

# Determination of the Level of Practice of Roles and Functions of Nurses Working at Pediatric Services

## Abstract





**Background:** The purpose of this study was to determine the level of practice of the roles and functions of pediatric nurses.

**Methods:** The study was conducted with 80 nurses working in pediatric services of a university hospital and a state hospital. Nurse information form and Scale of Practice of Roles and Functions of Pediatric Nurses were used for data collection. Independent group t-test and one-way analysis of variance were used for statistical evaluation of the data.

**Results:** The level of practice of roles and functions of nurses working in pediatric units of university and state hospitals was high. Although there were no significant differences among nurses in relation to their gender, age, marital status, educational status, experience in the profession, and experience in their current department and hospital ( $P > .05$ ), there were significant differences among the nurses in relation to their work settings ( $P < .05$ ).

**Conclusion:** It is important to improve the quality of the care that pediatric nurses are aware of with regard to the physical, emotional, mental, and social needs of children and their families. For this reason, it is recommended that pediatric nurses should specialize in the field and receive training in order to be aware of and to use the roles of nursing effectively.

**Keywords:** Pediatrics, nurse, roles

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## Introduction

Nursing is a profession that has certain functions such as promoting health and wellness, providing care for the ill, or feeling of trust.<sup>1,2</sup> The main objective of the nursing profession is to promote and improve individual's or public health and then ensure the wellness and rehabilitation of the individual in the case of illness or disability.<sup>3</sup> Professional nursing was aimed at identifying the needs of individuals and society, defining those needs, planning nursing care accordingly, implementing this plan, and assessing the outcomes of the nursing care.<sup>4,5,6,7</sup> Thus, nursing practices do not include only therapeutic or caregiving implementations. Today, new dimensions and responsibilities with legislative regulations are added to the nursing practice.<sup>5,8-10</sup> The functions of nursing are affected by the perspective of the society and the mission given by the society.<sup>11</sup> Thus, nurses should know the use of nursing roles and functions during healthcare practices. Nursing roles and functions should be creative, productive, problem solving, and inspiring. The reason why nursing has such various roles and functions is that it has various and lots of practice fields. International Nursing Council indicates that nurses serve in every point of the society such as child, adult, family, and society basis.<sup>5</sup>

Examining the historical development of the nursing profession, it is found that whereas the only role of the nurses in the past was to provide care for the ill, the role has moved to social roles such as counseling, rehabilitating, and relaxing training and guidance in order to protect the ill from the illness as a result of technological improvements and social movements.<sup>12,13</sup> In the regulation, namely "The Regulation about Changing of Nursing Regulation" published with the number 27910 on April 19, 2011 in Official Gazette, a pediatric nurse is defined as "the nurse responsible for promoting the health of 0-18 age children physically, cognitively and emotionally within the family and society, protecting from the diseases and providing care and rehabilitation when became ill."<sup>14</sup> With the latest change in the regulation, the purview of pediatric nursing was determined, and the main objective of pediatric nursing is the protection, improvement, and sustenance of child and family health.<sup>15</sup> In this sense, pediatric nurses have the roles of making ethical decisions, protecting from illness, promoting health, providing comfort, as well as providing the roles

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of a caregiver, advocacy, healthcare educator, and counselor, and it is admitted that the most crucial of pediatric nurses' roles is to provide care.<sup>15,18,19</sup>

Pediatric nurses should be aware of the physical, emotional, mental, and social needs of the child and family while performing the role of a caregiver. The pediatric nurse should know the differences between the child and adults, such as the child having a fast growth and development, the concept of self, the child's coping strategies, and the child having less social behaviors than adults, and the nurse should provide appropriate care for the child.<sup>2,15,16</sup> We can also indicate that certain concepts such as atraumatic care, advocating children's rights, competent use of the technology, cost effectivity, susceptibility to ethical issues, decision-making skills, being a member of a team, holistic view, family-centered care, home care, and documentation prove that pediatric nurses have certain roles such as in caregiving, therapeutic, rehabilitating, advocating, decision making, and communication, and nurses use those roles actively in their professions.<sup>17,19</sup>

With the use of nursing roles, elimination of patient security-related problems, decreasing mortality rates, shortened admission to the hospitals, symptom control, increasing patient satisfaction, lower cost, and effective care will be ensured.<sup>20</sup> Therefore, nurses transferring their roles and functions into practice is rather crucial for qualified care.<sup>19</sup>

Pediatric nurses should be aware of their roles and responsibilities as an expert in pediatry.<sup>21</sup> In the literature, it was suggested that children needed expert pediatric nurses in order to access qualified health care.<sup>20</sup>

Thus, the level at which pediatric nurses practice their roles and functions should be determined. The purpose of this study was to examine the pediatric nurses' practicing level of their roles and functions in relation to certain demographic characteristics and the institution in which they worked.

### The Study Hypotheses

The hypotheses of the study are presented as follows:

1. There is no significant relationship between the descriptive characteristics of pediatric nurses and the practicing levels of their roles and functions ( $I.H_0$ ).
2. There is a significant relationship between the descriptive characteristics of pediatric nurses and the practicing levels of their roles and functions ( $H_1$ ).
3. There are no significant relationships between hospitals in terms of the practicing level of pediatric nursing's role and functions ( $II.H_0$ ).
4. There is a significant relationship between hospitals in terms of the practicing level of pediatric nursing's role and functions ( $H_1$ ).

## Method

### Type of the study

The study has a cross-sectional analytical design.

### Universe and Sample

The universe of the study consisted of 64 pediatric nurses working at a university hospital in the province of Manisa, Turkey between August and October 2017, together with 63 pediatric nurses working at a state hospital. Information on the total number of pediatric nurses working at both hospitals was gotten from the personnel affairs department. Before the determination of the sample, all the nurses working at pediatric departments between August and October 2017 were aimed to be reached, but 80 nurses were included (63% of the universe).

### Data Collection Tools

Nurse description form, including demographic characteristics of nurses, and Scale of Practice of Roles and Functions of Pediatric Nurses were used to collect relevant data for the study. The descriptive form was prepared in the light of literature by the researchers and included 9 items.<sup>19,22,23</sup>

**Nurse description form:** The form includes items related to demographic characteristics and professional career, such as gender, age, marital status, education, duration of profession, duration of working at the current department, the department, the task in the current department, and the institution.

**Scale of Practice of Roles and Functions of Pediatric Nurses:** It is a 5-point Likert-type scale, including 63 items developed by Yüzer et al.<sup>2</sup> Cronbach's alpha value of the scale is 0.96. The scale consisted of 8 factors: Caregiver and Health Protector Role (items 1, 3, 4, 5, 6, 7, 8, 9, 10, 12, 21, and 56), Teacher and Researcher Role (items 19, 20, 22, 23, 24, 25, 26, 27, 28, and 29), Advocate and Decision-Maker Role (items 13, 14, 15, 16, 17, 18, 45, 62, and 63), Comforter Role (items 2, 43, 44, 46, 47, 48, 49, 50, 51, 52, and 53), Rehabilitator Role (items 39, 40, 41, and 42), Counselor Role (items 57, 58, and 59), Manager and Coordinator Role (items 11, 30, 31, 32, 33, 34, 35, 36, 37, and 38), and Communicator and Cooperation Role (items 54, 55, 60, and 61). The scoring of the items in the scale was Never do it (1 point), Sometimes do not do it (2 points), Undecided (3 points), Sometimes do it (4 points), and Always do it (5 points). The highest score of the scale was 315, and the lowest score was 63. As for the subdimensions of the scale, the highest and lowest scores are as follows: lowest and highest scores of 12 and 60, respectively, for the Caregiver and Health Protector Role subdimension; lowest and highest scores of 10 and 50 for the Teacher and Researcher Role subdimension; lowest and highest scores of 9 and 45 for the Advocate and Decision-Maker Role subdimension; lowest and highest scores of 11 and 55 for the Comforter Role subdimension; lowest and highest scores of 4 and 20 for the Rehabilitator Role subdimension; lowest and highest scores of 3 and 15 for the Counselor Role subdimension; lowest and highest scores of 10 and 50 for the Manager and Coordinator Role subdimension; and lowest and highest scores of 4 and 20 for the Communicator and Cooperation Role subdimension. As the score increases, the level of practice of pediatric nurses' roles and functions increases accordingly.<sup>2</sup> The Cronbach's alpha value was found to be 0.945 in this study.

### Collection of Data

The relevant data for this study were collected from volunteer pediatric nurses working at a university and a state hospital in Manisa province between August and October 2017. After providing the necessary information about the study by the researchers, informed consent forms were obtained in written form, and nurses were given the data collection forms. Participant nurses were asked to fill questionnaire forms that lasted for 10 minutes.

### Assessment of the Data

The data of the study were analyzed using the Statistical Package for the Social Sciences 15.0 program. Demographic data of the pediatric nurses were transformed into descriptive tables, and number/percentage distributions were performed. After calculating the scores of the scale, average and standard deviation values were identified. To assess normal distribution, Skewness-Kurtosis values were examined.<sup>24</sup> For variables with normal distribution, independent sample *t*-test, one-way analysis of variance, and posthoc Turkey honestly significant difference tests were utilized.  $P < .05$  value was accepted for statistical significance.

### Ethical Considerations

At the very beginning of the study, required permission was obtained from the responsible author by e-mail. Furthermore, written permission was obtained from the ethical committee of Manisa Celal Bayar University, Turkey (date June 22, 2017, E.51071 no decision) and from

the administration of the hospitals where the study was conducted as well as the nurses in verbal and written forms.

### Results

Demographic characteristics of pediatric nurses included in the study were examined according to the hospitals they worked in. A total of 92.5% of them were females, 55.0% of them were aged <31 years, 62.5% of them were married, 78.8% of them were university graduate, 8.8% of them worked in pediatric department, 78.6% of them had 0-10 years of experience in the profession, 57.1% of them worked in the same department for 0-3 years, 52.5% of them worked at a university hospital, and 47.5% of them worked at a state hospital (Table 1).

The scale total mean score of those working at a university hospital was found to be  $272.73 \pm 25.04$ . As for the subdimensions, the mean score of the Caregiver and Health Protection Role subdimension was found to be  $52.66 \pm 4.96$ , that of the Teacher and Researcher Role subdimension was found to be  $43.16 \pm 4.64$ , that of the Advocate and Decision-Maker Role subdimension was found to be  $40.00 \pm 4.02$ , that of the Comforter Role subdimension was found to be  $49.71 \pm 4.06$ , that of the Rehabilitator Role subdimension was found to be  $16.28 \pm 3.14$ , that of the Counselor Role subdimension was found to be  $12.5 \pm 2.18$ , that of the Administrator and Coordination subdimension was found to be  $38.57 \pm 4.58$ , and finally, that of the Communicator and Cooperation Role subdimension was identified to be  $16.02 \pm 2.68$ .

On the other hand, the scale total mean score of the nurses working in the state hospital was found to be  $273.18 \pm 29.34$ . For the subdimensions, the mean score for the Caregiver and Health Protection Role subdimension was found to be  $52.86 \pm 5.69$ , that of the Teacher and Researcher Role subdimension was found to be  $43.50 \pm 4.88$ , that of the Advocate and Decision-Maker Role subdimension was  $39.81 \pm 4.82$ , that of the Comforter Role subdimension was found to be  $48.71 \pm 4.92$ , that of the Rehabilitator Role subdimension was found to be  $16.23 \pm 3.43$ , that of the Counselor Role subdimension was found to be  $12.42 \pm 2.38$ , that of the Administrator and Coordination subdimension was found to be  $38.71 \pm 4.74$ , and finally, that of the Communicator and Cooperation Role subdimension was identified to be  $16.89 \pm 2.73$ .

When the scale total mean scores and the subdimension mean scores of the nurses were compared in terms of the hospital in which they worked, a statistically significant difference was not detected between the scores ( $P > .05$ ) (Table 2). Therefore, the second hypothesis ( $H_2$ ) was accepted.

Variable		Number (n)	Percentage (%)
Gender	Female	74	92.5
	Male	6	7.5
Age	≤31 years	44	55.0
	>31 years	36	45.0
Marital status	Married	50	62.5
	Single	30	37.5
Educational status	High school	17	21.3
	University	63	78.8
Working unit	Pediatric emergency	18	22.5
	Pediatric service	31	38.8
	Pediatric intensive care	17	21.3
	Pediatric surgery	14	17.5
Duration of work in the occupation	≤10 years	49	61.3
	>10 years	31	38.8
Duration of work in the unit	0-3 years	45	56.3
	4-6 years	21	26.3
	>6 years	14	17.5
Duration of work in the hospital	University hospital	42	52.5
	Public hospital		
	Kamu hastanesi	38	47.5

Roles	University hospital Mean±SD (min, max)	Public hospital Mean±SD (min, max)	t-test statistics, P
Total score	$272.73 \pm 25.04$ (63, 315)	$273.18 \pm 29.34$ (63, 315)	$t=-0.073, P = .942$
Caregiver and Health Protector Roles	$52.66 \pm 4.96$ (12, 60)	$52.86 \pm 5.69$ (12, 60)	$t=-0.169, P = .866$
Teacher and Researcher Roles	$43.16 \pm 4.64$ (10, 50)	$43.50 \pm 4.88$ (10, 50)	$t=-0.313, P = .755$
Advocate and Decision-Maker Roles	$40.00 \pm 4.02$ (9, 45)	$39.81 \pm 4.82$ (9, 45)	$t=0.186, P = .853$
Comforter Role	$49.71 \pm 4.06$ (11, 55)	$48.71 \pm 4.92$ (11, 55)	$t=0.998, P = .321$
Rehabilitator Role	$16.28 \pm 3.14$ (4, 20)	$16.23 \pm 3.43$ (4, 20)	$t=0.066, P = .947$
Counselor Role	$12.5 \pm 2.18$ (3, 15)	$12.42 \pm 2.38$ (3, 15)	$t=0.340, P = .734$
Manager and Coordinator Roles	$38.57 \pm 4.58$ (10, 50)	$38.71 \pm 4.74$ (10, 50)	$t=-0.133, P = .894$
Communicator and Cooperation Roles	$16.02 \pm 2.68$ (4, 20)	$16.89 \pm 2.73$ (4, 20)	$t=-1.434, P = .156$

t: independent samples t-test. max: maximum; min: minimum; SD: standard deviation.

Table 3. Comparison of the Average Scale of Implementing Pediatric Nurses' Roles and Functions with Demographic Characteristics (N = 80)									
Variable	Total score	Caregiver and Health Protector Roles	Teacher and Researcher Roles	Advocate and Decision-Maker Roles	Comforter Role	Rehabilitator Role	Counselor Role	Manager and Coordinator Roles	Communicator and Cooperation Roles
	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
<b>Gender</b>									
Female	272.94 ± 27.27	52.75 ± 5.37	43.32 ± 4.81	39.90 ± 4.44	49.25 ± 4.55	16.29 ± 3.30	12.52 ± 2.28	38.64 ± 4.72	16.37 ± 2.76
Male	273.00 ± 25.58	52.83 ± 4.49	43.33 ± 3.88	40.00 ± 4.14	49.00 ± 3.94	15.83 ± 2.92	12.33 ± 2.33	38.50 ± 3.56	17.16 ± 2.22
Test statistics	t=-0.005 P = .996	t=-0.034 P = .973	t=-0.004 P = .996	t=-0.050 P = .960	t=0.134 P = .894	t=0.333 P = .740	t=0.200 P = .842	t=0.075 P = .940	t=-0.679 P = .499
<b>Age</b>									
≤31 years	269.88 ± 26.10	52.52 ± 4.95	42.90 ± 4.65	39.31 ± 4.43	48.90 ± 4.69	15.77 ± 3.46	12.31 ± 2.36	38.45 ± 4.68	16.04 ± 2.79
>31 years	276.69 ± 27.95	53.05 ± 5.73	43.83 ± 4.84	40.63 ± 4.29	49.63 ± 4.25	16.86 ± 2.92	12.75 ± 2.16	38.86 ± 4.61	16.91 ± 4.60
Test statistics	t=-1.124 P = .264	t=-0.446 P = .657	t=-0.868 P = .388	t=-1.344 P = .183	t=-0.721 P = .473	t=-1.495 P = .139	t=-0.844 P = .401	t=-0.389 P = .699	t=-1.431 P = .157
<b>Marital status</b>									
Married	272.16 ± 27.21	52.84 ± 5.34	43.18±4.81	40.22 ± 4.32	49.16 ± 4.82	16.32 ± 3.13	12.30 ± 2.44	38.34 ± 4.52	15.96 ± 2.81
Single	274.26 ± 27.03	52.63 ± 5.28	43.56±4.66	39.40 ± 4.53	49.36 ± 3.96	16.16 ± 3.51	12.86 ± 1.94	39.13 ± 4.82	17.23 ± 2.41
Test statistics	t=-0.336 P = .738	t=0.168 P = .867	t=-0.352 P = .726	t=0.751 P = .423	t=-0.198 P = .844	t=0.202 P = .840	t=-1.081 P = .283	t=-0.740 P = .461	t=-2.063 P = .042*
<b>Educational status</b>									
High school graduate	267.00 ± 30.84	50.94 ± 6.38	42.94 ± 5.17	38.17 ± 5.00	48.41 ± 5.29	15.64 ± 3.23	12.76 ± 2.48	38.35 ± 4.98	16.00 ± 2.76
University graduate	274.55 ± 25.90	53.25 ± 4.89	43.42 ± 4.64	40.38 ± 4.13	49.46 ± 4.27	16.42 ± 3.27	12.44 ± 2.22	38.71 ± 4.56	16.55 ± 2.72
Test statistics	t=-1.024 P = .309	t=-1.615 P = .110	t=-.375 P = .709	t=-1.864 P = .066	t=-.852 P = .397	t=-.875 P = .384	t=.513 P = .609	t=-.284 P = .777	t=-.743 P = .444
<b>Working unit</b>									
Pediatric emergency (a)	258.88 ± 29.18	50.11 ± 25.21	41.77 ± 5.21	37.50 ± 5.23	47.94 ± 4.70	14.22 ± 3.94	11.44 ± 2.87	36.94 ± 5.02	15.50 ± 2.38
Pediatric service (b)	268.70 ± 23.42	51.67 ± 4.72	42.38 ± 4.44	39.32 ± 3.98	48.61 ± 4.60	16.64 ± 2.71	12.22 ± 2.12	38.03 ± 4.09	15.93 ± 2.69
Pediatric intensive care (c)	294.170 ± 25.21	56.35 ± 5.36	46.64 ± 3.70	42.35 ± 3.74	51.17 ± 4.59	18.05 ± 3.11	13.76 ± 1.75	42.88 ± 3.12	18.35 ± 2.42
Pediatric surgery (d)	274.64 ± 18.89	54.21 ± 3.92	43.35 ± 4.25	41.35 ± 2.95	49.92 ± 3.14	15.85 ± 2.21	13.00 ± 1.51	37.00 ± 3.90	16.42 ± 2.68
Test statistics	F=6.542 P = .001**	F=5.792 P = .001**	F=4.324 P = .007**	F=4.868 P = .004**	F=1.928 P = .132	F=4.910 P = .004**	F=3.788 P = .014*	F=8.016, P < .001	F=4.343 P = .007**
Posthoc*	c>a=b	c>a=b	c>a=b	c>a=b		a>b=c	a<c	c>a=b=d	c>a=b
<b>Duration of work in the occupation</b>									
≤10 years	272.28 ± 27.18	52.89 ± 5.12	43.22 ± 4.74	39.59 ± 4.52	49.18 ± 4.75	16.12 ± 3.48	12.51 ± 2.33	38.77 ± 4.78	16.24 ± 2.79
>10 years	274.00 ± 27.10	52.54 ± 5.63	43.48 ± 4.79	40.41 ± 4.20	49.32 ± 4.11	16.48 ± 2.91	12.51 ± 2.20	38.41 ± 4.44	16.74 ± 2.63
Test statistics	t=-0.275 P = .784	t=0.286 P = .776	t=-0.237 P = .813	t=-0.819 P = .415	t=-0.134 P = .894	t=-0.480 P = .632	t=-0.011 P = .991	t=0.333 P = .740	t=-0.792 P = .431
<b>Duration of work in the unit</b>									
0-3 years	268.22 ± 28.61	51.86 ± 5.65	42.46 ± 5.03	38.93 ± 4.69	48.57 ± 4.64	15.86 ± 3.38	12.57 ± 2.33	37.93 ± 4.85	16.22 ± 2.86
4-6 years	274.47 ± 22.96	53.04 ± 4.40	43.76 ± 4.21	40.57 ± 3.84	49.42 ± 4.28	16.71 ± 2.98	12.00 ± 2.21	39.00 ± 4.33	16.00 ± 2.70
>6 years	285.85 ± 24.20	55.21 ± 4.75	45.42 ± 3.91	40.07 ± 3.38	51.07 ± 4.00	16.85 ± 3.30	13.07 ± 2.16	40.35 ± 4.03	17.78 ± 1.92
Test statistics	F=2.407 P = .097	F=2.246 P = .113	F=2.284 P = .109	F= 3.211 P = .046*	F=1.700 P = .189	F=0.760 P = .471	F=0.975 P = .382	F=1.574 P = .214	F=2.184 P = .119

t: independent samples t-test; F: one-way ANOVA test; an asterisk (\*) indicates posthoc Turkey HSD test, which was applied as an advanced analysis. ANOVA: analysis of variance; HSD: honestly significant difference; SD: standard deviation. \*P < .05, \*\*P < .01

No statistically significant differences were detected between independent variables such as gender, age, marital status, experience in the profession, experience in the department, and the institution in which they worked and the scale total score and the subdimension total scores ( $P > .05$ ); however, a significant difference was identified between Communicator and Cooperation Role subdimension and marital status ( $P < .05$ ). A significant difference was found between the department in which the nurses worked and Caregiver and Health Protector Role, Teacher and Researcher Role, Advocate and Decision-Maker Role, Rehabilitator Role, Counselor Role, Manager and Coordinator Role, Communicator and Cooperation Role dimensions ( $P < .05$ ); however, no significant difference was observed in the Comforter Role subdimension mean scores ( $P > .05$ ). Such a difference was found to occur owing to the nurses working in the pediatric intensive care unit (ICU) (Table 3). Therefore, the first hypothesis ( $H_1$ ) was accepted. The level of pediatric nurses in the ICU practicing those roles was found to be higher than those of others.

## Discussion

The results of this study suggested that nurses' level of practicing their roles and functions did not differ in terms of work setting and that their level of practicing their roles and functions was detected as rather high. Çetinkaya et al.<sup>19</sup> indicated in their study that pediatric nurses' level of practicing their roles and functions was high. Yüzer<sup>20</sup> stated that nurses working in university hospitals had a higher level of practicing their roles and functions than those working in state hospitals. The studies on this issue support our findings.

In our study, it was also revealed that the department where the nurse work impacts their levels of practicing their roles and functions. Pediatric nurses working in ICUs had a significantly higher level of practicing their roles and functions than those working in pediatric emergency, pediatric surgery, or pediatric services. Such a difference is considered to emerge from all the ICU nurses who attend ICU nursing certificate programs regularly, getting standard information and implementing updated information. Furthermore, it was deduced that ICUs are privileged areas with their physical conditions, including pediatric patients who need more care, protection, advocacy, communication, and cooperation, so that pediatric nurses utilize certain nursing functions such as primary nursing or holistic approach better, which leads to a higher level of practicing their roles and functions. In addition, it is a known fact that parents feel more stressed while providing care to their pediatric wards and therefore demand more information, which leads pediatric nurses to communicate with them within the scope of a holistic approach, doing some researches and providing education to the parents. Those nursing approaches involve nurses benefiting from teacher and researcher roles efficiently.<sup>19</sup> It was put forth in a study by Barnsteiner that pediatric nurses' level of practicing their teacher and researcher roles as well as administrator and coordination roles were much higher for nurses working in pediatric ICUs than for those working in other departments. In the study conducted by Çetinkaya et al.,<sup>19</sup> it was asserted that the department to which the nurses were assigned impacts the practicing of their roles and functions and that pediatric nurses working in ICUs had a higher level of practicing their roles and functions. Kızıl et al.<sup>22</sup> remarked in their study that with regard to nurses being aware of their tasks, embracing their duties, and fulfilling their responsibilities, nurses working in ICUs perform all the issues much better than others. Those findings are similar to ours.

In our study, even though the education of pediatric nurses was considered to impact their level of practicing their roles and functions, no

significant differences were identified between high school graduates and university graduates. Such a result might stem from the changing of nursing regulations in 2011, which defines the purview of pediatric nursing<sup>15,18,19</sup> as well as from the in-service education organized for updated practices and various certificate programs that lead to a decrease in the difference between high-school and university graduates. Similar results were identified in the study by Kızıl et al.<sup>22</sup> Contrary to our study, Yüzer<sup>23</sup> expressed that university graduate pediatric nurses' level of practicing their roles and functions were higher than those of high-school graduates. In the study by Wynd,<sup>25</sup> it was stated that education and certificate programs that the nurses attended increase the level of occupational professionalism for pediatric nurses. The findings were parallel to the knowledge in the literature.

## Study Limitations

A university and a state hospital were included in the study, and other state and private hospitals were not included. Thus, the findings of the study cannot be generalized to the entire Manisa province; this is a limitation of this study.

## Conclusion

Nurses play a key role and take various responsibilities in the health care of children. Pediatric nurses are assigned to pediatric services of hospitals, pediatric ICUs, rehabilitation centers, and schools in order to promote the health of children by utilizing nursing roles and functions.<sup>26</sup> Pediatric nurses should definitely be aware of pediatric nursing roles and functions in order to meet the requirements of pediatric nursing.

In the results of our study, the practicing level of pediatric nurses' roles and functions was found to be rather high. Pediatric nurses working in ICUs are considered to adopt a holistic approach in their practices; thus, their level of practicing their roles and functions are higher than those of others. However, the number of hospitals in this study is limited to assess the impact of educational status on practicing roles and functions that might be recommended for the assessment of the impact of education on the practicing roles and functions for future studies.

Literature suggests that specialization contributes to pediatric nurses practicing their roles and functions. Therefore, students should be ensured to be aware of all the roles during nursing undergraduate education, and after graduation, in-service training programs should be planned, and the students should also be encouraged to adopt a holistic approach and to specialize in the field in order to practice all their roles at the highest level.

**Ethics Committee Approval:** Ethics committee approval was received for this study from the Manisa Celal Bayar University Ethics Committee 22.06.2017 dated E.51071 numbered.

**Informed Consent:** Written consent was obtained from the chief physicians participating in the study, and verbal and written consent from the nurses.

**Peer-review:** Externally peer-reviewed.

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