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Professional Paper

THE IMPORTANCE OF THE NURSE AS PART OF A MULTIDISCIPLINARY TEAM IN CARE OF CHILDREN WITH DISABILITIES

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Abstract: Previously, the general opinion was that the nurse was only in charge of patient care, but research to date has shown that the scope of work of a nurse is extremely complex and therefore, it occupies an important place in the treatment and care of them.

Multidisciplinary teamwork has contributed to more effective treatment, better disease outcomes, shorter hospital stay, prevention of complications and a better quality of life. This way of working, besides the child itself, emphasizes the whole family, which makes it possible active involvement of parents through all stages of treatment, rehabilitation, professional therapy and support.

Through this research, parents and caregivers of children with disabilities have acknowledged the involvement of the nurse as an important role, that she is an integral part of the care team for atypical children, that the scope of her work responsibilities and daily activities contribute to improving the quality of care, communication and social care as well as integration. The survey instrument was an anonymous questionnaire, and the obtained data were compared using Fisher's exact test and Chi-square tests to examine whether there was statistical significance.

The results change the awareness of the work, roles and importance of the work of the nurse with children with disabilities and emphasize active participation in all spheres of life of atypical children.

Keywords: multidisciplinary teamwork, nurse, children with disabilities

INTRODUCTION

Children with disabilities can be defined as individuals whose intellectual or physical abilities are reduced or impaired as a cause to make schooling, socialization and vocational training more difficult.

Due to difficulties in the psychophysical field, they often need the help of society, and in more difficult cases they may be unable to live independently without the care or care of the environment, or regular medical control or therapy. However, the majority of persons with psychophysical disabilities can, to a greater or lesser extent, be able to live independently and to be educated in accordance with their abilities (Suzic, N., 2008).

The term "disability" refers to the different types and degrees of damage, difficulty or disability in the field of physical, psychological, intellectual, mental, psycho-physical and social development.

It belongs to the category of so-called general terminology of disability (refers to a specific impairment that results in a disability, eg. intellectual disability).

The term itself essentially contains a negative characteristic, because it emphasizes limitations, disabilities, incapacity instead of remaining abilities.

This contributes to stigmatization and the labeling of the persons.

The term handicap is often used instead of the term disability and it means loss, lack or limitation of opportunities, chances for equal participation in the life of the community.

It explains the disagreements or contradictions, as well as the conflict between the person and their environment, which is why it is necessary to act and control not only the factors on the side of the person, but also on the side of his or her environment that support or hinder the achievement of equal opportunities for all.

Also, there are different terms like special needs, which should be avoided because it is highly stigmatizing. Some authors suggest that additional needs are used instead, which is actually a very restrictive term (Ribic, K., 1987).

CLASSIFICATION

The classification of persons with psychophysical disabilities is conducted not only in terms of severity of the difficulties, but also whether they are present in the intellectual, sensory, speech-language, psychomotor or emotional and social functioning fields, whether they are hereditary or acquired in life and whether they are present from birth or occur in childhood (developmental age).

Most commonly seen: vision impairment, hearing impairment, speech and language impairment, people with physical disabilities, people with intellectual disabilities, numerical chromosomal aberrations, and autism (Vulic-Prtoric, A., Benjak, T. 2011,).

Visual impairments include blindness and low vision. Blindness is considered when there is a visual acuity with a correction of 5% (0.05) and less or a central visual acuity with a better correction of 25% (0.25) with a narrowing of the field of vision to 20 degrees or less (Suzic, N., 2008).

Hearing impairments are deafness and hard of hearing. Deaf people have hearing loss greater than 81 deciBel (dB) and are not able to perceive voice speech even with hearing aid.

Hard of hearing are those persons who, due to hearing impairment, have serious difficulties in listening to speech and speaking (Suzic, N., 2008).

Impairments of voice-to-voice communication (speech, voice, language, reading and writing) are those where, due to functional impairments, speech communication is difficult or non-existent. Impairments of voice and voice communication are assessed within the framework of the underlying disease. Causes of indecipherable speech can be: hearing impairment, intellectual deficiency, deformities of the peripheral speech organs, functional speech disorders - dysphemia: stuttering, tingling, nasal obstruction (obstruction), nerve damage, laryngeal deformities (Suzic, N., 2008).

Persons with physical disabilities are considered to be persons with impairments of the locomotory system, central nervous system, peripheral and muscular system. This disability is largely based on motor difficulties and motor disorders. Motor disorders are a group of disorders of fine and gross motor and / or body balance, which create difficulties in daily motor functioning (Suzic, N., 2008).

Cerebral palsy (CP) is a complex medical, psychological and social problem. There are multiple definitions of CP. One is that CP is a group of permanent movement and posture disorders that cause activity limitations that can be attributed to the non-progressive disorder that occurred in the development of the fetal or young child's brain. Motor disorders of the CP are often accompanied by disorders of sensibility, perception, cognition, communication and behavior, epilepsy and secondary musculoskeletal problems. In the name, it refers to cerebral brain and paralysis to a disorder of movement or position. CP is not progressive, transmissible, or treatable. Multiple lesions are often present with CP (Suzic, N., 2008).

Multiple sclerosis is a disease of the central nervous system, chronic and incurable. The central nervous system consists of the brain and spinal cord, which are important for the normal functioning of the whole organism. The disease affects axons found in the brain and spinal cord, and the axons are surrounded by the myelin sheath. When inflamed and damaged, it cannot transmit nerve impulses evenly and effectively. Gradually, a scar is created, a damage to the brain tissue called sclerosis (Suzic, N., 2008).

The International Classification of Diseases (ICD-10) defines mental retardation (MR) as "a state of retarded or incomplete development of the mind that is characterized by impairment of the ability mani-

festated during development, and of capabilities that contribute to the overall development of intelligence, such as opinion, speech, motor skills and ability to make social contact”.

50-69 IQ = mild mental retardation

35-49 IQ = moderate mental retardation

21-34 IQ = severe mental retardation

0-20 IQ = more severe mental retardation

People with MR are also called people with intellectual disabilities, which is in the form of a social model of disability and inclusive principles in society. MR is the term most commonly used in statutory texts and in expert opinion.

Down syndrome is the most common chromosomal aberration. It occurs in populations with an incidence of 1: 600/700 births. It is noticeable at birth. Stigmatization is as follows: low growth, short limbs with short fingers, monogolidly laid eyes with epicanthus, nose short and wide roots, mouth small with chapped lips while characteristic furrows appear on the tongue, teeth bad and irregular, ears small, poorly formed and low set and baby's voice deep and rough. Dermatoglyphs on the hands and feet are also characteristic, and especially the so-called “monkey furrow” on the palm that extends below four fingers.

Edwards's syndrome occurs less frequently with a frequency of 1: 5000 to 8000 live births. Stigmatization: muscle hypotonia, cataract microcephaly, heart failure, etc. Characteristic are the hands with specially crossed fingers: the second toe goes over the third and the third over the fourth, and this disappears later in life, microphthalmia, poorly modeled ear, small mandibula and high palate, malformations of internal organs, especially heart, kidney and lungs (Ribic, K., 1987).

Patau syndrome occurs with a frequency of 1: 4000 births with high mortality in the first months of life. Most of the children are female and older parents. Stigmatization: microcephaly, narrow nose root, bilateral microphthalmia, cataracts and other eye malformations. Rabbit lip or cleft lip, poorly developed upper jaw, is also common. The ears are low set and badly shaped. Hexadactilia with skeletal and internal organ malformations (Ribic, K., 1987).

Autism is a severe developmental disorder that manifests in communication and social disabilities, which begins in childhood, usually by the age of three, and lasts a lifetime. Bender states that autism is a characteristic altered behavior in all areas of the nervous system - motor, perceptual, intellectual, emotional and social (Suzic, N., 2008, Benjak, T. 2011) . Autism Symptoms:

- lack of emotional responses to people and things;
- lack of verbal and non-verbal communication;
- disorders in speech development;
- bizarre behavior and stereotypes;
- limited interests and activities.

NURSE AS PART OF A MULTIDISCIPLINARY TEAM

Modern rehabilitation is unthinkable without team work. The division of labor is achieved through teamwork - teamwork, when it is of utmost importance to retain the whole approach while complementarily connecting the various elements of the task. According to the World Health Organization (WHO) definition, “Teamwork is the work of multiple professionals to achieve a common goal. This work should not be fragmented and disconnected but well-coordinated by the team leader” (North University, 2016).

Members of a multidisciplinary team may be persons of the same medical profession or different professions. They are jointly involved in the achievement and implementation of a joint therapeutic and rehabilitation process.

Multidisciplinary teamwork is the simplest model used in working with children with special needs, based on the comparative or separate and independent action of a specialist, which is of utmost importance for the child. It is made up of physicians of various specialties, physiatrists, neuro-pediatricians, physiotherapists, defectologists, speech therapists, psychologists, educators and nurses. All team members have a specific role in a multidisciplinary team with a tendency to achieve the best possible re / habilitation results, with continued integration and socialization of both children with disabilities and children with special needs, and their parents in creating positive communication. Good collaboration, teamwork and a multidisciplinary approach are prerequisites for good results and excellent communication with parents of children with special needs. Nurses must have highly professional, moral, ethical and other competences in their work in order to perform the tasks assigned in a responsible, professional and quality manner, using only legal and professional knowledge. In addition to the professionalism they should have, nurses should provide their parents and their children with additional information, physical and psychological support, as they are an essential link in successful rehabilitation (Jerkovic Gavran, K., 2016).

In addition to the advisory role, the nurse should also assume the role of motivator. Given that each therapy is special and only continuous work leads to results, it is important for parents to emphasize the strength of the therapy, the desirable and the best possible cooperation of parents and therapists in further education in order to achieve maximum results. The nurse is herself an active member in any re-habilitation process because by constantly monitoring and achieving the best possible communication between parents, she builds a relationship of trust that is of utmost importance for the well-being of the child as well as critical thinking skills (Pavic, J., 2014).

Nurse - practitioner:

- Taking care of optimal and hygienic and health conditions for the growth and development of children with special needs, or with or without disabilities;
- Promotes healthy lifestyles;
- Constantly monitors the health status of children, performs triage and, in cooperation with employees, solves specific problems related to the education of the child himself, his orthopedic aids and the difficulties encountered by the child;
- Creates a menu, plans, programs, values nutrition;
- Monitoring, meeting the child's nutritional needs;
- Monitoring and ensuring the rights of children with special nutritional needs;
- Encourages health programs (excursions, skiing, physical activity);
- Health education for children, carers, parents and all employees;

The most important link in a multidisciplinary team is communication. For communication, direct communication is essential between parents of children on the one hand and nurses, professionals and doctors, other health professionals on the other. The ethical significance of communicating in nursing stems from the fact that in nursing, recipients and message providers are in a specific relationship. In this relationship, the patient changes the role of the sender and receiver of the message, becoming one moment to another, but always remaining in his inferior and dependent position (Segota, I., 1977).

Nurse - patient communication can be a very powerful therapeutic agent and the nurse can have a significant therapeutic impact on the patient. Of the four communication positions; cooperative, inferior, superior, challenging communication, nurses should use cooperative communication as a general framework of communication. In cooperative communication, the nurse treats the patient and others with respect, trust, understanding, patience, and strives to cooperate and agree on the problems that have arisen. This communication framework is well suited for overcoming conflicts (Jakovljevic, M., 1995).

By participating actively at all levels of health care in the care of children with special needs, the nurse can be focused on prevention, participation in treatment and rehabilitation, and as a direct help in integration and socialization. Knowledge and elements of psychological care are also required for good communication. While nursing is about nurturing an individual, psychology is about understanding aspects of an individual's functioning, so both seem to go hand in hand; so that people can be adequately nurtured (Kalauz, S., 2011).

To understand and communicate means to respect and believe in the importance, value, uniqueness, kindness and strength of another person and in his or her abilities and right to self-determination. Nursing is more than a benevolent and technically skilled service. It is also a responsible and caring interpersonal relationship based on awareness of oneself and the other person (Fučkar, G., 1988).

The aim of this research is to examine the specificities of accessing and working with children with disabilities, as well as studying and describing the importance of the nurse as part of a multidisciplinary team and members linking all professions of health, education and social character operating within the support center families of children and people with disabilities, and research and describe the role of the nurse from the point of view of parents using the services of the center. The purpose of the research is to improve collaboration with parents, both organizationally and communication-wise, to improve the services and work of nurses in specific centers such as this.

MATERIALS AND METHODS

The research was conducted at a Service Center that supports families of children and people with disabilities. "Give Us a Chance - Zvezdice", where respondents were parents / guardians of children with disabilities.

The research instrument was an anonymous questionnaire, taken from the final paper entitled "Nurse member of a multidisciplinary team in the care of children with special needs", consisting of a total of 27 questions, of which 10 were general questions about users - children and parents and 17 statements. A five-point Likert scale was used to rate the agreement, where 1 meant completely disagree, 2 disagreed, 3 neither agreed nor disagreed, 4 agreed, and 5 completely agreed. The first 10 questions show the absolute and relative frequencies of the answers. For the next 17 questions, the arithmetic mean and standard deviation for each question in each group were calculated, and the data were compared using a Fisher exact test and Chi – square tests to examine whether there is statistical significance. The last part of the questionnaire also contained an open-ended question in which users - respondents, could indicate, in their opinion, what nurses should do to improve their service in dealing with them. The data collected were categorized and statistically processed and entered into a table. The statistical program SPSS version 22 was used for statistical analysis. The data were statistically grouped into tables, presented using absolute numbers and percentages.

RESULTS

The study involved 67 respondents - parents / guardians of children with disabilities, of which 25 (37.3%) were male and 42 (62.7%) were female, up to 30 years of age 4.5%. from 31 to 40 years 29.9%, from 41 to 50 years 26.9%, over 50 years 38.8%. Of the total 53 (79.1%) parents / guardians live in the city and 14 (20.9%) in the rural area.

According to the level of education, 5 (7.5%) parents / guardians have completed primary school, 50 (74.6%) have secondary school, 10 (14.9%) parents / guardians have completed college, and 2 (3.0%) parents / guardians with completed second and third cycle studies (Table 1).

Table 1. Review of the respondents by the level of education

| Level of Education | Frequency | Percent |
|--------------------|-----------|---------|
| basic | 5 | 7,5% |
| medium | 50 | 74,6% |
| high | 10 | 14,9% |
| mr/phd | 2 | 3,0% |
| Total | 67 | 100,0% |

According to years of employment, 20 (29.9%) parents / guardians are unemployed, while 5 (7.5%) parents / guardians have up to 5 years of service, 20 (29.9%) from 6 to 15 years of service, 8 (11.9%) 16 to 30, and 14 (20.9%) parents / guardians over 30 years of service (Table 2).

Table 2. Test research of the respondents according to their seniority or employment

| Years of employment | Frequency | Percent |
|---------------------|-----------|---------|
| To 5 | 5 | 7,5% |
| From 6 to 15 | 20 | 29,9% |
| From 16 to 30 | 8 | 11,9% |
| More than 30 | 14 | 20,9% |
| Unemployed | 20 | 29,9% |
| Total | 67 | 100,0% |

Based on the collected data, we have received a table showing the age at which children started coming to the Service Center, 3.0% of age from 7 to 12 months, 11.9% of age from 13 months to 2 years, 22.4% of age 2 to 5 years, 37.3% of ages 5 to 10 years and 25.4% of ages 10 to 20 years (Table 3).

Table 3. Display of the children's age at their arrival in the Center

| Beginning of children arrival at the center | Frequency | Percent |
|---|-----------|---------|
| 7 to 12 months | 2 | 3,0% |
| 13 months to 2 years | 8 | 11,9% |
| 2 to 5 years | 15 | 22,4% |
| 5 to 10 years | 25 | 37,3% |
| 10 to 20 years | 17 | 25,4% |
| Total | 67 | 100,0% |

When asked where and where the parents / guardians had the most frequent encounter or some kind of cooperation with the medical nurse, 40.3% of the parents / guardians answered in the Polyclinic, 40.3% within kindergartens and 49.3% in the form of social services (Table 4).

Table 4. Review of the respondent's encounters with the nurse by type of institution

| The most frequent encounter or some kind of cooperation with the medical nurse | Frequency | Percent |
|--|-----------|---------|
| Polyclinic | 27 | 40,3% |
| Kindergarten | 7 | 40,3% |
| Social Services | 33 | 49,3% |
| Total | 67 | 100,0% |

When asked how much nurse service is needed, parents / guardians answered, 19.4% said they did not need the nurse's services at all, 23.9% said once a week, 17.9% once a week, 31.3% every day, and 7.5% multiple times a day. The need for children for nurse services also depends on the degree of difficulty, where children with severe or greater disabilities also need multiple times a day for nurse service (Table 5).

Table 5. Review of respondent's needs for nursing assistance

| The respondent's needs and their children for the services of a nurse | Frequency | Percent |
|---|-----------|---------|
| Not at all | 13 | 19,4% |
| Once per week | 16 | 23,9% |
| 2-3 times per week | 12 | 17,9% |
| Every day | 21 | 31,3% |
| Multiple times a day | 5 | 7,5% |
| Total | 67 | 100,0% |

Based on the data obtained on the place of residence of the parents / guardians and the need for day care nurse services, we obtained statistical significance where $p < 0.031$. Nursing service needs have been shown to depend on the place of residence of families of children with disabilities. Through statistical analysis, Fisher exact test and Chi-Square Tests, it was found that there were significant statistical differences between parents' needs for nursing assistance and the place of residence (Table 6).

Table 6. Comparison of the nursing assistance need and the place of residence

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|------------------------------------|--------------------|----|-----------------------|----------------------|----------------------|
| Pearson Chi-Square | 4,481 ^a | 1 | ,034 | | |
| Continuity Correction ^b | 3,271 | 1 | ,071 | | |
| Likelihood Ratio | 5,010 | 1 | ,025 | | |
| Fisher's Exact Test | | | | ,062 | ,031 |
| N of Valid Cases | 67 | | | | |

Statistical significance (Chi – Square Tests and Fisher exact test), where $p < 0.006$ was obtained by comparing the need for a nurse and the level of education of parents / guardians of children with disabilities, where it was found that parents with less education had an increased number of nursing services demand in the form of obtaining adequate health information the condition and health needs of their children (Table 7).

Table 7. Collation of Nursing Needs and Parent / Guardian Education Levels

| | | Need for nurse | | | | |
|------------------------------------|---------------------|--------------------|---------------|-----------------------|----------------------|----------------------|
| | | Every day | Not every day | | | |
| Parents Education | Primary/high school | 17 | 38 | 55 (82%) | | |
| | University | 9 | 3 | 12 (18%) | | |
| Total | | 26 | 41 | 67 | | |
| | | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
| Pearson Chi-Square | | 8,064 ^a | 1 | ,005 | | |
| Continuity Correction ^b | | 6,314 | 1 | ,012 | | |
| Likelihood Ratio | | 7,978 | 1 | ,005 | | |
| Fisher's Exact Test | | | | | ,008 | ,006 |
| N of Valid Cases | | 67 | | | | |

Comparing the need for a nurse and the arrival of children up to 10 years and over 10 years to the Service Center, we obtained statistical significance (Chi-Square tests and Fisher exact test) where $p < 0.048$. This paragraph proves that children up to 10 years of age have greater needs and therefore need more nurse services and come to the Service Center on a daily basis than children over ten years of age who are considered to be independent (Table 8).

Table 8. Collation of the nursing assistance need and child's arrival time up to 10 years and beyond 10 years

| | | Need for nurse | | | | |
|------------------------------------|------------------|--------------------|---------------|-----------------------|----------------------|----------------------|
| | | Every day | Not every day | | | |
| Years of childs arrival | To 10 yrs | 16 | 34 | 50 (74,63%) | | |
| | More than 10 yrs | 10 | 7 | 17 (25,37%) | | |
| Total | | 26 | 41 | 67 (100%) | | |
| | | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
| Pearson Chi-Square | | 3,844 ^a | 1 | ,050 | | |
| Continuity Correction ^b | | 2,797 | 1 | ,094 | | |
| Likelihood Ratio | | 3,773 | 1 | ,052 | | |
| Fisher's Exact Test | | | | | ,082 | ,048 |
| N of Valid Cases | | 67 | | | | |

The following results gave the respondents statements (five-tier Likert scale) to which parents / guardians answered, disagree, generally disagree, neither agree nor disagree, generally agree and fully agree (Table 9).

Table 9. Parents' answers to questions and corresponding items

| | Disagree | Generally disagree | Neither agree nor disagree | Generally agree | Fully agree | Total |
|--|------------|--------------------|----------------------------|-----------------|-------------|----------|
| 1. I am familiar with the work of nurse. | / | 3(4,48%) | 4(5,97%) | | 47(70,15%) | 67(100%) |
| 2. The nurse plays an important role in the day-to-day activities of the Service Center. | / | / | / | 7(10,45%) | 60(89,55%) | 67(100%) |
| 3. Nurses only do health care. | 25(37,31%) | 2(2,99%) | 8(11,94%) | 14(20,9%) | 18(26,87%) | 67(100%) |
| 4. Nurses participate in health education and health promotion. | 1(1,49%) | / | / | 10(14,93%) | 56(83,58%) | 67(100%) |
| 5. Health care, improving the nutrition of children, improving hygiene and health conditions are just some of the most tasks that nurses do. | 2(2,99%) | / | 1(1,49%) | 6(8,96%) | 58(86,57%) | 67(100%) |
| 6. The nurse is not important for the public's confidence in the standard of services expected in the educational process, rehabilitation and habilitation of children with or without disabilities. | 53(79,1%) | 3(4,48%) | 1(1,49%) | 3(4,48%) | 7(10,45%) | 67(100%) |
| 7. Nurses as health leaders monitor the health of children and people with disabilities and cooperate with the Public Health Institute. | 1(1,49%) | 1(1,49%) | 14(20,9%) | 14(20,9%) | 47(70,15%) | 67(100%) |
| 8. The nurse is a professional, she performs her task with respect to the child, parents and co-workers in the most acceptable way. | 1(1,49%) | / | 1(1,49%) | 12(17,91%) | 53(79,1) | 67(100%) |
| 9. Nurses contribute to creating positive relationships among co-workers. | 1(1,49%) | 2(2,99%) | 5(7,46%) | 16(23,88%) | 43(64,18%) | 67(100%) |
| 10. If there is a communication problem I look for nurse to help me solve the problem. | 4(5,97%) | 2(2,99%) | 10(14,93%) | 14(20,9%) | 37(55,22%) | 67(100%) |
| 11. Nurses' information, instructions and advice were clear. | 1(1,49%) | / | 1(1,49%) | 9(13,43%) | 56(83,58%) | 67(100%) |
| 12. I do not need the help of a nurse for the problem related to the child's health at the Service Center (injury, temperature, rash, etc.) | 47(70,15%) | 2(2,99%) | 3(4,48%) | 5(7,46%) | 10(14,93%) | 67(100%) |
| 13. Collaboration with the nurse is simple and professional. | 1(1,49%) | / | 2(2,99%) | 9(13,43%) | 55(82,09%) | 67(100%) |
| 14. Nurses are mediators between workers and parents. | 5(7,46%) | / | 3(4,48%) | 15(22,39%) | 44(65,67%) | 67(100%) |
| 15. Nurses connect all activities within the Service Center. | 3(4,48%) | / | 8(11,94%) | 15(22,39%) | 41(61,19%) | 67(100%) |
| 16. The code of ethics does not matter because nurses do not have it. | 55(82,09%) | 1(1,49%) | 3(4,48%) | 5(7,46%) | 3(4,48%) | 67(100%) |
| 17. I am satisfied with the service the nurse provides to me / my child. | / | 1(1,49%) | 2(2,99%) | 4(5,97%) | 60(89,55%) | 67(100%) |

DISCUSSION

Until recently, many healthcare users regarded the nurse as a liaison between the patient and the physician, but only within the framework of health care and the physician. In order to get the best possible solution and results as soon as possible, teamwork went into medicine and nursing. Combining various patient care activities, the nurse has, through special ability of communication, become a full member of the team, connecting other professional staff with the patient and his or her environment. In addition to communicating with professional staff, the nurse introduces the parents of children with disabilities and regular development to the way the other team works. The nurse is the center that connects the parent with other professionals within the multidisciplinary team. Medical nurse actively participates in coordination, communication, integration, and even one type of parent-child socialization in relation to the other healthcare team (Jerkovic Gavran, K., 2016).

The results of the research showed how important and indispensable the nurse is in the work and care of children with disabilities, both in times of illness and in daily activities. Among other teams, speech therapists, defectologists, psychologists and educators, the nurse plays an equally important role and occupies an equal place in the care, work, observation, treatment, counseling and assistance of children with disabilities, not just health care, which are parents and confirmed with this survey (37.31%). In the opinion of parents / guardians, the nurse plays a very important role in performing daily activities during the stay in the center (89.55%), as well as in the health education and improvement of health of each individual, especially children with disabilities and provides health care, improves nutrition children and hygiene and health conditions. From the moment the child arrives at the center, the nurse is the first to communicate with the children, spend appropriate time, observe and identify needs and problems to form a plan and adequate solutions. Forms diet plans, hygiene habits, participates in activities with other children and monitors his / her continued health status in the form of deterioration and improvement of the child's health. It also creates a cozy atmosphere and shows empathy for the users to feel safe and to communicate their personal problems, distractions and pleasures. That such a way of working is efficient and correct, according to the statement "The nurse is professional, performs her task in relation to the child, parents and co-workers in the most acceptable way." 79.1% of the parents / guardians surveyed fully agreed. Communication between the child and the nurse, the nurse and the parent / guardian, the nurse and the professional team is equally important in obtaining the overall picture of the child as an individual, providing complete services and improving the quality of the child's life. The entire parent / guardian team can receive information and guidance about their child, with this research parents have stated that most of them seek appropriate information and help from the nurse, as well as the opinions of other professionals. Due to the sensitivity of the situation and the presence of parent / guardian concerns about their child, it may be that parents misunderstand and understand the information provided by the expert team.

In order to avoid such situations, it is important to gain the parents' trust in order to improve the relationship between the parents and the professional team, and most parents believe that they can have such a relationship with the nurse, freely communicate with her on an emotionally stable level because she has an objective approach in herself the situation related to the parents / guardians themselves and their child. The results of recent studies indicate the necessity of adopting communication skills through the use of different types of training and continuing education in order to establish stable, respectful and professional relationships among members of the healthcare team (Mooloney, M., 1986).

In Jerkovic Gavran's survey, in 2016, 72.5% of parents consider the nurse as a very important factor in the rehabilitation of children with disabilities, while 89.55% of the surveyed parents / guardians consider

the nurse as an indispensable link in their children's everyday lives. This reaffirms the importance of the nurse as part of a team in the care of children with disabilities.

Health care for children with disabilities included in the nursing job descriptions is based on a holistic approach to meeting basic human needs, respecting each individual's personality, quality and effective communication, unconditional acceptance, respect and trust. The goal of health care is to increase the independence of a child or a person with disabilities, improve the quality of family relationships and adaptive functioning of the child and family, and use methods to increase the quality of life. In addition, as a member of a multidisciplinary healthcare team, the nurse contributes significantly to the inclusion of children with disabilities in the community (Vukovic, I., 2016).

CONCLUSION

Children with disabilities are a vulnerable population that requires a lot of effort, work and persistence to have a quality and happy life. The actions of parents and many professionals involved in the work contribute to improving the quality of life for atypical children. Many studies have proven that multidisciplinary teamwork is an effective and unique approach to treatment, rehabilitation and healthcare. This research has shown that the nurse occupies a very important place (89.55%) in the care of children with disabilities, because in addition to quality communication, they also provide services of a high standard in the treatment of their children.

Parents believe (61.19%) that the nurse connects all activities within the Service Center, which proves that the nurse is an indispensable link in the team. 70.15% of parents seek help from a nurse in addressing their child's health issues, thus emphasizing staff advisory work. Involvement of children with different types of disabilities, different intellectual abilities contribute to integration and socialization from the earliest stages of children's lives. Parents should be encouraged and educated about the importance of supporting and providing adequate solutions to the various problems and situations that parents with children with disabilities face. Improving the skills of the entire healthcare team in gathering atypical children and providing great support enables the improvement of the quality of life for the whole family.

REFERENCES

- Benjak, T., (2011). Regulation, creating unique criteria for determining disability and dilemmas about how to measure it: 221-5
- Fučkar, G., (1988) . Selected Chapters of the Lemon Package, Croatian Association for Nursing Education, Zagreb, 225-27
- Jakovljevic, M., (1995). Psychiatry for students of higher medical school, A.G.Matoš Printing and Publishing Society Zagreb, 55-56
- Jerkovic Gavran, K., (2016). Nurse member of multidisciplinary team in the care of children with special needs: 3-5
- Kalauz, S., (2011). Nursing profession in the light of bioethical pluriperspectivism, Pergamon, HKMS, 3-5
- Mooloney, M., (1986). Nursing Professionalization, J. B. Lippincott Company, Philadelphia, chapter 5, 13-15
- North University. (2016). Nurse member of multidisciplinary team in the care of children with special needs <http://dial-in.mef.hr/meddb/slike/pisac39/file1890p39.pdf> (visited 10/25/2018)
- Pavic, J., (2014). Disability health care. Published in Zagreb, Chapter 7, 23-25
- Ribic, K., (1987). People with Developmental Disabilities: People with Developmental Disabilities, Hearing Impairments, Blindness and Visual Impairment, Oral Speech Disorders, Common Genomopathies, Society for Mentally Disabled People: 1-5, 10-7, 90-5, 191-5. 244-53
- Segota, I., (1977). The Ethics of Nursing, Pergamon, Published in Zagreb, Chapter 13, 3
- Suzic, N., (2008). Introduction to inclusion: Symedony and inclusion, Ethical assumptions of inclusion, The importance of early inclusion, Identifying special needs: XBS,: 10-4, 21-6, 37-44, 55-80
- Vukovic, I., (2016). Inclusion of persons with disabilities in the community, Split, 4-6
- Vulic-Prtoric, A., (2011). Developmental Psychopathology, Faculty of Philosophy in Zadar .; 40 (17): 161-86

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