OVERVIEW OF PEDIATRIC NURSING: PARENTAL ATTITUDES AND PEER RELATIONS IN EARLY CHILDHOOD[1]

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ABSTRACT

Early childhood is called as preschool period. What they experience during this period can change the development of the children and the quality of their life; these experiences may leave lasting traces in children's life. The early years of childhood are important for personality development and each developmental period has difficulties to overcome. It is essential to support the social development of the child in the first and early childhood periods and it is necessary to raise self-confident individuals who are successful in communicating with their environment when the foundations of personality development are laid. In this period, parental attitudes, peer relationships, effective behavior in peer relationships are important in the development of the child. Parents need to know the basic needs of children and distinguish the differences in the child's development period, providing the environment where the child will feel safe by meeting their socio-emotional, mental and physical needs. Raising awareness, training and counseling are among the roles of Pediatric Nurses.

Mother and father are role models for their children. Parents' attitudes and behaviors have been the subject of studies in order to analyze the relationship of parents with the psychosocial adjustment of the child correctly. Parental attitudes are "Democratic", "Authoritarian", "Overprotective" and "Permissive". In early childhood, peers come after the family for the child. Effective forms of behavior in peer relationships are social timidity, social acceptance, problem solving, social behavior and aggression. The interaction between peer groups plays an important role in the child's healthy personality development and socialization process. In this review, parental attitudes in early childhood, the importance of peer relationships for child development, effective forms of behavior in peer relationships, and the role of pediatric nurse are discussed in the light of the literature.

Key Words: Early childhood, child, development, parents, parental attitudes, peer, peer relationship.

INTRODUCTION

The most favorable conditions for child development are the presence of a caregiver with whom he/she can be connected with careful care, love and trust in the early stages of his/her life. This caregiver is mostly the parent of the child. The purpose of the mother and father is to ensure that the child is physically, cognitively, emotionally and socially competent from birth. (September et al., 2016).

Early childhood is called preschool period. In this period, physical development, motor development, and cognitive development have become evident (Conk et al., 2013).

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Development is formed by the dynamic interaction of environmental conditions with the genetic factors that the individual has inherently (Cüceloğlu, 2017). Early childhood is the time when the child's self-regulatory mechanisms develop rapidly and form the basis for later developmental stages (Nieminen & Sajaniemi, 2016). The reason why the first six years of life is important for the child is that the development features that should be gained in this period are not possible in the following periods or it is very difficult to gain these development features (Akman et al., 2012). What they experience during this period can change the child's developmental status and the quality of life, leaving permanent traces in the child's life. Therefore, the coordination of parents' attitudes towards their children plays a vital role in their psychological development (Demir & Yavuzer, 2016; Fan & Zhang, 2014; Rena et al., 2013).

The early years of childhood are important in personality development and each developmental period has problems that must be overcome in itself. According to Erikson's theory of development, a preschool child experiences the stage of guilt against initiative (Öngider, 2013). Behavioral characteristics such as shyness and aggression can be seen in the child unless the child's assertiveness is prescribed by the parent (Fatih & Mücahit, 2016; Durmuş, 2007). While the positive and supportive behaviors of parents who are the first people they see in the child's environment affect the child's development positively, negative and limiting behaviors cause some mental and adjustment problems of the child (Bozdemir & Gündüz, 2016). The motivations of the parents in the process of raising their children are the goals that the parents cannot achieve in their own life, the traditional family dynamics and the imperatives they feel towards the value judgments of the society (Demir & Yavuzer, 2016; Salisch, 2001).

Vygotsky, one of the cognitive developmental theorists, examined the impact of social relationships and culture on child development (Berk, 2013). Unlike Piaget, Vygotsky does not divide development into phases. He gives a central role to culture and the transfer of culture through social interaction and communication (İnanç et al., 2017; Gülay, 2010). Vygotsky argues that children cannot develop in isolation and that interaction with people in the child's social world is necessary for development. The child is born with attention, perception and memory, which is considered as cognitive features (İnanç et al., 2017). The instructional and educational relationships that he has established with other people shape these abilities of the child. Interactions support the formation of an individual with a higher level of mental functioning. According to Vygotsky, children respond to the reality they see and live around and they also reflect this reality they learned (Penn, 2008). Vygotsky believes that mental functioning in the individual can be understood only when the processes of social and cultural interaction are studied. In line with this information, the basic concept of Vygotsky cognitive theory is the zone of proximal development, is defined as the distance between the "real development level of the child determined as independent problem solving" and the "level of latent development determined as problem solving by adult guidance or by collaborating with more skilled peers" (Vygotsky, 1978).

The zone of proximal development consists of tasks that the child can do independently, as well as with the help of more knowledgeable people (Santrock, 2017). Thus, the mental functions of the child make progress (İnanç et al, 2017). According to this perspective, the real development level of the child determines the matured functions. The fact that the child reaches the desired result in an activity shows that he uses his mature functions in that activity. Due to the zone of proximal development area, adults have the opportunity to observe the child's current level of development and the next stage of development (Grljušić & Kolak, 2018; Demir & Yavuzer, 2016).

Social development starts with the birth of the individual and continues throughout life, passing through different stages specific to the individual (Akman et al., 2012). This development process arises from interpersonal interaction. The child has a tendency to establish more independent relations with his environment in line with his physical development and language possibilities (Cüceloğlu, 2017). As a result of this trend, the child starts to know his peers. Increased communication activities of the child with their peers after the family enable them to recognize the individual characteristics of the people around them. The child has the opportunity to see himself through the eyes of his peers. The positive relationships that the child has with his peers ensure that the child's harmony and comfort with his environment (Gülay, 2010). With the support of the social development of the child in the first and early childhood, when the foundations of personality development are laid, this support ensures the individuals to be successful in communication with their environment, to have high self-confidence and to be confident (Altınkaynak & Akman, 2019; Yurdalan, 2019).

Baumrind (1971) collected findings on raising children by observing the interaction of parents with preschool children. Three different dimensions resulting from these findings include the acceptance of the child, parental involvement and control of the child's life, and giving independence to support the development of the child's self-confidence (Baumrind, 1971). These dimensions are the points that distinguish parenting styles. The parenting styles created take into account two different dimensions of attitudes and behaviors. These are the dimension of supervision and interest. In 1983, Maccoby and Martin formed four parental attitudes as the intersection of these two dimensions. These are competent parenting (democratic), authoritarian parent style, indifferent (negligent) parent style, and overly concerned parent style (Maccoby & Martin, 1983). Parents' reasons for raising children using different methods are due to the fact that each parent's assessment of events, their experiences, their ability to manage emotions and thoughts differ from each other (Yörükoğlu, 2015; Salisch, 2001).

The child, who started to be independent of the family environment in the preschool education period, increases his interaction with his peers (Gülay, 2010). Positive or negative results in their relationships with their peers lead to the different behavioral characteristics in the child. The tendency towards harmonious or problematic behavioral characteristics occurs as a result of blending the knowledge and experiences of the child in his past life (Rena et al., 2013).

PARENTAL ATTITUDES

An important part of parental behavior includes mentoring children from experiencing themselves and the world in a healthy and harmonious way. Parenting is defined as the combination of parenting expectations and responsiveness (Barberis & Petrakis, 2013). Parents influence the moral development of children and their ethical decision-making skills. Parents need to know basic child needs in order to interpret their children's behavior and raise a healthy individual. In addition, parents need to distinguish the differences in the child's development period and provide an environment where the child will feel safe by meeting their socio-emotional, mental and physical needs (September et al., 2016).

Parents' awareness of the child's differences in developmental periods creates conscious awareness in the parents about what behaviors are expected in which period of childhood regarding the behavior styles they display while raising children (Akman et al., 2012).

The researchers have focused on parents' attitudes and behaviors in order to analyze their relationship with the child's psychosocial adjustment (Ersoy, 2018; Park & Holloway, 2018; Saylık & Gezici Yalçın, 2018; Wang et al., 2015; Zorbaz, 2018; Ullmann et al., 2017).

Zorbaz's (2018) study examining the parent-child relationship determined that it is an important factor for the parent to be successful, experienced and competent in mutual relationship management in order to maintain positive relations between child and parent (Zorbaz, 2018; Ullmann et al., 2017; Demir & Gündüz,2014; Akgün & Yeşilyaprak, 2010).

The taxonomy, which has been used in the classification of parental attitudes until today, was made by Baumrind (1971). According to Baumrind, the most important role of the parent is to help the child prepare for society in harmony and to maintain a sense of personal integrity. The models that have emerged according to this classification that have reached today consist of authoritarian, permissive and competent/democratic parenting (Öztabak, 2017; Sak et al., 2015; Baumrind, 1971).

According to Ninivaggi, parenting has three combined dimensions. The first one consists of the fact that the expectations of the parents are realistic, and the second consists of the parent's compassionate and timely response. The third dimension involves the gradual autonomy of the parent, who sets the rules and limitations, in accordance with the child's age and developmental state (Ninivaggi, 2012).

In the child rearing model they developed, Maccoby and Martin (1983) divided the permissive parenting attitude into two different sub-attitudes. Thus, four different parenting styles emerged from the intersection of supervision (parental expectations) and dimensions of interest. These are parental styles consisting of democratic (authoritative), authoritarian, overprotective, and negligent (uninterested) attitudes (Barberis & Petrakis,2013; Maccoby & Martin,1983).

On the scale developed by Demir and Şendil (2008), parental attitudes were examined as "Democratic", "Authoritarian", "Overprotective" and "Permissive". Scale items are arranged to determine these four attitudes (Demir & Şendil, 2008).

Democratic Parental Attitude

In a democratic attitude, the behavior style of the mother and father has two main components: 'High responsiveness / Sensitivity' and 'High demand'.

The high sensitivity component is characterized by warmth, understanding, consistency in behavior, and participation. When it comes to high demand, it includes strict behavior control, supervision and age-appropriate maturity expectations (Barberis & Petrakis, 2013). In a democratic parenting environment, expectations are clear, realistic and appropriate to the child's level of development, while parents take on the role of guidance with their constructive feedback. In addition, parents are committed to the rules and limitations they set. They do not use restrictive or punitive discipline methods while providing control (Ninivaggi, 2012).

Creating behavior change in children in preschool period is provided by repetition of teachings. The democratic parent repeats periodically why a child can understand why they are important in assimilating the rules. In this process, parents also take into account the developmental age and changing environmental conditions. The child is asked to make his/her own decision to the extent that the child is ready, by setting an option without expressing certain limitations in order to gain the ability to express and question his/her ideas (Berk, 2015; Sümer et al., 2010). The child is expected to internalize the decisions by making reasonable statements. The individual raised in such a family environment receives the message that he/she is valuable. The individuality and independence of the child who grew up in a democratic environment are supported. If the family does not monitor the child effectively and provide feedback during the child's adaptation to social life, the child cannot use the skills to distinguish the truth from the wrong and predict the results (Ninivaggi, 2012). On the other hand, with the help of supportive

practices, individuals with high social skills, self-confidence, aware of their responsibilities and who can freely explain their thoughts are raised (Carapito et al.,2018; Demir & Yavuzer, 2016; Berk,2013).

The quality of the relationship between the parent and the child affects the learning motivation of the child (Kiuru et al., 2012). In addition, children of parents with tolerant, supportive and social skills do not have difficulty in adapting to the society (Dewar, 2013).

In a study conducted by Kiuru et al. (2012) on parental attitudes, it was concluded that the mother and father acted in two different poles while giving a message to the child. Parents showed 52% incompatible behavior in their attitudes. Parents and teachers of 864 kindergarten students participated in the study. This study, which covers a long period from the beginning of kindergarten to the 4th grade, was applied in Finland. While the percentage of democratic parenting is observed more in the general attitude results of the parents, the rate of authoritarian parenting is higher in the results obtained from the fathers. The effect of mother and father acting in separate attitudes was not specified, but it was explained that the democratic attitudes of the parents had positive effects on the development of the child's basic academic skills, literacy and learning skills (Kiuru et al., 2012).

Inanc et al. (2017) examined the relationship of parents' styles of raising their child with the parents' personality structure. Parents' extroversion, mildness, responsibility, emotional inconsistency and openness to development dimensions (Five Factor Personality Theory) were examined, and personality studies were conducted. As a result of the research, it was found that the parent who demonstrated a competent (democratic) attitude was associated with positive results in the five-factor personality model. It was concluded that other parenting attitudes included behaviors with characteristics acting on the negative axis in the personality model (İnanç et al., 2017).

Authoritarian Parental Attitude

Authoritarian parenting is defined as the parent's attitude as a whole with the prohibitive strategy that parents apply to their children as constant control, lack of parental participation and criminal interactions (Buri et al., 2018). Communication between parent and child is limited in authoritarian attitude. The parent wants the child to grow up by adopting the family's personal goals, culture and values. Therefore, performance is expected from the child over his/her developmental abilities (Salisch, 2001).

Authoritarian parents can change the emotions, thoughts and choices of the child through psychological control. By making decisions on behalf of the child, they negatively affect child's social skills and personality development. Parents who are generally distant, use their emotional intimacy depending on whether they do the desired behavior from the child or not (Berk, 2015). When they do not achieve the desired result, they do not show their love. Such parents cannot understand how emotional and social development can increase or decrease intellectual success in the child (Ninivaggi, 2012). This attitude, which leaves the emotional needs of the child in the background and based on constant parental control, gives harm to the child (Fuentes et al.,2015; Salisch, 2001). Anxiety, fear, shyness, adjustment problems, anger, low problem-solving skills and low self-esteem are observed in the child whose every emotion and thoughts are under control (Demir & Yavuzer, 2016; Yılmaz & Tepeli, 2013).

In an authoritarian attitude that is very common in our culture, the child does not trust his feelings and thoughts; he/she sees satisfying his/her parents as the main goal, and thinks that it is more correct to think like them (Yavuzer, 2015). At the same time, it is observed that the child who grows up in a loveless and dominant family environment is on the way to become

an unhappy, anxious, an individual who is afraid to say his/her ideas (Yavuzer, 2015; Yılmaz & Tepeli, 2013)

Generally, healthy parenting styles and expectations change as children develop. Authoritarian and excessively controlling behavior remains static. The family system, which has lost its function over time, needs external interventions and improvement (Ninivaggi, 2012).

Overprotective Parental Attitude

In an overprotective parental attitude, the mother and father constantly want to control the child's behavior. The parent in this parent model chooses to block their behavior while thinking that they are protecting the child. Overprotective parents believe that they will make the best and most correct decisions for the child. They are always attentive and caring towards the child (Derman & Başal, 2013; Vreeke et al., 2013). The parent, who struggles so that the child does not encounter any difficulties, raises a dependent person. While the mother and father want to protect the child, this attitude causes the children to be anxious about social environments, to have a timid attitude and to be easily directed by the people around them (Demir & Yavuzer, 2016).

In the overprotective model, parents show abundant love for the child, while at the same time, they control the child intensely. This attitude is evaluated separately from the democratic parental attitude with excessive use of control (Eldeleklioğlu, 1997). Parents believe that they show their love for the child by protecting the child against any conditions they may encounter. The manipulation of the behaviors that the child can control independently, the family's limiting attitudes to the child causes individuals with more ineffective, dependent and emotional disabilities to catch up with individuality and problem solving. The child, who is exposed to intense love and behavioral manipulation, cannot express his/her feelings and thoughts clearly and mostly the child's decision-making level is low (Demir & Yavuzer, 2016).

The child who is blocked in interpersonal interactions and who has not learned the social rules and limits has problems in socialization. Feeling of inadequacy prevails in the child (Berk, 2013). Researches show that the child who grew up in an extremely protective environment has deficiencies in following social rules, controlling his/her emotions, effective problem solving, and social and emotional competence (Demir & Yavuzer, 2016; Berk, 2013). When they come together with other children, they insist on making their own wishes. The child who is addicted to the parent, who acts with his/her impulses, who are unaware of the rules and who exhibits shy behavior is not accepted within the peer group and is excluded from the peer group (Sak et al., 2015; Yavuzer, 2015).

Permissive Attitude

In the permissive attitude, parents do not limit their children's behavior. These children grow up in a family that is out of control, but in an understanding and tolerant family environment. In such families, the child is freed to do whatever behavior they want, unless they are a problem for family members. In general, parents are not aware of the child's physical and emotional needs while dealing with their own problems. Family members think that they give the child the opportunity to experience freedom by adopting tolerant behavior (Yörükoğlu, 2015). However, the child whose freedom is not limited is considered to be neglected by his parents. The child, who cannot find a guide to his thoughts and behaviors, is interrupted in every aspect of development (İnanç et al.,2017; Sümer et al., 2010; Dursun,2010).

In the researches, it has determined that even the mildest indifference behavior paves the way for many problems such as poor emotional self-regulation, low school success and antisocial behavior in childhood and later periods (Berk, 2015; Aunola et al., 2000). Ogelman et al. (2013) found that the permissive attitude negatively affects the child's social relationships and behaviors within the school (Ogelman et al., 2013).

In 2014, a research involving 832 high school students was conducted in India to develop and standardize the scale that determines the perceived parenting styles in adolescents. In the research findings, it was concluded that the authoritarian parenting model applied to adolescents was effective in producing performance, and democratic parenting applied to adolescents in a positive behavioral approach. It has been stated that negligent parenting model causes problems in adolescents, avoiding performance and not setting goals (Gafoor & Kurukkan, 2014).

MOTHER AND FATHER IN THE FAMILY AS A ROL MODEL

The concept of family is at the core of social and behavioral investigations. Every individual who grew up in the family, which is the first environment where behavioral and social learning is experienced, is affected by parental attitudes. Mother and father are role models for their children. Their habits, the environment they live in, their beliefs, their perspectives on health and disease states are transferred to the child through modeling (Bilge & Keskin, 2015). For this reason, it is important to make child and family assessment in a coordinated manner in health care procedures (Avşar & Alkaya,2018; Conk et al.,2013).

PEER RELATIONS

The concept of peer tells how people whose ages are equal or close share the same experiences and values (Coelho et al., 2017; Gülay, 2010). Peer relations, on the other hand, refer to the interaction of people with similar characteristics with bidirectional communication and continuity of this communication (Ogelman et al.,2013; Gülay,2010).

In early childhood, peers provide social enrichment of the child after the family (Gülay, 2010). Problems can be observed in the children who fail their interaction with their peers in terms of socialization. The guidance of the mother and father is necessary to overcome this period easily. A healthy self-development is only possible through careful, warm, sensitive and encouraging parents. The guidance of the mother and father is necessary to overcome this period easily. A healthy self-development is only possible through careful, warm, sensitive and encouraging parents (September et al., 2016).

Unlike the parent-child relationship, individuals have an equal amount of social power in peer relationships. Due to their similarity in understanding their peers' social and emotional lives, they can get along better withtheir peers more than with their parents and other age groups (Salisch, 2001). The desire of children between the ages of five and six to establish good relationships with their peers is one of the most important signs of socialization. Peer relationships and social skills have become increasingly important (Berk, 2015).

In this period, children develop their relationships through mutual games. The concept of friendship means playmates for the child. Along with their play activities, they learn to adapt to the society and learn the rules of society and begin to recognize their individual characteristics and shape their self-esteem (Koçkaya & Siyez, 2016; Aslan & Tuğrul, 2014;

Ogelman & Sarıkaya, 2014). The interaction of children, whose self-awareness is increasing, communication skills and understanding of other children's emotions and thoughts are improved, will be stronger with their peers. (Berk, 2013). While this facilitates school compliance, it supports the development of the child's cognitive skills, and social and emotional competence. Thus, it facilitates the acquisition of new knowledge, skills and behaviors (Çetin et al., 2002; Mead, 1934).

Positive peer relationships motivate emotion regulation by enabling them to act calm enough to use effective problem solving strategies, including the ability to reach the source of the problem in the interaction, develop solutions, evaluate the existing results, and choose the best one from the solution behavior (Mead,1934). Mead (1934) believes that activities organized among peers improve the child's ability to reflect on himself/herself, evaluate his/her own behavior from the perspective of others and understand different perspectives (Şen & Özbey,2017; Walker et al.,2002; Mead,1934). Cooperation and competition environments create experience on how the child will follow in moments of discussion (Ogelman & Sarıkaya, 2014).

Sullivan (1953) argued that the peer relationships experience is important for the child to develop the concepts of mutual respect, equality and reciprocity. As you can see, peer relationships improve their ability to understand interactions and social relations by increasing the ability to organize interactions and emotions, as well as having a good and fun time with games (Coelho et al., 2017).

Şen and Özbey (2017) examined the emotional intelligence levels of the students and their interactions with their peers in the research applied to 298 kindergarten students and teachers between the ages of 5 and 6. In this study, in which relational screening method was used, two different scales were used, which tested the ability of children to understand their behaviors and emotions besides the "Personal Information Form". It was stated that the ability of understanding and responding to emotions at a high level in terms of the effects of the gender factor is not effective, and that the children develop positive results in their mutual communication. In addition, it was emphasized that the level of emotional intelligence has a positive effect on relationships with peers and is important in reducing problematic behavior (Castro et al., 2002).

The interaction between peer groups plays an important role in the child's healthy personality development and socialization process (Yilmaz & Tepeli, 2013). On the other hand, negative peer relationships established in early childhood can lead to problems that reflect on subsequent developmental periods such as guilt in children, aggressive behavior, and emotional dissonance behavior in the community and school failure (Sette et al., 2018).

EFFECTUAL BEHAVIOR FORMS IN PEER RELATIONS

Social timidity

Social shyness is defined as a child's desire to interact socially with their peers, avoiding contact due to social fear and anxiety (Gülay, 2010). Timid behavior is the child's avoidance movement against new environments or foreign people. The social withdrawal movement that started with silence continues with getting away from people over time (Demir & Yavuzer, 2016). It is known that if the timid and addictive behavior that occurs in early childhood continues in the later stages of development, it also causes social anxiety disorders (Aslan, 2016; Yörükoğlu, 2015; Rubin & Coplan, 2010; Demir & Kaya, 2008). The coexistence of social anxiety and timid behavior reveals the concept of shyness (Gülay, 2010).

The child, whose personality structure has started to take shape rom the first years of his/her life, is affected by social living conditions, family living conditions and parental behavior. In infancy, timid attitudes have begun to appear in the child whose need for safe attachment was not met as a result of their parents' insensitive and reluctant behavior (İnanç et al., 2017). The controlling attitudes of the unstable, worried and anxious parents will reinforce the child's timidity behavior in early childhood. Being afraid of attachment, inability to express their feelings and thoughts clearly, low social competence, avoiding interaction with people leads to low self-confidence of the child (Kahraman, 2016; Gülay, 2010).

Shy children experience an internal conflict between social approach and social avoidance motivations; therefore, their desire to interact with peers is hampered, along with anxiety and fear of negative trials (Sette et al., 2018). Since socially shy children cannot be included in peer groups, their problem solving skills, communication skills, self-perception and empathy skills are low. If these negative experiences persist, their effects will be transferred to the school years. With the social interaction in the peer group, the child's shyness decreases and the psychological adjustment becomes easier. As a result, positive relationships among peers are very important for children's self-confidence development (Gülay, 2010).

Social Acceptance

Social acceptance refers to the peer acceptance and loveliness that determines the social position of the child, but is defined as the degree to which the child is found to be a social partner in the group. Peer acceptance is not a mutual relationship. It differs from the concept of friendship as it is a one-sided perspective that includes the opinion of the group regarding the child in the social environment (Berk, 2013).

Social acceptance is the determinant of peer relationships. Peer acceptance and rejection represent two sub-dimensions of social acceptance. Children's thoughts on social relationships are reflected in their social behavior and adaptation. While the children loved by their peers are successful, have high communication skills, children who are not loved enough and excluded by their peers are observed to be out of school, to have low self-confidence, low academic achievement, loneliness and psychological discomfort in later life (Conk et al., 2013).

Sociometric measurements are made in determining the social acceptance of the child. The criteria examined in these measurements are the social acceptance of the child in the peer group, the problems he / she has experienced, the way he is perceived by the people around him, the relationship between the social behaviors and the relations of the group processes with the positions. The results determine the acceptance level of the child in the peer group (Stotsky & Bowker, 2018) . The social position of the children is classified in the determined level. Newcomb and Bukowski (1983) developed five separate children's groups by developing the classifications made earlier. These are "Popular Kids", "Rejected Kids", "Controversial Kids", "Excluded Kids", and "Average Kids". Popular children constitute the most preferred group in groups that are divided according to their likes or dislikes. In controversial children, although loving and dislike situations are seen together, their social effects are great (Stotsky & Bowker, 2018; Gülay,2010; Anlıak & Dinçer, 2005; Walden et al., 1999).

Social position affects the emotional, social and behavioral adaptations of the child later in life. Determining the social positions of the preschool child, where communication with peers begins, is of great importance in terms of having information about social compliance and taking necessary precautions for later periods of life (Gülay, 2010).

Problem Solving

While the problem refers to the situation that the individual needs to be solved, getting rid of this situation is expressed as problem solving behavior. In order to solve problems, children have to bring together different social understandings (Özmen, 2013; Anlıak & Dinçer, 200).

Crick and Dodge (1994) gradually schematized what the child should do in problem solving, from the child's meeting with a social problem to the solution of the problem. This model is important for understanding and identifying at which stage the child has problems during the problem solving process and intervening in accordance with individual needs (Crıck & Dodge, 1994).

The years in which problem solving performance has improved greatly include the period just before starting school and the first years after starting. Children between the ages of five and seven tend to solve problems without the need for adult intervention with positive approaches, rather than exhibiting aggressive movements and pressure on other children (Berk, 2015; Chen et al., 2001). Communication is an important component in social problem solving. Factors such as the child's experience, reasoning ability, and adult support contribute to the child's transition from ineffective problem solving strategies to effective strategies (Berk, 2013).

In a study conducted by Aunola and Nurmi (2005), the link between the attitudes of 196 parents with 5-6 age group children and their child's internalization and externalization problem behaviors was examined. The questionnaire was repeated six times in total, one for each year, until the children reached the second grade. The high interest of mothers together with psychological control has led to an increase in the child's internal and external problem behavior. In addition, behavioral controls alone reduce the external problem levels of the child, while adaptation problems were observed in the child by adding psychological control (Aunola & Nurmi, 2005).

Besides having strong communication with their peers, children with problem solving skills will be able to take a more active role in problem solving and developing positive relationships with the people around them. It is thought that this will contribute to the development of the child's self-confidence, to control anger, and to solve the problems encountered by using positive problem solving skills instead of aggression (Ezmeci & Akman, 2010).

Social Behavior

"Social competence", which defines the adequacy of children's social relations with other people, is examined in a broader scope than the concept of social behavior. In early childhood, social competence skills, which include the ability of children to play, communicate and coordinate with the social environment based on the expansion of their social environment, develop rapidly. Social competence can be defined as the ability of the individual to manage his behavior, skills and emotions in accordance with the culture and society in which he lives. Social competence structure includes the existence of many skills that are thought to be important in creating positive relationships with others (Raver & Zigler, 1997).

Gresham and Reschly developed a model in 1981 that suggests that there are two elements of social competence. These two elements are the harmonious behavior style that establishes the balance between the individual's own needs and external requests, and social skills that include effective communication behaviors. In 1987, Gresham added the concept of peer acceptance to this model. According to the model, peer acceptance of children with social skills becomes

easier. In the peer group, the social competence of the children loved develops, thus increasing harmony in these children (Gülay, 2010).

Altay and Güre (2012) conducted social behavior analysis of 344 students who are studying pre-school. As a result of the scales filled by the mother and teacher of the child, a relationship was found between the parents' attitude and positive behavior characteristics observed in the child. The positive social behavior score of the children of the mothers in the democratic environment (4.89) was higher than the other mother's attitudes (4.63). In the same study, it was found that girls (4.92) had a more constructive attitude in social relations between children (Altay & Güre, 2012).

Positive social behavior consists of skills that every child can acquire. Children with these behaviors meet their needs to be accepted and loved by their peers. These behavioral patterns obtained by the child's experiences contribute to the development of peer relationships in pre-school period and the socialization process (Gülay, 2010).

Aggression

Aggression in children is a behavior that is generally done against a friend or object's sense of disability. The aggressive child is basically insecure and has not been able to learn to restrain his/her impulses (Yörükoğlu, 2015). There are different approaches to explaining aggression. According to the aggression theory, anger is when the child perceives and reacts to every behavior that is done to him as a result of his distrust of other people. The child shows aggressive behavior in order to prevent the dangers around him (Gülay, 2010).

Bandura (1973) mentioned that aggression was gained through learning. In his research on three groups of children, the first group watched a movie with children who showed aggressive behavior to a doll. The children in the second group watched the baby who was attacked by adults. The last group watched a movie without aggressive behavior. When the three groups were left alone with the baby, the first two groups applied the aggressive behavior they observed to the baby. According to this theory, learning about aggression includes modeling, rewarding aggressive behavior and ineffective problem solving skills of the child (Berk, 2013).

While social information processing mechanisms come into play in aggressive behavior, the child uses his angry and defensive reactions. This is because the messages conveyed to the child go through different perception processes and the child has trouble interpreting the messages. Aggressiveness is the most worrying thing for parents among the behavior patterns prescribed by preschool children. Aggressive behavior begins to emerge in early childhood. Lorenz (1966) described aggression as an intimate defense instinct that must be tamed and removed as quickly as possible (Yavuzer, 2015; Gülay,2010).

THE ROLE OF PEDIATRIC NURSING

Child behavior develops in the environment in which it was born and raised in many ways. Bronfenbrenner has developed a theory of ecological systems that explains the individual's relationship with five different systems in society. Systems are independent from each other, but in relation to each other. The smallest group of these systems is family and school environment. It is argued that the social experiences in this environment called the microsystem affect the behavioral orientation of the child (Gülay, 2010; Kağıtçıbaşı, 2007). For this reason, the pediatric nurse evaluates the child and the family together in the care planning. The duties of the pediatric nurse are to ensure the optimal health integrity of the child and the family, and to heal the child in case of illness. In this process, the pediatric nurse cooperates with those

who take care of the child. In the treatment process, applications are planned in accordance with the economic and sociocultural characteristics of the family. It is necessary to plan care and education suitable for the development of children with different cognitive abilities, and to use age-appropriate communication techniques when communicating (Akcan et al., 2010). The main role of nursing was to give care primarily. It is examined under the primary care roles that the pediatric nurse advocates the child and family, gives importance to patient education, investigates the benefit / harm dimension of the treatments used and has leadership qualities (Akça & Gözen, 2013). Communication and counseling roles between the healthcare team and patient / patient relatives are defined as secondary roles of pediatric nurses. This feature of the pediatric nurse, who can establish a one-to-one relationship with the patient and his/her family, plays an important role in identifying problems, creating an individual-specific care plan and evaluating the results of the practices (Conk et al., 2013).

Behaviors in early childhood are influenced by parental attitudes. For this reason, the pediatric nurse observes and evaluates the parental and child's behaviors from the first encounter with the child. If there is a situation where the nurse suspects while taking a story, they share it with other healthcare team members and seek solutions together (Arıkan et al., 2000). The World Health Organization (WHO) considers the role of the pediatric nurse valuable in preventing neglect and abuse by the child's family or someone else. In the role of patient advocacy within the nursing codes defined in the American Nurses Association (ANA), nurses are tasked with protecting children from all kinds of abuse and neglect. At the same time, according to WHO, it was stated that the nurses should guide the family on the education of pregnant women in the family and if the family has a child, the nurses should guide the family on the development of the child according to their age (Bakır & Kapucu,2017; Akça & Gözen,2013). An effective communication environment established with the family in this process is an important step in determining the subtleties of childcare. The purpose of the medical staff was not only to improve the disease condition. For healthy and positive life continuity inside and outside the hospital, the frame of care has been different for each patient and is shaped to the need.

The pediatric nurse serves the public health by using all his/her roles, primarily in counseling and educator role, in protecting the health of the child and society, increasing the level of health and quality of life, determining the possibilities of the family in coping with existing problems, and putting in place appropriate coping mechanisms (Taylan et al., 2011).

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