



Opinions of Child Development Specialists Working in Health Institutions Regarding the Current Situation, Problems and Solution Suggestions

Sağlık Kurumlarında Çalışan Çocuk Gelişimcilerin Mevcut Durumu, Sorunları ve Çözüm Önerilerine İlişkin Görüşleri

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Abstract

The main purpose of this research is to examine the views of child development specialists working in health institutions regarding the current situation, problems and solution suggestions. A qualitative research model was applied in the study. The population of the research was child development specialists working in health institutions across Turkey. In order to determine the study group, child development specialists working in health institutions in different provinces were reached digitally; detailed information was provided about the scope and content of the research; data were obtained from child development specialists who volunteered to participate in the research. "Semi-structured Interview Form" and "Demographic Information Form" were used as data collection tools. The themes emerging from the views of the participants were tabulated; direct quotations were made from the views of the participants and supported by the literature. MaxQda 20 was used to organise, visualise and analyse the qualitative data obtained. Most of the participants in the study group were working in the Child Development Polyclinic. They most frequently apply Denver-II, AGTE and Metropolitan tests for the developmental evaluation of children. According to the data obtained; it was determined that the most common problems of child development professionals were the lack of knowledge about the profession of child development, the qualification problem caused by open education, insufficient physical facilities, unclear job description, and the inability of patients to make an appointment directly for child development. At the end of the study, suggestions such as establishing a professional standard, increasing social awareness about the profession, ensuring unity in the profession, and improving physical conditions were determined in order to provide more qualified service.

Keywords: Preschool Education Programme, Positive Thinking, Well-Being

Öz

Bu araştırmanın temel amacı; sağlık kurumlarında çalışan çocuk gelişimi uzmanlarının mevcut duruma, sorunlara ve çözüm önerilerine ilişkin görüşlerinin incelenmesidir. Araştırmada nitel araştırma modeli uygulanmıştır. Araştırmanın evrenini Türkiye genelindeki sağlık kurumlarında görev yapan çocuk gelişimi uzmanları oluşturmaktadır. Çalışma grubunun belirlenmesi amacıyla farklı illerdeki sağlık kurumlarında görev yapan çocuk gelişimi uzmanlarına dijital ortamda ulaşılmıştır. Katılımcılara araştırmanın kapsamı ve içeriği hakkında detaylı bilgi verilmiş ve veriler araştırmaya katılmaya gönüllü olan çocuk gelişimi uzmanlarından elde edilmiştir. Veri toplama aracı olarak "Demografik Bilgi Formu" ile uzman görüşleri alınarak oluşturulan "Yarı Yapılandırılmış Görüşme Formu" kullanılmıştır. Katılımcıların görüşlerinden ortaya çıkan temalar tablolaştırılarak literatürle desteklenmiştir. Elde edilen nitel verileri düzenlemek, görselleştirmek ve analiz etmek için MaxQda 20 kullanılmıştır. Çalışma grubundaki kişilerin büyük çoğunluğu Çocuk Gelişimi Polikliniğinde çalışmaktadır. Çocukların gelişimsel değerlendirilmesinde en sık Denver-II, AGTE ve Metropolitan testleri uygulanmaktadır. Elde edilen verilere göre; çocuk gelişimi profesyonellerinin en sık yaşadığı sorunların; çocuk gelişimi mesleğinin bilinmemesi, açık öğretimden kaynaklanan kalite sorunu, fiziki imkânların yetersizliği, görev tanımının belirsiz olması, hastaların doğrudan Çocuk Gelişimi Polikliniğinden randevu alamaması olduğu belirlenmiştir. Çalışmanın sonunda, meslekte hizmet kalitesini artırmak için çeşitli önerilerde bulunulmuştur. Bu öneriler arasında mesleki standartların oluşturulması, meslek hakkında toplumsal farkındalığın artırılması, meslekte birlik sağlanması ve fiziksel koşulların iyileştirilmesi yer almaktadır.

Anahtar Kelimeler: Okul Öncesi Eğitim Programı, Pozitif Düşünme, İyi Oluş



Introduction

Child development is a complex process of biological, psychological and emotional change resulting from the interaction between genetic and environmental factors. Knowledge about child development helps parents to tailor learning activities to their children's abilities and interests, identify their children's learning preferences, and recognise learning difficulties their children may experience (Bayhan & Artan, 2018). Research consistently shows that good early childhood development will have a direct positive impact on the child's long-term health outcomes (Gur et al., 2016; Kaçmaz et al., 2020; Shonkoff et al., 2012). All developmental areas of children can be supported by early intervention (Cömert et al., 2016).

It is very important to know the characteristics of a child's cognitive, language, social, emotional, sexual and moral development. The healthy development of the child requires that children with all abilities, including those in need of special health care, should be able to grow up in places where their social, emotional and educational needs are met (Kaçmaz et al., 2020). Child development specialists working in the field of child development science are of great importance in growing up in a safe and loving environment, healthy nutrition, healthy sleep, living in an environment with rich stimuli, having conscious parental attitudes, supporting the child's abilities, and living in accordance with all areas of development (Doğan Keskin et al., 2015). It is important to benefit from the knowledge and experience of child development specialists in order to learn more about how children grow and develop, and to gain new ideas about supporting children's cognitive, language, social, emotional, sexual and moral development (Akkas et al., 2022).

Child development specialists provide assistance to parents and children in motor, cognitive, self-care, language, social-emotional development departments for people who develop normally from the foetal period to the end of adolescence, whose development is at risk, who are hospitalised or have a disease, who are pushed to crime, refugees, people with special needs (Tarkoçin et al., 2019). Child development specialists serve in the education sector by working in private and public schools, pre-school education institutions, nursery and day care centres, special education institutions, special education kindergartens and nursery schools, child care centres, high schools, guidance and research centres (Çingiloğlu, 2023). Child development graduates also work as social workers in provincial directorates providing social services. Child development graduates serve as social work officers in the justice system, depending on the practices of family and juvenile courts and public prosecutor's offices. Child development graduates can also work in the field of children with special needs (Doğan Keskin et al., 2020). However, although there is such a wide working area, the duties of child development graduates are not fully known, and it has been observed that there are uncertainties in their duties and responsibilities and problems in different areas. It is very important to evaluate the developmental status of children, to provide support and follow-up in line with their needs, to provide child-oriented counselling services to families, and to provide early intervention practices to children who are at risk and require early intervention (Shonkoff et al., 2012).

Child development specialists working in the field of health are trained to solve problems with an interdisciplinary approach by taking part in teamwork. This situation ensures that they have a very important place in health services. It is important for a competent and well-equipped child development specialist to follow up the developmental follow-up of children, to provide developmental support, to carry out studies in accordance with the age and developmental level of children and to respond to individual needs when necessary (Taştepe & Akyol, 2014).

When the development of children is supported and qualified child development services are provided, the global society will have healthier, educated individuals who are aware of their developmental areas. For this reason, it is important to provide qualified child development services and it is very necessary

to know the expectations and suggestions of professionals serving in the field of child development. For educational studies in the field of child development science and for professionals serving in the field of child development to provide more qualified services, it is necessary to know the expectations of child development professionals working in health institutions for the improvement of child development services. In this study, the views of child development professionals working in health institutions on the current situation, problems and solution suggestions were examined.

Method

A qualitative research model with a descriptive design was applied in this study in which the views of child development specialists working in health institutions on the current situation, problems and solution suggestions were examined. Qualitative research involves collecting and analysing non-numerical data to understand concepts, opinions or experiences. This research model is applied to collect in-depth information about a problem or to generate new ideas for research. Qualitative research does not involve collecting and analysing numerical data for statistical analysis, instead flexible interpretations are made and the focus is on maintaining the broad meaning of terms when interpreting data. Qualitative research provides an in-depth description of a research and is designed as a case study based on qualitative interviews and provides an in-depth analysis of a current event (Popee et al., 2000). Descriptive research is a type of research that describes an existing event quantitatively or qualitatively (Yin, 2011).

Working Group

The population of the research is child development professionals working in health institutions across Turkey. In order to determine the study group, child development specialists working in health institutions in different provinces were contacted via e-mail, telephone and social media; detailed information was provided about the scope and content of the research; data were obtained by interviewing the child development specialists who volunteered to participate in the research. In this context, the sample of the research was formed by selecting through 'convenience sampling'. Convenient sampling is the selection of environments, people or objects that are easily accessible and easily applicable in terms of characteristics such as transport and interaction with participants (Gill et al., 2010). Since it is not possible to examine the entire population, it is aimed to generalise the results obtained from the participants who volunteered to participate in the study.

Data Collection

In the process of obtaining the data, approval was obtained from KTO Karatay University Ethics Committee (approval dated 21.09.2023 and numbered 2023/014). Before the data were obtained, the literature was reviewed and studies on child development professionals working in health institutions were examined and the questions of the Semi-Structured Interview Form were created by using the results of the researches. In order for the data obtained to be successful in the desired quality, the opinions of three faculty members who received postgraduate education in the field of child development were taken. In addition, the opinions of lecturers from faculties of education were also taken in order to check the Turkish suitability and fluency of the prepared interview questions. The initial eight questions were combined into four questions in line with the opinions of the field experts.

The items of the Semi-Structured Interview Form and the form containing demographic information were rearranged and submitted to expert opinions, and the final version of the form was applied to the participants after the arrangements. Attention was paid to the fact that the participating child development specialists were from different geographical areas of the country, and child development specialists working in hospitals in different provinces were reached through the web pages of health institutions. The child development specialists reached via e-mail, telephone and social media were explained about

the purpose and scope of the research and its intended benefits, and data were obtained electronically by telephone and e-mail from the child development specialists who volunteered to participate in the research.

Data Collection Tool

Within the scope of the research, "Demographic Information Form" was applied to determine the demographic variables of the study group and "Semi-structured Interview Form" was applied to determine the opinions of child development professionals working in health institutions regarding the current situation, problems and solution suggestions.

Demographic Information Form

Information such as the age and gender of the child development specialists in the study group, the duration of their employment, the nature of the institution they work in, and the position they work in the institution were obtained with this form.

Semi-structured Interview Form

In line with the purpose of the study, according to the expert opinions and literature information, a form including questions such as "in which applications child development specialists are needed in the institution where you work; in which areas child development specialists should take part; the problems experienced by child development specialists and their suggestions for child development specialists to provide more qualified services" was applied to the participants. First of all, the form used in data collection was developed by the researchers after the necessary literature review, submitted to expert opinion to determine its validity, and the participants were interviewed after being rearranged in line with the expert opinions received. The interviews with the participants who volunteered to participate in the study were organised as detailed notes. Content analysis was made on the data received from the participants and direct quotations were included from time to time in order to present some original thoughts and opinions. The interview with a child developer lasted 30-45 minutes on average.

Validity and Reliability of the Data Collection Process

Some strategies were utilised in the process of ensuring the validity and reliability of the data. One of the strategies used to increase the validity of the research is the interaction strategy. In parallel with Yıldırım and Şimşek's (2013) opinion that the participant, who was made before the interview and during the implementation of the interview questions, was more influenced by the researcher in the first stage of the interview, and that healthier data could be obtained from the participants with the interaction of trust formed as a result of the importance of the information given by the participant, the formation of interest and the readiness of the participation; it was conveyed that the information they provided as a child developer in the interviews would be a source for other child development specialists, and sympathetic interaction was tried to be established with the participants within the possibilities. In this way, the validity of the research was tried to be increased. In order to increase the reliability of the research, researcher diversity was used, the data were examined by three different researchers and analysed through the themes and codes that were agreed upon. The data obtained from the child development specialists by the researcher were classified into themes. In order to determine the reliability of these themes, the data were coded by two researchers and the percentage of agreement suggested by Miles and Huberman (1994) was used: $(\text{Reliability} = \text{Agreement} / (\text{Agreement} + \text{Disagreement}))$. At the end of this process, reliability was calculated as 89.4%. The views of the participants and the themes and sub-themes that emerged from these views were tabulated. In addition, the views of the participants were supported by direct quotations. In addition, although reliability is ensured in different ways by

considering the characteristics of the data in qualitative studies, ensuring credibility is considered the most important method (Başkale, 2016). In this study, in order to ensure credibility, firstly, the interview questions were based on the literature study. In the next stage, the level of credibility was increased by obtaining participant approval, which is expressed as internal validity.

Data Evaluation

Frequency and percentage ratios were used to show whether the expectations of child development specialists working in health institutions in the study group regarding more qualified work in institutions differed according to gender, education level, years of employment, institution and position in the institution. Content analysis was conducted on the qualitative data obtained. According to the results of the content analysis, the dimensions related to the expectations of child development specialists working in health institutions were determined with the pre-coding technique. In this study, qualitative data were analysed using MaxQda 20, a qualitative data analysis software designed to organise, visualise and analyse qualitative data. The second stage of the cycle is to analyse the data by separating them after collection. The third stage of the cycle is to integrate and make sense of the data separated by coding. As the last stage, the data are interpreted and finalised (Figure 1).

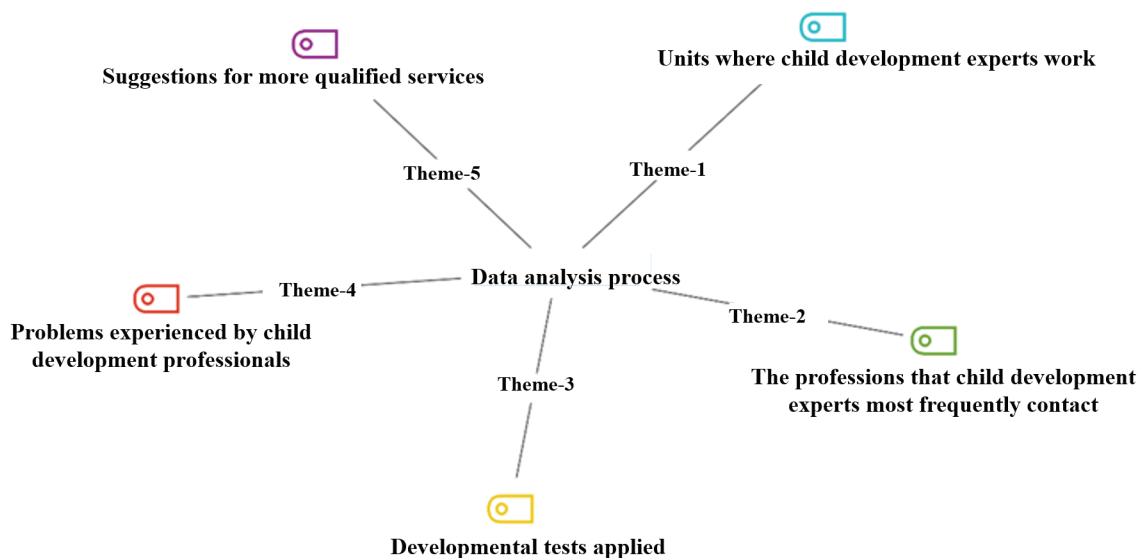


Figure 1. Data analysis process

As indicated in Figure 1, in the data analysis process; in this study, a pre-coding and thematic process was followed and analysed with the hierarchy of "themes > sub-themes > codes" by applying the inductive method. In this study, Statistics of Sub-Codes, Code-Theory Model, Code-Sub-Code-Sections Model and Hierarchical Code-Sub-Code Model modelling were applied.

Findings

The answers given by the participants to the questions posed to them were coded by content analysis within the scope of the themes created by looking at the items in the Interview Form, and the resulting themes and codes are presented in this section.

Table 1. Distribution of the study group according to the institutions they worked in (N=46)

		n	%
Organisation he works for	Education Research Hospital	19	41.3%
	State Hospital	11	23.91%
	Health Directorate/ Healthy Life Centre	6	13.04%
	City Hospital	5	10.86%
	Branch Hospital	5	10.86%

As shown in Table 1, it was determined that the study group mostly worked in training and research hospitals. It was found that the least number of branch hospitals were oncology and gynaecology-pediatric hospitals.

The distribution of child development specialists in the study group according to the regions of the cities where they work is given in Table 2.

Table 2. Distribution of the study group according to the institutions they work in (N=46)

	n	%
Marmara Region	7	15.21%
Aegean Region	6	13.04%
Mediterranean Region	5	10.86%
Black Sea Region	6	13.04%
Central Anatolia Region	8	17.39%
Eastern Anatolia Region	8	17.39%
Southeastern Anatolia Region	6	13.04%

As indicated in Table 2, the participants in the study group are child development specialists working in different regions of Turkey. Most of the participants were from Istanbul, Ankara, Kayseri, Samsun, Erzurum and Konya.

The distribution of the child development specialists included in the study according to the units they work most frequently is shown in Figure 2, which was created with the Code Matrix Browser in the MaxQda programme.

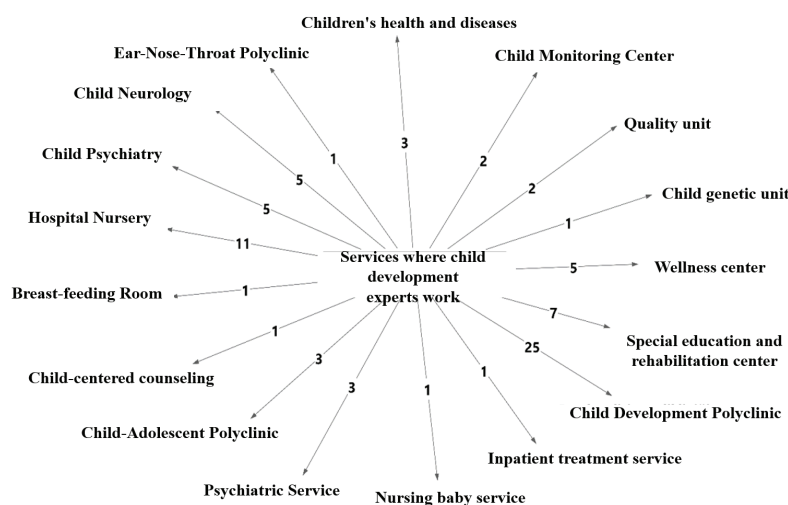


Figure 2. Distribution of the study group according to the units they work in most frequently

As indicated in Figure 2, when the units in which the participants in the study group worked most frequently were analysed, it was stated that they mostly worked in the Child Development Polyclinic. The nurseries of hospitals were mentioned by the participants in the second place. Participants also stated that they worked in different units by changing their duties.

The professions with which the study group interacted most frequently are given in Table 3.

Table 3. Distribution of the study group according to the professions with which they most frequently interacted (N=46)

Professions they work with	n	%
Doctors	21	45.6%
Minor branches	8	17.39%
Auxiliary health personnel	13	28.26%
Other	4	8.69%

As indicated in Table 3, it was determined that the participants in the study group mostly provided developmental support together with doctors and "health professionals" with the expression in the current regulations of the Ministry of Health. The findings regarding the professions with which the participants frequently interacted with child development specialists are shown in Figure 3, as created by the MaxQda Hierarchical Code-Subcode-Sections Model.

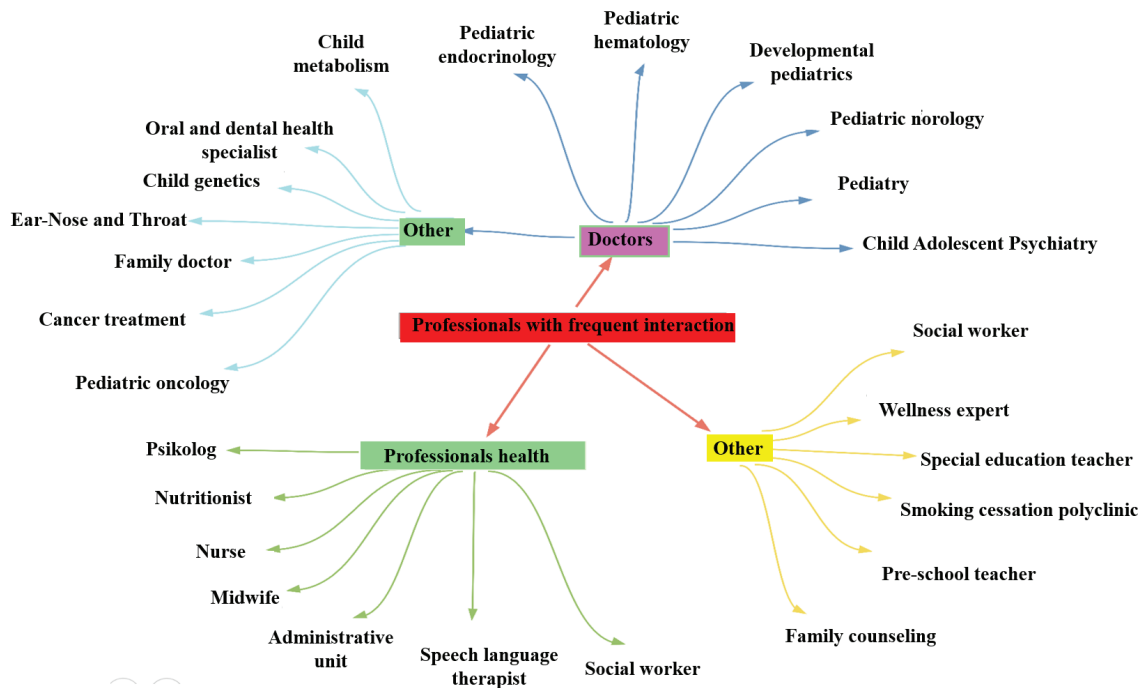


Figure 3. Professions that child development specialists frequently interact with

As indicated in Figure 3, the professional staff with whom child development specialists working in health institutions do teamwork are classified into three categories. The first one is doctors and it was determined that they interact with doctors from many different branches. The second one is auxiliary health personnel and a wide interaction network was observed. Finally, it has been determined that they do teamwork with professional groups other than doctors and auxiliary health personnel.

The child assessment tests most frequently applied by the child development specialists included in the study are given in Figure 4.

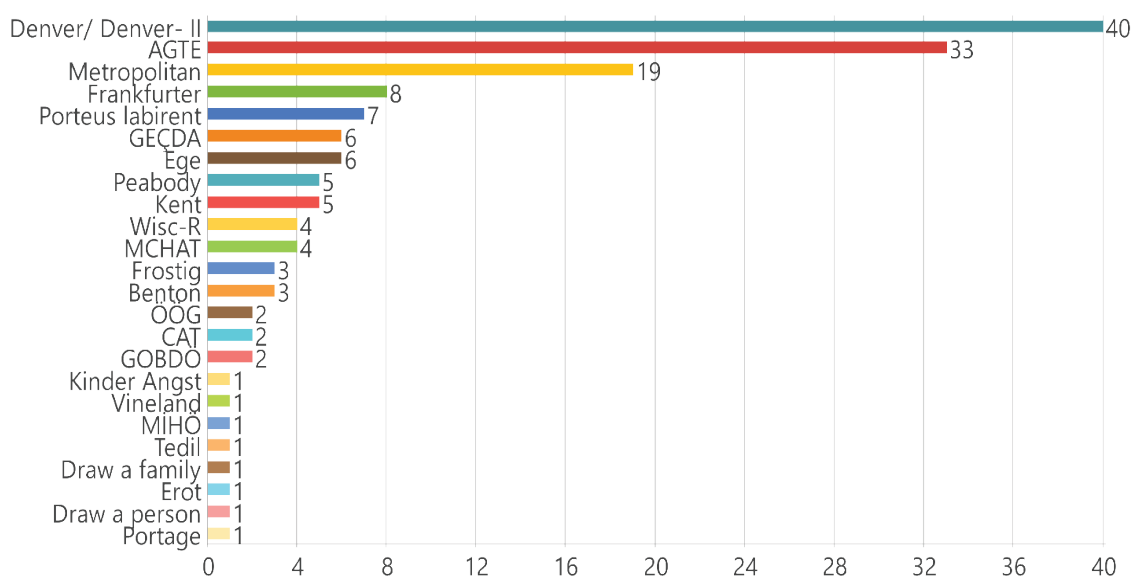


Figure 4. Child assessment tests frequently applied by child development specialists

As indicated in Figure 4, child development specialists most frequently apply the Denver-II Test. In addition, they also frequently apply tests such as AGTE, Metropolitan, Frankfurter. In addition, participants stated that tests such as Wisc-R, MCHAT, Frostig, Benton, CAT, Kinder Angst, Vineland, TEDİL, Draw a Family, EROT, Portage are also applied according to the developmental characteristics of the child.

The problems experienced by the child development specialists included in the study are summarised in Table 4.

Table 4. Distribution of the study group according to the problems they experienced (more than 1 answer was received)

Problems experienced	n	%
Not knowing the profession of child development	43	93.47%
The quality problem created by open education	42	91.30%
Inadequate physical facilities	42	91.30%
Lack of clear job description	42	91.30%
Patients cannot make an appointment directly for child development	36	78.26%
Inadequate wages	31	67.39%
Lack of financial support for professional development courses	25	54.34%
Failure to provide ease of leave for postgraduate education	12	26.08%
The work of child development specialists is not known by health personnel	12	26.08%
Failure to provide expert staff	11	23.91%
Mobbing	11	23.91%

As indicated in Table 4, the most common problems seen by child development teachers are the lack of knowledge about the child development profession, the quality problem caused by open education, and inadequate physical facilities. The suggestions of the study group for providing more qualified service are summarised in Figure 5.



Figure 5. Suggestions of child development specialists to provide more qualified service

In Figure 5, which was created with the Code-Theory Model, the suggestions of child development specialists for more qualified services are summarised. In this context, it was stated that physical conditions should be improved, close physical contact with the child health outpatient clinic should be ensured, open education should be terminated, financial conditions should be improved, in-service trainings should be provided, support services should be provided, professional definition should be made and practical training should be provided more in universities.

Discussion

In this study, which was conducted to examine the views of child development specialists working in health institutions on the current situation, problems and solution suggestions, similar results were obtained with the results of a small number of studies on the subject. It was determined that child development specialists working in health institutions in Turkey mostly work in Child Development Polyclinics, secondly in nurseries of hospitals, then in rehabilitation centres, healthy life centres, child psychiatry units, child neurology units, child adolescent psychiatry polyclinics, child health and diseases units, child monitoring centres, quality units of hospitals, child-centred counselling units, breastfeeding rooms, ENT polyclinics, inpatient treatment services and child genetics units. Conducting developmental assessments for children and families in health institutions is one of the most important duties of a child development specialist and it is already expected that most outpatient services are provided. Child Development Polyclinic services are the main unit for child development specialists working in health institutions. There is a consistency between the findings in the studies related to child development specialists across the country and the findings obtained in this study (Akar Gençer et al., 2016; Bilmez et al., 2018; Doğan Keskin et al., 2015; Karaaslan et al., 2017; Münüklü, 2021; Taştepe et al., 2014). It is thought that the reason why the participants stated that they work in different units within the hospital is due to the functioning order of the hospital and the hospital administration, which does not prefer to open units that cover the working areas of child development specialists and are not in the hospital.

It has been determined that child development specialists working in health institutions are most frequently in interaction with physicians, and that they cooperate with other health professionals and other professional groups in their work environments. According to the guidelines published by the American Academy of Paediatrics, children should be measured at certain intervals with standard screening tools and necessary developmental assessment tests should be applied (Kaçmaz et al., 2020). In addition to the developmental areas of children, the support given by child development specialists to the health of children is very important. Working together with specialist personnel in branches such as child and adolescent mental health, endocrinology, oncology, haematology, neurology is necessary for the holistic evaluation of the child. The holistic care of the child can be realised as a result of the combination of the knowledge and experience of doctors specialised in these branches with the competencies of child development specialists. Specialists in different disciplines should proceed in harmony with each other and by having common denominators. It has been determined that Denver-II , AGTE and Metropolitan tests are frequently applied in developmental evaluations of children in health institutions. It is also emphasised in many studies that Denver-II, Ankara Developmental Screening Inventory (AGTE) tests are frequently used among the tools that comprehensively measure whether all developmental areas of children show normal developmental characteristics (Bilmez et al., 2018; Karaaslan et al., 2017; Münüklü, 2021; Tercan et al., 2016; Toker et al., 2022). The first step of early intervention is developmental screening (Doğan et al., 2015). Early intervention includes protecting infants and children from other complications and supporting their development in addition to their existing conditions. Within the scope of developmental assessment, determining the factors around the child and the child's family, including the child's family, and preparing and implementing a development support programme are among the most basic features of the field of child development (Kaçmaz et al., 2020). During the developmental assessment, formal and informal assessment tools are used according to the needs of the child's age and current diagnosis, the child's development profile is created, and education-based support is provided for the developmental support of their children in cooperation with the family (Tercan et al., 2016). In a study evaluating the consultations directed to the child development outpatient clinic in a state hospital, it was determined that the most common reason for application to the child development outpatient clinic was the request for developmental evaluation (Akkaş et al., 2022). In a study conducted by Doğan and Baykoç (2015), it was found that the most commonly used assessment test was the Denver-II Developmental Screening Test with a rate of 44.4% when children referred to the child development outpatient clinic were evaluated. The tests used other than this test were family interview, Peabody Picture Vocabulary Test, Goodenough-Harris Human Drawing Test, Porteus Labyrinths Test, Kent E.G.Y. test, Berder Gestalt Test, etc. with a rate of 23.3%. In addition to these, Metropolitan School Readiness Test was found to be 18%, Projective Tests 3.7%, Gessel Developmental Figures Test 3.5%. It was found that the most common reason for referral of 425 children referred from child adolescent mental health and diseases outpatient clinic to child development outpatient clinic was evaluation of growth and application of AGTE test (Altıparmak et al., 2014).

In the study, the participants stated that the most important problem is that the child development profession is not sufficiently known in health institutions and by the public. Other main problems were expressed as the qualification problem experienced in the profession due to open education, insufficiency of physical facilities, lack of clear job description and as a result of this, intervention of different professional groups in their work, patients cannot make an appointment directly for child development, insufficient wages, lack of financial support for professional development courses. The duties, authorities and working areas of child development specialists in the field of health are hospitals and many units affiliated to hospitals. However, due to the low number of appointments, it can be considered as a problem that there are very few child development specialists among other health personnel working in the hospital or that there are still no child development specialists in some provincial and district hospitals. In addition, the quality problem caused by open education was frequently emphasised by the participants. There are risks such as lack of interactive learning in open education, limited materials, lack of communication

with experienced teachers, only book knowledge and no professional practice. Inadequate physical facilities were also frequently mentioned by the participants. The reason for this; it is thought that they are uncomfortable with this because of the lack of play rooms in the hospital, lack of materials, the fact that there are child development specialists working more than once in the same room, some child development specialists are not given a room or the location and physical conditions of the room for the hospital are bad. In addition to these, it is thought that the participants see this situation as a problem because of the statement that the job description is not clear, the intervention of different professional groups due to the lack of information in the job description of child development specialists, the lack of a professional law, and the problems experienced with the health personnel and the administration department in the hospital. Participants stated that wages were insufficient. It is thought that the participants expressed this problem because there is no performance evaluation in child development, and there are problems in the payment of additional payments and revolving fund additional shares to child development specialists. The finding of the participants that the child development profession is not known by the health personnel; It is thought that the participants expressed this problem due to reasons such as the low number of appointments to the hospital, the lack of cooperation of health personnel and management with child development specialists, not giving the necessary importance and value, the existence of provincial and district hospitals where child development specialists do not work, and the fact that health personnel do not recognise the profession and see child development specialists and their work as simple. Although there is not enough research on the problems of child development specialists, some studies express findings similar to the results of this study (Akar Gençer et al., 2016; Altıparmak et al., 2014; Bilmez et al., 2018; Çingiloğlu, 2023; Doğan Keskin et al., 2020; Kaçmaz et al., 2020; Karaaslan et al., 2017; Münüklü, 2021).

When the suggestions made by the participants in order to provide more qualified service to child development specialists were analysed, it was stated that the professional standard should be established, social awareness of the profession should be increased, unity in the profession should be ensured, physical conditions should be improved, close physical contact with the child health outpatient clinic should be ensured, open education should be terminated, financial conditions should be improved, in-service trainings should be provided, support services should be provided, professional definition should be made and practical training should be provided more in universities. The reasons such as the lack of play rooms for the evaluation of children or the lack of a suitable environment and in-hospital location of the child development outpatient clinic, and the limitation of materials constitute the suggestion to improve the physical conditions. Child development units are important in terms of providing an area where child development specialists can easily carry out their activities related to children and their parents (Münüklü, 2021). Participants suggest that associations or unions should be used more actively to ensure professional unity. It is thought that the participants offer this suggestion in line with their desire to ensure professional unity, to defend the rights of graduates and employees, to enact a professional law, and to accept child development as a profession where there are children. The participants in the study group stated that there are quality problems when the open education system is compared with the service provided after receiving formal education. In a study conducted by Kaçmaz et al. (2021), it is emphasised that it is very important to give more weight to practices in undergraduate education institutions where child development students are educated and to provide individuals who receive undergraduate education with the opportunity to practice in institutions and organisations in order for students to graduate equipped. In addition to this, it is stated that it is important that the places where the undergraduate child development students practice during their education are in different institutions and organisations in order for the students to have more experience and to interact with various children. Open and distance education is a learning process in which the learners are distant in terms of time and space, the resources they learn and their interaction with each other are based on distance communication methods (Aydın, 2011). Course resources are generally in the form of books, videos and various e-resources (Filipi, 2019). The most important disadvantages of the

open education system are limitations in materials, lack of communication with experienced instructors, always memorising the subjects and trying to learn from practice, lecturing only from slides rather than from life, not giving lived examples in the open education system, always loading rote theoretical knowledge, and only theoretical knowledge instead of the knowledge and experience that may be necessary in professional life (Kekeç & Üstün, 2022). The participants' suggestion that more practical training should be given in universities; It is thought that the participants offered this suggestion because of the awareness that theoretical knowledge in child development is as important as practice, and that professional internships and practices directly affect the professional quality, knowledge and experience of graduates. The participants' suggestion that the definition of the profession should be made and the electronic system should be defined as child development as a type; It is thought that the participants offered this suggestion because the families do not know the child developer, the families cannot provide easy access, they cannot make an appointment directly to the child developer, and the child development specialists try to make better professional activities. Child development specialists working in health institutions participating in our research emphasised that one of their most important problems is that they have limited opportunities to participate in in-service training for their professional development. In a study conducted by Doğan Keskin and other researchers (2017), it was stated that child development specialists working in the health sector do postgraduate education for their professional development; attend symposiums, courses, seminars, trainings, share cases and follow current resources. It is also expected from professional personnel serving children to follow the changes in our age, to gain new perspectives and to use these acquisitions in services for children.

Conclusion and Recommendations

This study, which was conducted to examine the views of child development professionals working in health institutions on the current situation, problems and solution suggestions, reflects the views of child development professionals working in different provinces in seven geographical regions of Turkey. Although many studies have been conducted on child development, since there is no study that examines the problems and solution suggestions of child development professionals working in different regions in Turkey, it is thought that the results of this study will create an information infrastructure for research on child development professionals.

Child development specialists can work with children with normal development, children with special needs, children dragged into crime, disadvantaged children and their families in different institutions and organisations in Turkey. While job descriptions are clearly defined in some institutions in this working process, the process is still ongoing in some institutions. However, in places where there are no job descriptions that child development specialists will contribute professionally, processes for the correction and development of this situation continue. Child development specialists working in hospitals are not able to provide services through direct appointment system. Within the scope of this study, it is recommended that child development specialists, whose primary task is to monitor and follow up the developmental evaluations of children, should work with a system where they can be more comfortable in reaching children.

It is thought that clearly defining the duties, authorities and responsibilities of child development specialists in all institutions with regulations will contribute to increasing the quality of the services to be provided.

Since the increasing number of Child Adolescent Mental Health and Diseases specialists in Turkey requires intensive labour force, the need to increase the employment of Child Developmentalists in the field of health has emerged. The need for child development specialists who perform developmental assessment has increased in parallel with this result.

It is recommended to establish a professional standard in order to provide more qualified and equipped services in the child development profession in health institutions. It is recommended that in-service trainings should be provided for child development specialists to increase their knowledge and skills, to follow new developments closely, to stay active in the professional field and to develop.

Declarations

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