.0	67.38±19.87	123.18±19.19 [a]
	High school (3)	55	26.1	72.38±18.87	127.96±18.62 [ab]
	University and + (4)	45	21.3	73.04±21.46	134.64±9.06 [b]
	F;p			1.301;0.275	**7.435; 0.001**
	Pairwise comparison				**1<4, 2<4**
	Primary school (1)	35	16.6	66.85±20.69	115.06±24.77 [a]
	Secondary school (2)	64	30.3	68.44±19.80	125.56±16.92 [a]
	High school (3)	66	31.3	73.49±19.89	125.52±21.62 [a]
Spouse's education level	University and + (4)	46	21.8	68.63±20.95	133.91±10.31 [b]
	F;p			1.126;0.340	**6.587; 0.001**
	Pairwise comparison				**1<4, 2<4, 3<4**
Job	Officer (1)	24	11.4	73.38±19.86	132.92±6.88 [a]
	Employee (2)	14	6.6	76.75±22.91	135.79±12.57 [a]
	Housewife (3)	164	77.7	68.48±20.00	123.27±21.04 [b]
	Freelance (4)	9	4.3	73.51±21.20	133.22±14.54 [ab]
	F;p			1.136;0.335	**3.717;0.012**
	Pairwise comparison				**3<1, 3<2**

Working status	Yes	46	21.8	73.87±21.23	134.48±9.50
	No	165	78.2	68.66±19.88	123.16±21.02
	t;p			1.547;0.123	**5.257;0.001**
Income level	Income less than expenditure	66	31.3	66.22±21.25	122.74±21.67
	Income equal to expenditure	92	43.6	71.67±19.66	126.37±17.74
	Income more than expenditure	53	25.1	71.00±19.76	127.92±20.13
	F;p			1.528;0.219	1.140;0.322
Number of children	1	57	27.0	68.69±19.10	127.28±16.53
	2	68	32.2	68.82±20.06	127.47±19.27
	3	49	23.2	73.63±21.09	125.98±22.71
	4 and +	37	17.6	68.23±21.34	119.22±19.91
	F;p			0.767;0.513	1.667;0.175
Previous stay as a companion in the hospital	Yes	144	68.2	68.29±21.48	124.93±21.31
	No	67	31.8	73.03±17.00	127.12±15.54
	t;p			1.728;0.086	0.842;0.401
Status of the following current developments related to health	None (1)	71	33.6	64.18±19.51 [a]	119.86±20.06 [a]
	Sometimes (2)	112	53.1	72.80±19.80 [b]	128.97±17.40 [b]
	Often (3)	28	13.3	72.04±21.53 [ab]	126.86±24.11 [b]
	F;p			**4.261;0.015**	**4.911;0.008**
	Pairwise comparison			**2>1**	**1<2, 1<3**

a,b: Shows statistical differences in the different superscript columns

Table 2: Healthcare satisfaction (PHSS) and healthy life education conscious level scale (HLECLSP) mean scores of children according to their introductory characteristics (n=211)

Introductory Characteristics of Children		**n**	**%**	**PHSS**	**HLECLSP**
Gender	Female	90	42.7	70.19±19.79	127.69±19.32
	Male	121	57.3	69.51±20.66	124.09±19.84
	t;p			0.241;0.810	1.317;0.189
Age (years)	0-1	88	41.7	70.28±19.66	124.51±18.01
	2-3	64	30.3	68.45±20.27	123.44±24.48
	4-5	31	14.7	72.61±19.90	133.10±11.82
	6-11	20	9.5	66.61±23.28	127.55±12.52
	12 and older	8	3.8	72.37±23.15	121.63±28.37
	F;p			0.385;0.819	1.353;0.193
Going to school	No	190	90.0	69.6±19.90	125.34±19.79
	Yes	21	10.0	71.57±23.62	128.24±18.68
	t;p			0.423;0.673	0.641;0.522
Disease type	Acute	188	89.1	69.68±20.03	124.89±20.09
	Chronic	23	10.9	70.72±22.42	131.61±14.61
	t;p			0.231;0.818	1.552;0.122
Previous hospitalization status	First	60	28.4	72.94±16.34	129.33±12.43
	A few times	122	57.8	68.16±21.44	123.56±22.06
	Very often	29	13.7	70.20±22.19	126.66±20.48
	F;p			1.131;0.325	1.796;0.168
From hospital admission to the day of data collection duration (day)	2-5	186	87.7	69.01±20.91	126.26±18.58
	6 and more	25	12.3	75.37±13.68	121.08±26.08
	t;p			**2.057; 0.046**	0.980; 0.335

The difference between HLECLSP scores according to family type, parents' educational level, working status, and job was statistically significant ($p < 0.05$). A significant difference was determined between the status of the following current developments related to the health of parents and the total scores of HLECLSP ($p = 0.008$).

Besides, it was identified that the mean scores of PHSS and HLECLSP did not constitute a statistically significant difference according to other sociodemographic characteristics of children and parents ($p>0.05$) (Table 1, Table 2).

Table 3: PHSS and HLECLSP mean scores of parents

	Mean	SD	Min-Max	Number of items	Cronbach Alpha (α)
PHSS Total	69.80	20.25	17.11-100	25	0.944
Information	67.62	24.15	0-100	5	0.881
Inclusion of family	72.48	22.47	0-100	4	0.704
Communication	70.60	24.24	0-100	5	0.828
Technical skills	71.26	24.52	0-100	4	0.785
Emotional needs	50.94	34.56	0-100	4	0.839
Overall satisfaction	77.37	23.37	0-100	3	0.799
HLECLSP	125.63	19.66	35-150	30	0.938
Physical health	27.94	5.20	10-35	7	0.749
Nutrition	17.29	3.00	4-20	4	0.746
Hygiene	26.38	4.51	6-30	6	0.847
Mental health, social	54.01	9.17	14-65	13	0.872

Table 4: Correlation between the healthy life education conscious level scale (HLECLSP) and healthcare satisfaction (PHSS) mean scores of the parents

			PHSS Total	Information	Inclusion of family	Communication	Technical skills	Emotional needs	Overall satisfaction
	Total	**r**	0.337	0.248	0.311	0.288	0.349	0.164	0.278
		p	**0.001**	**0.001**	**0.001**	**0.001**	**0.001**	**0.017**	**0.001**
	Physical health	**r**	0.364	0.263	0.339	0.300	0.364	0.165	0.310
		p	**0.001**	**0.001**	**0.001**	**0.001**	**0.001**	**0.016**	**0.001**
	Nutrition	**r**	0.176	0.131	0.115	0.151	0.185	0.042	0.158
		p	**0.001**	0.058	0.097	**0.028**	**0.007**	0.542	**0.021**
	Hygiene	**r**	0.253	0.145	0.250	0.210	0.292	0.140	0.185
		p	**0.001**	**0.035**	**0.001**	**0.002**	**0.001**	**0.042**	**0.007**
HLECLSP	**Mental health, social activity**	**r**	0.333	0.268	0.313	0.293	0.338	0.174	0.277
		p	**.001**	**0.001**	**0.001**	**0.001**	**0.001**	**0.011**	**0.001**

r: Pearson Correlation Coefficient
(r) interpretations of the correlation coefficient
r < .4 poor correlation, r .4-.6 moderate correlation, r .6-1.0 high correlation

The PHSS and HLECLSP total mean scores of mothers were found to be 69.80±20.25 and 125.65±19.65, respectively. Regarding the satisfaction levels of parents, the dimension of emotional needs had the lowest score (Table 3).

Table 4 gives the correlations between PHSS and HLECLSP total scores. There was a statistically significant, weak/positive correlation determined between PHSS and HLECLSP total/subscales scores (p = 0.001).

Discussion

The nurses, who provide 7/24 hours service during the patient's stay in the clinics, are effective in the decision-making stage. [12, 22-24] Patients/parents describe how feeling seen and/or understood is a prerequisite for shared decision-making as a family-centered care process. [25] Providing health care services, especially in line with patients' expectations and needs, is among the primary/major

duties of nurses. [26] The satisfaction of patients and their parents, and knowing the factors that affect it, is very important in the evaluation of the outputs of the health service provided.[27]

It has been observed that there are different results in the literature on health care satisfaction. Some studies have shown that parents' satisfaction with care is affected by the child's age and hospital stay, marital status, and the parents' education and age.[15, 29,30] When examining the independent factors predicting parents' satisfaction with care from pediatric nurse practitioners (PPSC-PNP) scores, it was determined that parents' age, working status, parents' education, and socio-economic level did not significantly affect the score ($p > 0.05$).[28] Similarly, in the present research, PHSS scores did not differ according to sociodemographic characteristics ($p > 0.05$). Satisfaction scores were detected to be significantly higher in those who frequently follow current health-related developments ($p < 0.05$, Table 1). Furthermore, there was a statistically significant, weak/positive correlation determined between PHSS and HLECLSP total/subscales scores ($p = 0.001$, Table 4). According to this result, health care satisfaction can be increased by encouraging parents whose children are hospitalized to follow current health information and by providing training on healthy lifestyle consciousness. In our study, 33.6 % of parents stated that they do not follow current health-related developments at all.

The subscale measuring emotional needs had the lowest score among parents' satisfaction with healthcare, while the general satisfaction factor had the highest score.[8] These findings are parallel to our study. Additionally, in this study, satisfaction was found to be higher in parents of children hospitalized for more than six days ($p < 0.05$). This result is thought to be due to increased communication between parents and healthcare professionals, parents' loyalty to the healthcare institution, parents' reduced expectations as they see nurses' high workload, and parents and children becoming accustomed to the hospital environment and rules. In another study similar to ours, Semerci *et al*. reported that children with chronic illness, who had been hospitalized more frequently and who had stayed in the hospital for longer periods of time, indicated that nursing care was better.[31] In another previous study, Ulus and Kublay determined that, unlike this study, average satisfaction scores decreased as the duration of hospitalization increased.[21]

The health status of children is an important variable affected by the socio-economic and educational level of families. In a previous study, it was found that mothers' socioeconomic and nutritional characteristics are key determinants of anemia in children under five years of age. Therefore, it is important to examine the healthy life education consciousness levels of parents in health care settings, in addition to their socio-economic and educational levels.[32] It was found that the scores of HLECLSP differed according to family type, education levels, working status, parents' job, and parents' status of following current developments, and these differences were statistically significant (Table 1). Related literature similarly shows that these variables are related to health literacy and healthy lifestyle awareness.[4-7] In another study, it was determined that parental health literacy levels were associated with level of education, income status, and the state of the parents' employment ($p < .05$).[33] In other words, our study is parallel to the literature.[4-7]

Limitations

This research was implemented in the pediatric clinic of the hospital. This situation limits the generalizability of the study results to other communities. This research is limited by some basic variables shown in this research. This research may serve as a starting point for further studies on the impact of numerous and diverse variables that could facilitate parents' adoption of a healthy lifestyle and their satisfaction with healthcare services.

Implications

It is important to develop strategies to increase emotional care satisfaction by providing healthy life education and holistic care to the parents of hospitalized children, especially those who are disadvantaged, vulnerable, and have low levels of education. It is important to regularly assess parental satisfaction to improve the quality of care and patient safety in clinics. It is recommended that institutions plan regular in-service training sessions to empower pediatric nurses working in clinics, particularly on topics such as the emotional needs of parents/children, communication, support, and medical and nursing care related to children and parents. The researchers recommend that each

hospital examine the quality of parents/patients' education, and propose improvement strategies, such as reorganizing nursing education and counseling practices and providing patient empowerment training to nursing/healthcare team professionals through continuing education.

Conclusıons

As a result, it has been detected that increasing parents' consciousness of healthy life education can contribute to their increase in healthcare satisfaction. Thus, qualitative and mixed-method studies are needed in the future to better understand the mechanisms underlying these relationships.
Moreover, it is recommended that healthcare environments be improved, especially in terms of parents' emotional support needs, and parental healthy life awareness training programs be included.

Acknowledgments

We would like to thank the parents who participated in this study.

Conflict of ınterest

The authors have no conflicts of interest to declare.

Contribution of authors

Mukaddes Demir Acar: Study design, Data analysis, Study supervision, Critical revisions for important intellectual content. Sule Ciftci Unal: Data collection, Manuscript writing.
Note: This study was accepted and presented as a section of master's thesis in Tokat Gaziosmanpasa University Institute of Graduate Studies, Pediatric Nursing Program. This article was presented as an oral presentation at the 6th Global Congress on Nursing & Patient Care in Paris/France at 2025.

Funding

The authors declare that this study received no funding.

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