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Examining the Health and Medical Staff Perception in Children Aged 9-11 with the Method of Projective Illustration*

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Abstract

Background: Drawing pictures in childhood is an important communication process for children's self-knowledge and introducing themselves. Children designate health and medical staff with the method of projective illustration.

Purpose: It is a phenomenological research aimed to examine the "health and health care providers" perceptions of 9-11 aged children.

Materials and Method: The present study was in a phenomenological research, and was conducted between 27.10.2016-10.01.2017. For the research, 32 children who have chronic diseases in the Çukurova University Balcalı Hospital, and 30 healthy children studying in a primary school were randomized and were included in the study. Firstly, a questionnaire was applied to the children and their mothers about their socio-demographic characteristics. Then, the children were asked to draw pictures for 30 minutes by giving them 12-color crayons and drawing paper about what they figured out firstly about health-nurse-doctor. Questions were asked to the children about the pictures they drew.

Results: Evaluation of the images were made by criteria generated by utilizing the literature and picture evaluation criteria. It was determined that 28 children (87.5%) in the hospital group and all children (100%) in the school group had positive messages in their pictures. It was determined that 17 children in the hospital group drew weak nature figures and 24 children in the school group drew rich nature figures in their pictures.

Conclusion: It was seen that all of the children in two groups had positive feelings after drawing the pictures. The health workers, communication tools, teachers and parents have great responsibilities for the formation of the concepts related to health in children. Children generally have difficulty in telling their feelings. When establishing communication with children, nurses may use the drawing picture method just like all the other healthcare professionals.

Key Words: Healthy and sick children, health conscious, health-nurse-doctor perception, projective illustration method.

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Introduction

Disease is one of the most common stress source that can happen to each developing child. Simple and short-term diseases seldom cause serious effects or long-term emotional disorders on the child. However, chronic diseases can have long-lasting impacts on the cognitive and emotional development processes of a developing child (Gültekin, 2005).

According to a World Health Organization report, chronic diseases will cause the main cause of death in most developed and developing countries until the year 2020. In our present day, chronic diseases are becoming increasingly health problems especially for children and teenagers (Çavuşoğlu, 2004). Children are at a higher risk when compared with the general population at a rate of 2.5 times more in terms of psychopathology (Abd-Allah, 2005).

A school-age child does not know why s/he is sick, s/he may be afraid to ask, and may have little knowledge about his/her disease. Since s/he does not fully understand much about his/disease, s/he fills the gaps with fantasy, which may be learned by making them draw; and the right ones can be explained by talking and questioning (Tarakçı, 2001).

For specialist observers, the way that the child uses a piece of paper in free drawing activities, the colors which are used and the composition in the picture are important. Since the child feels free in a “game” when “drawing”, his/her behaviors are completely natural. This allows the specialist observing the child to see the child’s real feelings (Yavuzer, 2003).

Materials and Method

This study is a phenomenological research which aimed to examine the perception of “health and healthcare staff” of the 9-11 age group children in Adana Chamber of Physicians Primary School and the children who had chronic diseases and who were hospitalized in Çukurova University, Faculty of Medicine, Balcalı Hospital, Children’s Clinics, Turkey.

The study was conducted between the dates 27.10.2016 and 10.01.2017 in children’s clinics that had 16-bed capacity in Çukurova University,

Faculty of Medicine, Balcalı Hospital. The children drew pictures independently from their families. They were selected with the randomization method from among 24 primary schools in Adana as the Chamber of Commerce Primary School located in the city center. The children were asked to draw pictures in classes of Adana Chamber of Commerce Primary School. The children were made to draw pictures by using the face-to-face interview technique.

The universe of the study consisted of thirty-two 9-11 age group children who had chronic diseases and who were treated at Çukurova University, Faculty of Medicine, Balcalı Hospital; and 30 healthy children who studied at Adana Chamber of Commerce Primary School. The children were selected with the Convenient Sampling Method.

In collecting the study data, the informed consent form, questionnaire form, Draw a Man Test Official Question Table, Picture Drawing, Picture Evaluation Criteria, drawing paper and 12-color crayons, which were organized and designed in line with the purpose of the present study and the literature was used.

The written informed consent forms were received from the families of all children who were included in the study. The forms were prepared to inform the family of the patient/children about the contents of the study, to question the participation status and to receive permission.

In the questionnaire form, there were 18 questions to determine the characteristics of the children and their parents like age, gender, educational status, etc. This questionnaire form was applied when the children and the families were first introduced and before the children started to draw. There were questions about the sociodemographic characteristics of children, whether or not there were healthcare employees in the family, and whether or not the children received invasive interventions before.

Draw a Man Test

Draw a Man Test is a projective test performed with graphic narration. It may be performed in single and group sessions. It may be applied to

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anybody from any age who can draw pictures (Boice, 2016).

The same command was given to each child to draw a healthcare staff such as doctor/nurse etc., and the children started to draw. This form was applied when the drawing session was over.

In this form, there were 25 questions that aimed to understand the emotions and thoughts of the children in their pictures. This question test was asked to the children after they drew pictures and the answers were recorded one by one.

Drawing Picture

After the questionnaire was applied to the children, the drawing paper and 12-color crayons were given to the children; and they were asked to draw the first thing that crossed their minds when the words “nurse-doctor” were mentioned. The pictures that were collected after the study were classified in line with the information of the children. The pictures were interpreted in a proper manner by making use of the questionnaire, the Draw a Man Test, and the Picture Evaluation Criteria.

The Picture Evaluation Criteria

Based on all drawings, it is possible to obtain information about the personalities, perceptions, value judgments, behaviors, colors and inner worlds of the children. However, the best and the richest information source is the human figure drawings. These drawings may be any human, doctor, dentist, or nurse or the family and classmates (Yavuzer, 2003).

After the pictures were interpreted by looking at the picture, the questionnaire and the Draw a Man Test; and the Picture Evaluation Criteria Form, which consisted of 65 questions, was filled in and was analyzed (Pichot, 1965; Özgü, 1969; Ekşi, 1997; Tarakçı, 2001; Furth, 2002; Yavuzer, 2003; Lynn, 2005).

The Evaluation of the Criteria

The data of the study were collected by the researcher by making use of the questionnaire form, Draw a Man Test question table, and the drawing a picture technique as a projective technique, which was developed in line with the literature. The pictures of the children were

evaluated with the Picture Evaluation Criteria which were created by making use of the literature and for which specialist viewpoints were received. The evaluation of the data was performed with the SPSS demo Package Program. Frequency tables and definitive statistics were used in interpreting the findings.

In examining the relationship between two different classified qualitative variables, the Pearson χ^2 cross tables were used for 2x2 tables, and χ^2 cross tables were used for tables bigger than 2x2; and the Yates-continuity correction was used.

Ethical Aspect of the Study

Çukurova University, Faculty of Medicine, Ethical Board Approval for Non-Invasive Clinical Studies was received to conduct the study (In 2016, meeting number 55, decision no: 11). Written permissions were received from Adana Chamber of Commerce Primary School and Çukurova University, Faculty of Medicine, Balcalı Hospital. Written informed consents were received from the children or their families who would participate in the study.

The Limitations of the Study

The study is applied with only children between 9-11 years of age, not with hospitalized children or children who could not receive education at home, applying the study only with children who received an education, forming the study group only of hospitalized children who had chronic diseases are the limitations of the study.

The children who were included in the study had physical obstacles like the branules on their hands, they were weak due to the treatment they received, which decreased the desire to draw pictures, and the drawing activities were performed in the intervals of classes during breaks when they were available constituted the limitations of the study.

Result

At the end of the study, it was found that 17.8% of the hospitalized children who had chronic diseases were at the 10-year-old age group; 16.1% were at the 11-year-old age group; and 66.1% of the non-hospitalized children were at the age of 9. It was also found that 46.8% of the hospitalized children

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who had chronic diseases were female; 53.1% were male. A total of 46.6% of the healthy children were female, and 53.3% were male.

It was also determined that the socio-economic status of 78.7% of the families of the hospitalized children were normal and good; 21.2% were bad in terms of socioeconomic status; and 100% of those who were included in the healthy group were normal and good in terms of socioeconomic status.

It was found that 68.7% of the hospitalized children who had chronic diseases were primary school 4th Graders; 28.1% were primary school 6th Graders; 3.1% were not attending any school, but were educated at home; and 46.6% of the healthy children were primary school 3rd graders, and 53.3% were at 4th grade. It was determined that 30.3% of the hospitalized children who had chronic diseases were the first child in the family, and the rest of them were 2nd, 3rd and so on in their families; and 48.2% of the children in the healthy group were the first child, and the rest of them were 2nd, 3rd and so on.

It was learned that 100% of the hospitalized children who had chronic diseases had received invasive interventions, and 1% did not have any invasive intervention.

It was also determined that 18.1% of the hospitalized children who had chronic diseases had an immune deficiency, 15.2% had diabetes, and 9.7% had chronic kidney failure.

A total of 38.4% of the hospitalized children who had chronic diseases did not have a nurse figure in their pictures, and 41.9% of the healthy children did not have a nurse figure in their pictures. It was determined that the basic topic of the doctor/nurse figure was protective and curative in the pictures of 31.8% of the healthy children and 38.7% of the hospitalized children who had chronic diseases.

It was determined that 75% of the pictures of hospitalized children who had chronic diseases were in agreement with their ages and were good; and 51.5% were willing to draw.

It was observed that 65.2% of the hospitalized children who had chronic diseases were agreeable and normal when they were drawing; 12.5% were

not agreeable; and 100% of the children in the healthy group were agreeable.

It was determined that 81.1% of the hospitalized children who had chronic diseases were dependent on their parents when they were drawing; and 100% of the children in the healthy group were not dependent on their parents when they were drawing.

It was also observed that 100% of the hospitalized children who had chronic diseases and the children in the healthy group had positive feelings after drawing.

It was determined that 81.8% of the hospitalized children who had chronic diseases used the whole of the drawing paper; and 96.5% of the children in the healthy group used the whole of the paper.

It was determined that 84.4% of the hospitalized children who had chronic diseases had more than one human figure in their pictures; and 86.2% of the children in the healthy group had more than one human figure in their pictures.

It was determined that 50% of the hospitalized children who had chronic diseases had the human figure in normal size in their pictures; and 60% of the children in the healthy group had the human in normal size in their pictures.

It was observed that 84.8% of the hospitalized children who had chronic diseases and 100% of the children in the healthy group draw in agreement with the real world; 57.5% of the hospitalized children who had chronic diseases and 79.3% of the children in the healthy group had roads, birds, trees and similar objects in their pictures.

It was determined that 50% of the hospitalized children who had chronic diseases and 66.7% of the children in the healthy group did not prefer warm colors, and preferred usually cold colors; and 65.6% of the hospitalized children who had chronic diseases and 53.6% of the children in the healthy group used mostly the red color in their pictures.

It was found out that 53.1% of the hospitalized children who had chronic diseases and 55.6% of the healthy children used the blue color as the cold color in their pictures; and 43.7% of the hospitalized children who had chronic diseases

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and 46.6% of the healthy children preferred dark colors in their pictures.

When the findings on including objects about their diseases in their pictures were analyzed, it was determined that 26 of the hospitalized children (81.3%), and 27 of the children in the school group (96.4%) did not add an object related with their diseases to their pictures. It was determined that 6 of the hospitalized children (18.7%), and 1 child in the school group (3.6%) added an object related with his/her disease in pictures. The objects or figures about their diseases provide us with clues about how they perceive their diseases.

A statistically significant relationship was detected between the hospital and school group in terms of “*being willing to draw*” variable ($p < 0.05$). It was determined that 15 children (46.9%) of the hospital group were not interested in drawing, and 27 (90%) of the children in the school group were interested in drawing. This situation was associated with the conditions of the hospital and school settings and the spiritual state of the child when they were painting.

It was determined that 31 (96.9%) of the hospitalized children used the drawing paper in a proper manner; and 29 students in the school group (96.7%) used the drawing paper in a proper manner. It was also determined that 27 of the hospitalized children (84.4%), and 28 children in the school group (93.3%) used the whole of the paper; and 5 of the hospitalized children (15.6%), and 2 children in the school group (6.7%) did not use the whole of the drawing paper. The picture drawn only on one part of the drawing paper may show that the child might have frustration and inferiority feeling. For this reason, there is a connection between the use of the paper of the child and his/her feelings (Gültekin, 2011).

When the human figures in the picture of the children were analyzed, it was determined that 28 of the hospitalized children (87.5%), and 25 children in the school group (83.3%) had more than one human figure in their pictures; and 4 of the hospitalized children (12.5%), and 5 children in the school group (16.7%) had only one human

figure in their pictures (Table 4). The number of human figure in the picture of children is related with the interruption in the social relation of them (Gültekin, 2011).

It was determined that 23 of the hospitalized children (71.9%) drew exaggerated human figures; and 17 children in the school group (56.7%) had normal human figures in their pictures. When the human figures of the children in their pictures were examined, it was determined that 21 of the hospitalized children (65.6%) had the human figures in an unbalanced manner in their pictures; and 19 children in the school group (63.3%) had balanced human figures in their pictures. The human figure being small, exaggerated, balanced, big, etc. is related with the self-confidence and inner world of the child. When the pictures were examined, it was observed that mostly the hospitalized children drew smaller, bigger, or exaggerated pictures.

When the lines in the pictures of the children were examined, it was determined that the lines of 13 of the hospitalized children (41.9%) were normal; 13 children (41.9%) drew the lines by pressing the crayons; and the lines of 15 children (50%) in the school group were normal; and 15 children (50%) drew the lines by pressing the crayons. The mystery in the lines of the children might be the anger and aggression of him/her that s/he wants to emphasize (Gültekin, 2011).

The figures drawn in projective evaluations being big or small may be really significant. In projective evaluation, bigger shapes may show high self-respect or low self-respect. Meanwhile, it was determined in the study of Thomas and Tsalimi (1998) that the previous shapes were bigger than those drawn later (Thomas & Tsalimi, 1998).

When the agreement between the gender of the doctor/nurse in the drawing of the child and the gender of the child was examined, it was determined that all of the hospitalized children (100%), and 26 children in the school group (86.7%) drew doctor/nurse figures that were in agreement with their own gender (Table 1).

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Table 1. Distribution of some Findings on the Features of the Colors and Objects in the Pictures of the Hospitalized Children and School Children

Variable	N=62	Group			
		Hospital		School	
		n	%	n	%
The Agreement between the Gender of the Doctor/Nurse with His/her Gender	Agreeable, the same	32	100.0	26	86.7
	Different	0	0.0	4	13.3
Object about the Disease of the Child of the Child in the Picture	Yes-There is	6	18.7	1	3.6
	No-There is not	26	81.3	27	96.4
The Objects or Figures are Close to Reality in the Picture	Yes	28	87.5	29	96.7
	No	4	12.5	1	3.3
The Type of the House, Building, etc. in the Picture	Normal	6	31.6	13	59.1
	Tall Bina	3	15.8	7	31.8
	Low Bina	10	52.6	2	9.1
The Existence of Roads, Birds, Trees etc. in the Picture	Yes	19	59.4	7	23.3
	No	13	40.6	23	76.7
Female Children Used Color Crayons More	Yes	14	93.3	14	100.0
	No	1	6.7	0	0.0
Male Children Used Color Crayons More	Yes	9	52.9	8	50.0
	No	8	47.1	8	50.0

The existence of gender agreement in the picture of the child may be an indicator of possible gender discrimination.

When houses, buildings, etc. drawn in the child's picture was examined, it was determined that 10 children (52.6%) in the hospital group drew low buildings in their pictures; and 13 children (59.1%) in the school group drew normally-tall buildings in their pictures (Table 1). The height of

the building in the child's picture may be a reflection of his/her stress. The roads, trees, flowers, and birds are drawn in front of the house in a child's picture means a happy house and that everything is in order. At the same time, a bird also means longing for something (Gültekin, 2011).

A randomly selected sample in the hospital group is shown in picture 1 (drawn picture 1).



Drawn picture 1. Hospital Group

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Paper is used vertically in the picture. There is a brown sun in the upper left corner. Again, on the upper part, there is a large human figure with a colorful dome-shaped skirt, the body part drawn in the shape of a heart, long strands of hair and orange color. A heart figure in orange and red, and a flower figure in blue and brown were drawn on the sides of this human figure, probably a nurse. In the lower part of the picture, on the left side, there is a classical house figure painted in brown, with windows in different colors and a roof. Next to him, there is a human figure drawn in black with his hair pressed, his body in the shape of a heart and the lower part of which is angled. Three cat figures in black, pink and blue were drawn sequentially, diagonally. There may also be a bee in black, perhaps a figure in the form of a caterpillar was also drawn in the picture.

The presence of more than one human figure in the picture means that there is no disconnection in the child's social relations. The fact that there are

flowers, butterflies and cats in the picture, nature and animal figures in the child's picture, and shapes similar to the heart figure are an indication that he loves nature and animals, and it is seen in the pictures of happy children. In addition, the drawing of a heart and a flower figure on the sides and body of the nurse figure indicates the love for the nurse (drawn picture 1).

By drawing, the relevant behaviors appear clearly; and in this way, healthcare professionals gain speed in helping the children who have health problems. A drawing may ensure that information on developmental, emotional and mental development is obtained; hidden traumas are told in a fast manner; and unclear and contradicting emotions and perceptions are clearly seen (Kaptan & Kaptan, 2006).

It was determined that 18 of the hospitalized children (56.3%) did not use dark colors; and 18 children in the school group (60%) used dark colors in a balanced manner (Table 2).

Table 2. Distribution of some Findings on Color Preference of the Hospitalized Children and School Children

Variable	N=62	Group			
		Hospital		School	
		n	%	n	%
Intensity of Using Warm Colors in Color Preference	Yellow	6	18.8	6	21.4
	Red	21	65.6	15	53.6
	Orange	5	15.6	7	25.0
Intensity of Using Cold Colors in Color Preference	Blue	17	53.1	15	55.6
	Green	12	37.5	7	25.9
	Purple	3	9.4	5	18.5
Mostly Light Colors are Used in Color Preference	Yes	18	56.3	6	20.7
	No	4	12.4	6	20.7
	Balanced	10	31.3	17	58.6
Mostly Dark Colors are Used in Color Preference	Yes	4	12.5	6	20.0
	No	18	56.3	6	20.0
	Balanced	10	31.2	18	60.0
Warm Colors are Dominant in the Picture	Yes	2	6.2	5	16.7
	No	30	93.8	25	83.3
Cold Colors are Dominant in the Picture	Yes	16	50.0	10	33.3
	No	16	50.0	20	66.7
Use of Colors	Red	7	22.6	5	16.6
	Blue	7	22.6	11	36.7
	Yellow	2	6.5	2	6.7
	Brown	6	19.4	3	10.0
	Purple	2	6.4	2	6.7

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	Green	7	22.6	5	16.6
	Orange	0	0.0	2	6.7
The Place Where the Blue Color is Used Most	Uniform	8	25.8	9	37.4
	Hospital	5	16.1	10	41.7
	Support, stretcher, etc.	3	9.7	4	16.7
	Other	15	48.4	1	4.2

Light colors have positive meanings and dark colors have negative meanings in the interpretation of colors (Malchiodi, 1998). The use of warm colors in the picture is related with being agreeable, lovely, warm; and the use of cold colors means being assertive, moody, and unagreeable (Yavuzer, 1992).

When the coloring the hair in human figures in the pictures of the children was examined, it was determined that 21 of the hospitalized children (75%), and 20 children in the school group (80%) painted the hair by pressing the crayons (Table 3).

Table 3. Distribution of some Findings on Figure Drawing of the Hospitalized Children and School Children

Variable	N=62	Group			
		Hospital		School	
		n	%	n	%
Head Size according to the Human Figure Drawing	Normal	18	56.3	20	69.0
	Bigger than Normal	14	43.7	7	24.1
	Smaller than Normal	0	0.0	2	6.9
Drawing the Hair	Normal	4	14.3	5	20.0
	Pressed	21	75.0	20	80.0
	Blurry	3	10.7	0	0.0
The Shape of the Mouth	Open Mouth	3	10.0	2	6.7
	Closed Mouth	25	83.3	27	90.0
	Too Much Open Mouth	2	6.7	1	3.3
The Shape of the Lines in Drawing Pictures	Narrow Lines	16	55.2	12	63.2
	Thick Lines	11	37.9	7	36.8
	Interrupted Lines	2	6.9	0	0.0
Looks in the Drawing of the Eye	Plain Look	17	54.8	27	90.0
	Looking to the Right	1	3.2	1	3.3
	Looking to the Left	1	3.3	0	0.0
	Big, Detailed Eyes	12	38.7	2	6.7
Drawing the Nose, Mouth and Eye together	Yes	15	46.9	7	23.3
	No	17	53.1	23	76.7
Drawing the Nose	Yes	15	46.9	7	23.3
	No	17	53.1	23	76.7
The Shape of the Nose	Simple	11	73.3	6	85.7
	Very big	3	20.0	0	0.0

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	The shape includes the nostrils	1	6.7	1	14.3
Drawing of the Ears	Yes	1	3.1	2	6.7
	No	31	96.9	28	93.3
The Shape of the Ears	Normal	0	0.0	1	50.0
	Big ears	1	100.0	1	50.0
Drawing the Chin	Yes	4	12.9	1	3.3
	No	27	87.1	29	96.7
The Shape of the Chin	Normal	2	50.0	0	0.0
	Wide	1	25.0	0	0.0
	Narrow	1	25.0	1	100.0
Drawing of the Neck	Yes	22	68.8	23	76.7
	No	10	31.2	7	23.3
Shape of the Neck	Normal	13	59.1	16	69.6
	The neck is short and thick	3	13.6	4	17.4
	The neck is long and thin	5	22.8	3	13.0
	Exaggerated drawing	1	4.5	0	0.0

Painting the hair by pressing the crayon in pictures provides us clues about the desire of the child for being strong in physical terms (Yavuzer, 2003). It was observed that in most of the pictures, especially the hospitalized children drew hair by pressing the crayon.

Drawing of the nose in the picture of a child is important in terms of self-perception and self-confidence (Özgü, 1969). Only the size etc. of the

nose are not adequate in determining the self-confidence of the child. The diseases, family, the conditions of the children were also evaluated as a whole in the light of the data of the study.

The ear drawn in the picture of a child means that s/he is not closed to criticisms (Pichot, 1965). As it is seen, the number of children who drew ears was low (Table 3).

Table 3. Distribution of some Findings on Drawing Human Figure of the Hospitalized Children and School Children (continued from Table 3)

Variable	N=62	Group			
		Hospital		School	
		n	%	n	%
The Shape of the Body and Shoulders	Round and soft body lines	7	30.4	11	50.0
	Cornered and harsh body lines	16	69.6	11	50.0
The Shape of the Arms	Open to the Sides	30	93.8	29	96.7
	Adjoint to the Body	1	3.1	1	3.3
	None at All	1	3.1	0	0.0
The Existence of the Parents in the Picture	Yes	2	6.2	0	0.0
	No	30	93.8	30	100.0
Drawing Parents Figures without Arms	No	32	100.0	30	100.0

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Detailed Arms and Hands Drawing	Yes	15	46.9	15	50.0
	No	17	53.1	15	50.0
Drawing of the Hands	Proper drawing	7	46.7	8	44.4
	The hands are big	4	26.6	5	27.8
	The hands are small	1	6.7	0	0.0
	The Hands are Drawn in the Back Hidden	0	0.0	1	5.6
	In the form of a fist	3	20.0	4	22.2
Drawing of the Nails	No	32	100.0	30	100.0
Drawing of the Legs	Yes	30	93.8	28	93.3
	No	2	6.2	2	6.7
The shape of the legs	Normal	13	44.8	19	67.9
	Firm and Balanced	3	10.4	7	25.0
	Weak and Unbalanced	13	44.8	2	7.1
Drawing the feet	Yes	17	53.1	16	53.3
	No	15	46.9	14	46.7
Drawing the belly	No	32	100.0	30	100.0

The wide or narrow chins in the picture of a child might be related with his need for trust in others, expecting support from others and the desire for being seen strong. The body drawn with edges and harsh lines in the picture of a child might mean that s/he might have aggressive motives and may solve his/her problems by using violence. A body with round and soft parts means that the child is easy-going and agreeable (Yavuzer, 2003). It was determined that 30 of the hospitalized children (93.8%), and 29 of the children in the school group (96.7%) drew the arms as open on both sides (Table 3).

The hands being drawn as open on both sides means that the child is lovely and can establish good communications with people (Tarakçı, 2001). It was determined that 30 of the hospitalized children (93.8%), and all of the children in the school group (100%) did not have any parent figure in their pictures (Table 3). It was also determined that none of the students in the hospital and school group drew the parent figures without arms. The drawing of parents in the picture of a child is related with being autonomous and dependent.

The drawing of the feet in the picture of a child shows the self-confidence, and the responsible and independent personality of the child (Pichot, 1965). When the drawing of the legs in the pictures of the children was examined, it was determined that 30 of the hospitalized children (93.8%), and 28 children in the school group (93.3%) drew legs (Table 3). The drawing of legs in the picture of a child means that the child does not need the support of others in order to stand up. In addition, it is understood that firm and balanced legs mean that they are specific (Yavuzer, 2003).

There was no statistically significant relationship between the existence of more than one doctor/nurse in the hospital/school groups and the basic variables of the figures ($p>0.05$).

When the existence of more than one doctor/nurse figure in the pictures of the children was examined, it was determined that 20 of the hospitalized children (62.5%), and 23 of the children in the school group (76.7%) drew both doctor and nurse figures in their pictures (Table 4).

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Table 4. Distribution of the findings on the figures of healthcare staff in pictures of hospitalized and school-age children

Variable	N=62	Group			
		Hospital		School	
		n	%	n	%
More than one Doctor/Nurse Figure in the picture (Female, Male)	There is a doctor figure in the picture	2	6.3	1	3.3
	There is a nurse figure in the picture	4	12.5	3	10.0
	There are both doctor and nurse figure in the picture	6	18.7	3	10.0
	There are both hospital and doctor/nurse figure in the picture	20	62.5	23	76.7
The basic topic of the Doctor/Nurse Figure in the picture	Treatment Services	4	12.9	2	6.9
	Protective and curative services	12	38.7	9	31.0
	Protective doctor/nurse	15	48.4	18	62.1
The message of the picture	Positive	28	87.5	30	100.0
	Negative	4	12.5	0	0.0

A randomly selected sample in the hospital group is shown in picture 2 (drawn picture 2).



Drawn picture 2. School Group

In the picture, there is a hospital figure with the "crescent and star" emblem, the windows of which are drawn in blue and orange. On the left side of the hospital, there is a doctor's figure with his hair dyed brown, black and green and with a stethoscope around his neck. On the right side, there is a figure of a nurse with a cap on her head, the "crescent and star" emblem in the same red color on her cap and dress, her long black hair and a completely pink dress.

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When the basic topic of the doctor/nurse figure in the pictures of the children was examined, it was determined that the doctor/nurse figure in the pictures of 15 of the hospitalized children (48.4%), and 18 of the children in the school group (62.1%) had the protective doctor/nurse concept as the basic element (Table 4).

Beşer and Çavuşoğlu (1992) conducted a study with the title “The Perception of the Hospital and the Nurse in 7-12 Age Group Children”, and reported that 94.5% of the children mentioned the care and treatment roles of nurses (Çavuşoğlu, 2001). Al-Ma’aitah and Gharaibeh (1999) conducted another study and reported that 20.4% of the children in the study mentioned that nurses gave injections, and 20.4% of them said that they helped the doctor (Al-Ma’aitah & Gharaibeh, 1999). Brown and Fosket (1999) conducted a study on 11-year-old children, and reported that the children defined the duties of the nurses as doing the beds, feeding the patients and ensuring cleanness (Brown & Fosket, 1999). Ünal et al (2002) conducted a study and reported that 40% of the children in the study said that nurses helped doctors, 22% said that they gave the injection, 11% said that they performed vaccination, and 10% of them said that they healed children (Ünal, Akbayrak, & Uludağ, 2002).

In the study conducted by Beşer and Çavuşoğlu (1992), it was reported that 97.1% of the children said that doctors made the diagnosis, treated and checked whether children were cured or not (Ekşi, 1997). In the study conducted by Tarakçı (2001), it was reported that 100% of the children said that doctors examined the patients, made visits, wrote

prescriptions, and 70% said that they gave orders to nurses (Tarakçı, 2001). When the answers of the children were evaluated, it is possible to claim that they differentiated between the roles of the doctors and nurses in a clear manner. Especially in one picture, the depiction of the male nurse is interesting. However, this makes us consider that the care and treatment roles of the nurses are emphasized and other roles are not mentioned at all.

When the message of the children was examined, it was determined that 28 of the hospitalized children (87.5%) had positive messages, and all of the children in the school group (100%) had positive messages (Table 4). This result was concluded when the pictures of the children were examined and the children were asked relevant questions.

Tarakçı (2001) conducted a study and interpreted the pictures drawn by sick children at hospitals. He determined that 62.5% of the children perceived the nurse and the doctor as positive, warm, caring, compassionate and supportive; and 40% of them judged themselves negatively and felt unsafe, lonely, and helpless at the hospital thinking that they are small, insignificant, prisoner, suffering, weak, and alone (Ünver, 2002).

It was observed that 27 of the hospitalized children drew nurses in various forms, and 27 children of the school group drew them in their classical uniforms. It was also determined that 27 of the hospitalized children drew doctor figures in various forms, and 26 of the school group children drew doctors in classical uniforms (Table 5).

Table 5. The Analysis of the pictures of the Hospital and School group

FIGURE	HOSPITAL 32	CONTENT	SCHOOL 30	CONTENT
Nurse	27	In different forms	27	Wearing classical uniform
Doctor	27	Different	26	Classical
Patient	22	Hospitalized in multiple room hospital	19	Single patient
Companion	10	Crowded around the patient	3	

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Hospital	24	Defined, detailed	29	Outdoor house general
Ambulance	5		11	
Emergency service	2		7	
Indoors	24	Detailed	20	Not detailed
Outdoors	8	Less contents and outdoor figures	21	Contents and outdoor figures more
Nature figures	17 (tree, flower, cloud)	Inadequate	24	Rich
Treatment and Care Practice	13	Detailed	8	Not detailed
Medical Material	15		8	
There is no figure about hospital	4		1	

This was interpreted as the hospital group drew the images in line with their experiences, and the school group drew the doctor-nurse image in the known form they were taught.

It was determined that 22 of the hospitalized children drew patients in a lying position in multiple-room hospitals, and 19 children in the school group drew patients as one single patient (Table 5). This was related with the status of the hospital in which the hospitalized children were and the physical conditions of the hospital. It was observed that the children in the school group drew the hospitals and the patients in the expected forms.

It was observed that 8 of the hospitalized children drew the contents and outdoor figures less, and 21 children in the school group drew the contents and outdoors figures more. It was also observed that 17 of the hospitalized children drew nature figures in an inadequate manner; and 24 children in the school group drew enhanced pictures about nature (Table 5). This revealed that the hospitalized children had depression, collapse, pessimism because this situation showed that the more children drew nature figures the more they were happy. In this case, it may be said that the nurses should establish more communications with hospitalized children and provide more care for them.

During the depression process, the child may sometimes feel relaxed and sometimes depressed. The mood has ups and downs in a continuous manner. For this reason, it was considered that having certain interpretations of the depression findings by interpreting the pictures drawn by children would be inappropriate.

In general, there are no playgrounds in hospitals where children may play. This is a negative situation for children. It is possible to claim that this situation is based on the pictures of the children.

Recommendations

Nurses should encourage children to talk about their thoughts and concerns about their diseases. They should also encourage them to draw pictures, which is the other non-verbal self-expressing method. How the child perceives his/her disease affects how s/he copes with it, his/her fears about it, his/her agreement to the treatment, and therefore, the outcomes (improvement/deterioration) of the disease.

Being hospitalized has various negative effects on the development of children. The aim in children nursing is to protect and develop the physical, mental, spiritual and social health and welfare of the child in the family and the society; and in case of a disease, to provide nursing care to cure the child.

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Pediatric nurses should know that the child is different from adults. They should be able to use verbal and non-verbal communication techniques according to the age and developmental level of the child. Children generally have difficulty in telling their feelings. When establishing communication with children, nurses may use the drawing picture method just like all the other healthcare professionals. This is an ideal method to discover the inner world of the child.

- By using the drawing pictures activity, which is an easy way that can be applied to children by nurses who attend children, planning the nursing interventions in line with this method by defining the anxiety and aggression related to hospitalization and to understand the hospital perception of children;
- Defining the psychopathology which may occur due to a patient's disease or the hospital and working in agreement with health professionals;
- Conducting such work with different age groups and specific patient groups;
- Making the children draw at least two pictures instead of one when the drawing method is used in children;
- Using other valid and reliable methods that will support the findings as well as a picture drawing method.

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