
Perception of Nursing Care by Parents at Children's Hospitalization

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Annotation: The illness of a child is emotions stress on both families and child. Quality of nursing care from the parents' perspective plays an important role in the development and improvement of health services performance and image. Parent or patient satisfaction is significant indicator that evaluates the care quality provided by healthcare services. There are analyzed study by finding out parent's perceptions and expectations about needs of infants with congenital heart disease during hospitalization in pediatric cardiac surgery department for improve quality of pediatric nursing. Because parents are the main stakeholders and observers of the nursing care; they are valuable source of information perceptions delivery of nursing care. These perspectives of theirs can be used to shape effective solutions and target practice improvements in the care-delivery experience.

Key words: nursing care, the perception of the child.

Hospitalization is a stressful event for parents, which can also impact children negatively by threatening children's sense of wellbeing, security, independence, and self-control (Hockenberry & Wilson, 2011). The nurse is usually constantly beside the patients, communicating directly with their parents and therefore always take into account their mental characteristics, feelings, experiences, judgments and their psychosomatic state. Patients and families are viewed as valuable source of information to explain the impact of their children illness on their lives and the quality of the care they received by the family. Perspectives of theirs can be used to shape effective solutions and target practice improvements in the care-delivery experience (Vincent & Davis, 2012). The illness of a child can have a traumatic effect on both families and child. Quality of nursing care from the parents' perspective plays an important role in the development and improvement of health services performance and image. Parent or patient satisfaction is significant indicator that evaluates the care quality provided by healthcare services (Tsironietal, 2011). Congenital heart disease (here in after Ch D), a major cause of serious morbidity and mortality, is common. It is usually defined as clinically significant structural heart disease present at birth (Moons et al 2004, Karsdorp et al 2007). The incidence of congenital heart disease is similar in all countries (Nicolos 2007). Ch D are the 1 birth defect in UK affecting 8/1000 live births (office for national Statistics 2013).

The reality is that a diagnosis of ChD can happen to anyone (BhF 2008b) and can profoundly change the family's response to the child (Uzark et al 2008). One families can become overly protective of the infant and others distant, which may warrant further investigation. Chronically ill children negatively affect both mothers and fathers (Knafl & Zoeller 2000). A child's physical or mental disability can mean that families have to meet lifelong care needs and witness their child experiencing periods of suffering (Mussatto & Tweddell 2005). Some families have to manage

regular outpatient appointments (Smith.,2011). Researcher (Zani, Golias, Martins, Parada, Marcon&Tonete, 2013) conducted a systematic review to study the feelings of parents whose children had serious health problems. The main feelings experienced by the family were: guilt, pity, fear, anger, helplessness, disappointment, incomprehension, and mourning due to the loss of its idealized child. Specialists came to the conclusion that parents have contradictions because of the contraposition between the idealized child and the actual (Silva, et al.,2014, 16270). Here, health professionals are interlocutors in this process of conflicts experienced to help solve the internal conflict of parents (Zani,Golias,Martins,Parada,Marcon&Tonete. 2013, 269-278). Another study highlighted family stress as a result of medical diagnoses, with regard to therapeutic decisions and in response to the care required by children with congenital heart disease in terms of facing the resulting limitations in their everyday life (Lan, Mu & Hsieh 2014,162-170). These studies are of great value to nursing professionals, because they demonstrate the importance of nursing care in relation to emotional support and health education in order to assist the family to adapt to the health-illness transition process of the child (Robertson-Malt, Chapman& Smith. 2007; 13:132-8). Diagnosis can also represent a huge dilemma for the family, causing conflict between individuals and feelings of guilt particularly during the decision-making process (termination, reconstructive surgery or palliation). The impact on the family is proportional to the severity of the defect an inherent Ch D. Disadvantage associated with surgical correction is that some infants can experience complications of surgery years later, which can prove to be a significant burden for child and family. This is a time of great stress for parents. Pre-operative effects on the family on diagnosis of ChD, parents can experience a mixture of shock, disbelief, fear, blame, anger and sadness (Pye&Ggreen, 2003). Care following diagnosis can be life changing, instability and possibly chest re-exploration. During the post-operative period, complications for the family infection may be acquired in hospital, including ventilation-associated pneumonia and blood infection associated with invasive line placement. Most families report an overwhelming feeling of helplessness, they need to be reminded that they provide vital emotional support to their child (Papastavrou, Efstathiou, Tsangari, Suhonen, LeinoDKilpi&Patiraki, 2012). To meet care needs, professionals must recognize the continuing effects the defect may have on the family and the variables that influence these from diagnosis onwards, including ethnic origin, social class, religion and access to a specialist centre. Nurses have a central role in the care of sick infants; they can alleviate parental stress by establishing caring relationships (Papastavrou, Efstathiou, Tsangari, Suhonen, LeinoDKilpi&Patiraki, et al. 2012). Sharing knowledge and information, paying attention to supporting parents psychologically and physically, involving parents in decision-making (Bragadottir&Reed, 2002). Poor relationships with nursing staff can be a source of stress when there are discrepancies between expectations and perceptions amongst nurses and parents (Latour, van Goudoever, Duivenvoorden, van Dam, Dullaart&Albers, et al., 2009).

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