

Knowledge of Nurses in Holistic Care of a Child with Delayed Developmental Milestone and Cerebral Palsy

Article Gloria Tonye Dikibo
School of Nursing, Texila American University
E-mail: gloteedek@yahoo.com

Abstract

This capstone project is to wrap up three blocks - Medical/Surgical nursing, Maternal and Child health nursing and Mental Health Nursing. Using a case study of nineteen months old male child hospitalized with Delayed Developmental Milestone and Cerebral Palsy; a three-segment self – structured survey was carried out to elicit the Knowledge of Nurses on the Holistic Care of a Child with Delayed Developmental Milestone and Cerebral Palsy. Data collated from 24 Registered Nurses revealed 83.3 % are conversant with Delayed Milestone, 54.2% of nurses are not aware of the services to be rendered to a child in need, only 33.3% correctly listed other facilities and services for the holistic care. 66.7% are aware of their role in influencing the treatment protocol, 62.5% have nursed a child with Milestone delay, while 45.8% Cerebral Palsy. Only 25% correctly completed the third segment of the survey that expressed their knowledge in writing despite their experience and qualification, which may limit their skill in early identification of delayed milestone. Most experts agree that the earlier the diagnosis for Cerebral Palsy, the better. Thus the need for nurses to upgrade themselves to enhance early identification and referral of such problem for early developmental milestone screening, diagnosis, treatment plan, and early intervention to achieve an overall holistic care and development of the child; and increases the family chances of qualifying to get support measures from the government and non-governmental agencies.

Keywords: *Nurses knowledge, Holistic Care, Development Delay, child, Milestone, Cerebral Palsy.*

Introduction

The scope of this capstone 2 project is a wrap up of Medical and Surgical Nursing; Maternal and Child Health Nursing; and Mental Health Nursing. Maternal and Child Health entails - Midwifery the health science that deals with pregnancy, child birth, post-partum period and care of the new- borne. While - Child health: which is a part of Pediatrics that anticipate the new borne to grow to a healthy adult, thus expects the nurse to possess a comprehensive background on all aspects of children and an understanding of child growth and development.

Mental Health Nursing is concerned with Neurological disorder involving the brain, spinal column or nerves. This can affect the control of movement, communication, hearing, vision, and thinking. Promotion of mental health could be achieved through early detection of mental health problems, using Mental Status Examination to elicit, attitude, comprehension, motor activity, special manner, speech,

cognition, and intelligence. The use of multidisciplinary approach (Psychiatric nurse, social worker, occupational therapist, Diversional play therapist, Psychotherapist and so on) coordinating creates a therapeutic environment.

Medical and Surgical Nursing ensures the nurse recognizes her client as the functional and central focus of delivering nursing services, as such, she serves as an advocate to the client and significant others. As a Medical Surgical Nurse she is to promote, restore, and maintain the clients' health .To do this, clinical skills, knowledge and standard of care are required in ,nursing assessment, diagnosis, outcome identification, planning, implementation and evaluation; which is used in the treatment of potential and actual human responses to functional abilities and lifestyle.

Knowledge of Nurses in Holistic Care of a Child with Developmental Milestone and Cerebral Palsy on a cross-section of nurses working in a labour supply and contracting firm

J & Amafel in Southern Nigeria was borne out of curiosity to determine if the nurses are aware of the condition of a nineteen months old male child (appears as six months) who was hospitalized with Delayed Developmental Milestone and Cerebral Palsy. The child has not started rolling side to side while in bed, has not sat down, stood up or taken his first step, he has not smiled or babble any word apart from crying; Although it is expected of him to have attained these milestones by his age. Cases of children with delay development may not be regularly hospitalized in the facility; however, I have come across eight cases on outpatient and in-patient bases in the course of my career in the same facility.

A three segment self- structured questionnaire survey with outcome of respondents level of agreeing and disagreeing to nursing care and arrangement of other services, demographic data of years of experience , qualification and area of specialty; and open guided question of types of delay developmental milestone, list of services and facilities in managing the conditions, list of specialist in multidisciplinary approach, and their role in influencing and recommending management of the condition as well as parents and caregivers support programme was used to elicit the level of the knowledge of the nurses (who are supposed to have attained some level of general nursing training in Maternal and child Health Nursing, Medical Surgical Nursing and Mental Health Nursing).

The knowledge and application of Nurses on delay developmental milestone, holistic care of a child with the condition, their influence in the management, and family and caregivers support programme will establish early identification of the child's needs, which will be reported accordingly to proffer early specialized development screening, diagnosis, and early intervention treatment plan. The earlier the diagnosis for Cerebral Palsy the better, and the earlier intervention and therapies are initiated the greater the chances of the child maximizing his future potentials; and the family chances of qualifying to get support measures from the government and non- governmental agencies.

Main content

Infants and children grow and develop in their own pace, but there is an average age to establish when specific milestone can be

achieved. Developmental milestone is defined by the Center for parent information and Resources, as the time table for skills to emerge commonly. They are the points in time when a child learns to accomplish a specific task.

Developmental Milestones as stipulated by the United States of America Health System are specific behaviors and skills that show us how far a child has gone on the journey to human development. They further listed sitting, feeding oneself, crawling, walking and running are motor skills that are celebrated as human developmental milestone.

Developmental Delay on the other hand is generally defined as the failure of a child to reach developmental milestones at the expected age (First & Palfrey, 1994). Delayed Development , according to Individuals with Disabilities Education Act (IDEA), can be defined as a child with a disability(for children aged three through nine years), who is experiencing developmental delay as defined and as measured by appropriate diagnostic instruments and procedures in or more of the following areas- physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who by reason thereof, needs special education and related services.

Types of Developmental Delay Are-Failure to thrive, pervasive development disorder (PDD), autism spectrum disorder (ASD), global developmental delay, Down syndrome, fetal alcoholic syndrome, fragile X syndrome, speech and language delay, Cerebral Palsy, Intellectual disability.

The American Academy of Pediatrics recommend monitoring of general child development using standardized developmental screening tool at 9 months, 18 months, 24 or 30 months. 18 and 24 months for autism, or whenever a parent or caregiver has concern. Milestone evaluation is conducted by a skilled and highly trained professional that uses the findings to create a profile for the child's strengths and weaknesses in areas of -Physical development(fine motor skills and gross motor skills), - Cognitive development(intellectual abilities), - communication development(speech and language), - social or emotional development(social skills, emotional control), and -Adaptive development (self-care

skills).The result which will determine if the child should commence medical treatment or go for early intervention services.

However, Collins, Pringle, Alexander et al 2017 contributed that implementing routine screening in primary health care, using cost effective and acceptable level of burden and provider training increases milestone screening and early identification and mitigation of developmental delays. In a previous educational intervention study carried out on child development surveillance with nurses who worked in Sanitary District III at Joao Pessoa Paraiba Brazil, by Altamira , Neusa et al (2015) results revealed that after an educational
3 ntervention , there was increase in the knowledge of nurses, and implementation of child development surveillance; thereby improving the quality of child healthcare. This confirms what Dr. Trimm stated that Infants and children brain grow rapidly, should there be development challenge, early recognition and early intervention on those problems can improve the overall development.

In consonant with the United Nations Sustainable Developmental Goals and the UN Convention on the Rights of the Child (CRC) stating that health and education contribute to the well-being of all. Children with developmental delays, mental, behavioural, cognitive, and neurological disabilities need greater access to healthcare, early childhood care, development services and education.

Early intervention(0-3years) services are-Assistive technology (devices a child may need)-Auditory or hearing services, Speech and Language services, Counselling and training for families, Medical services, Nursing services, Nutrition services, occupational therapy, physical therapy, psychological services, occupational therapist, play therapist.

Special education services are for children of age 3-5 years or more. Some of such special educational services in Nigeria are: (1) Modupe Cole Memorial child care and Treatment home No 1 St. Finbarr College Road, Akoka; (2) Benola (a non- profit organization for persons living with Cerebral Palsy) Suite 19/20, Praise Plaza, Ajar/Ado road Lekki, Lagos. (3) C.A.D.E.T. Academy research and evidence based special needs education and learning programme. Block L2, No13 Uruguay street Abuja. (4) Patrick speech and language center.

(5) Center for Autism and development. (6) Special School for Handicapped Children (UBE) Nursery Primary and Junior secondary school Port Harcourt.

Dr. Franklin Trimm, a professor of pediatrics at the University of South Alabama College of Medicine identified that the sequence for children to attain developmental milestone always take a sequence of order - roll over, sit, crawl, stand and walk. He further explained that different reasons are responsible for delayed development; however, some may require a detailed medical evaluation to determine the cause, which may be medical, genetic or neurological most which are uncommon. He advised that pediatricians and primary healthcare provider should be contacted first should there be any concern for delayed development; as they will be in the position to consider additional evaluation and make referrals where necessary.

In this case study, Cerebral Palsy, a medical condition was responsible for the inability of the child to attain the developmental milestone according to the specified time table. The most apparent early sign of Cerebral Palsy is developmental delay. Cerebral Palsy is a neurological syndrome, with signs and symptoms that varies with individuals. Its severity is dependent on the degree of injury to the brain (probably from pregnancy and delivery complications) sequel to impairment of muscle tone, motor function, balance control, coordination, reflexes and posture. Oral motor dysfunction is also a consequent with resultant difficulty in swallowing and feeding, speech impairment and poor facial muscle tone. Others are delay in key growth milestone: rolling over, sitting up, and crawling, standing, walking and balancing. As the brain and child develops, other signs may also erupt at 3-5 years.

Diploma certified and licensed nurses possess general knowledge in Maternal and child health, Medical and Surgical Nursing, and Mental Health Nursing which prepares them to practice as primary health providers especially in the child health clinics, (where they conduct growth monitoring, looking out for milestone and immunization schedules ;)as well as other departments like pediatric, maternity, medical and surgical wards where parents and care givers will always reach out to them for help, counselling and referral, and the nurse is expected to act accordingly.

Besides using the King's Theory or Model of Holism in Nursing, which deals with growth and development and goal attainment, helps the nurse to determine and address the goals of the patients met and render nursing care accordingly. For the case study the developmental milestone was not attained as per the age of the child.

The bed rock of parties involved in the care of a child with Delayed Development is the parents/family or care givers. Children with delayed milestone will thrive well if they get the nurture and support from their care givers mostly at the early age. In the contrary most parents lack the knowledge of the child's condition which hinges the overall outcome of care. To this end the need to educate the care givers on special care and provide support system in the form of specialists/therapist, special schools, health grants and so on will enhance their patience and consistence in meeting the child's need.

Methodology

This is a descriptive survey carried out with self-structured questionnaire for a cross-section of nurses. The survey was in three segments, the first segment is expected to provide answers in the Likert scale of agree, strongly agree, disagree, strongly disagree, and neutral. The second is demographic questions to years of experience, sex, age, educational qualification, and area of specialty. While the third segment was guided open ended questions that allowed the respondents to express their knowledge in writing.

A telephone Interview was also conducted individually on different occasions with a Pediatrician, General Practitioner, counselor, Dietician/Nutritionist, Physiotherapist, and Health Maintenance officer (a medical doctor)

5 in the facility the nurses are working to ascertain the provision of services for holistic care for children with Delayed Milestone.

Forty-Five (45) Nurses working with a labour supply contracting company, J & Amafel Limited in southern Nigeria are the target population, Questionnaire was distributed to 28 nurses, but only 24 (n=24) participated with duly checked informed consent. Permission was also obtained from respective authorities.

The survey was conducted within July and August 2019, and retrieved within one week of

distribution due to the nature of work and shift schedule. Data was collated and arranged, analyzed manually and through micro soft Excel and presented in percentages, tables, and graphs; for easy comprehension and interpretation.

Results

Total of 24(54.5%) Nurses participated in the survey instead of 45; 20(45.5%) did not participate due to the nature of shift, annual leave, and multiple location. The respondents were 4 (16.7%) males, and 20 (83.3%) females. Their Age range: 2 were (51-59 Years) category (8.3%), Nil in (46-50 Years), 8(33.3%) in (41-45 years), 11(45.8%) in (31-40 years)-, 1(4.2%) in (20-30 years), 2 (8.3%) participants did not reveal their age.

They are all Registered Nurses (100%). 19 Registered Midwives (79.2%). 1 Occupational Nurse (4.2%), 1 Psychiatric Nurse (4.2%), 1 Paediatric Nurse (4.2%), 1 Public Health Nurse (4.2%), 4 BNSC (16.7%) and 1 MSC (4.2%).

The participants Years of experience obtained were -0-5 year -2(%), 6-10 years -6 (%), 11-15 years -4(%), 16-20 years -6 (%), 21-25 years -3 (%), 26-30 years -2 (%), (no response)-1.

The scalar Likert's response ranging from Neutral, strongly disagree, Disagree, Agree and strongly agree for Questions 1-9 Revealed:

15 Nurses agreed they are conversant with Delayed developmental milestone; 5 strongly agreed, 2 disagreed, one is neutral, and one did not respond. Total of 20 nurses (83.3%) are conversant with the condition (16.7%) are not.

To elicit if participants have worked in Paediatric/ Children ward, 14 agreed, 6 strongly agreed, 2 disagreed, while the remaining 2 are strongly disagree and neutral respectively. (83.3%) have worked in Paediatric ward.

10 Nurses agreed they have nursed a child with Delayed Developmental Milestone, 5 strongly agreed, 3 disagreed, 2 strongly disagreed while 4 nurses are neutral. (62.5%) have nursed a child with this condition, (37.5%) have not.

For Nurses who were able to identify the needs of the child with Delayed Developmental milestone on admission and discharge, 10 Nurses agreed they were able to, 6 strongly agreed, 4 disagreed, while 4 are neutral. (66.7%) identified the needs, (33.3%) did not.

Concerning the care given to the child, 9 of the participants agreed they are satisfied, 5

strongly agreed, 5 disagreed, 1 strongly disagreed and 4 are neutral. (58.3%) are satisfied with the care, (41.7%) are not.

10 of the respondents indicated the child's needs were met by agreeing, 3 strongly agreed, 5 disagreed, 1 strongly disagreed while 5 were neutral about the child's need been met. (54.2%) indicated child's needs were met, (45.8%) did not agree.

Family and care givers were engaged in coping skill and counselling. 12 of the participants agreed to this, 4 strongly agreed, 4 disagreed, 1 strongly disagreed, and 3 are neutral. (66.7%) engaged family, (33.3%) did not engage the family.

Out of the 24 nurses, only 11 have nursed a child with cerebral palsy. 6 agreed, 5 strongly agreed, 6 disagreed, 4 strongly disagreed and 3 are neutral. (45.8%) nurses have nursed a child with cerebral palsy, (54.2%) have not.

The health care system/facility makes room for children with special needs. 4 respondents agreed, 4 strongly agreed, 7 disagreed, 5 strongly disagreed, and 4 are neutral. (33.3%) accepted the facility make available the needs of the child, (66.7%) did not accept.

The respondent's years of experience, qualification in relation to answers to questions number 14-21 (subjective) obtained revealed:

No response to years of experience, level of education- (RN/RM-1)

0-5 years of experience, level of education- (RN-2). They both answered fairly.

6-10 years of experience, level of education- (MSC-1, BNSC-3, Paediatric -1, and Midwife-1). The BNSC, RN/RM, Paediatric Nurse and MSC answered well respectively.

11-15 years of experience, level of education- (RN/RM-1, BNSC-2, Psychiatric Nurse -1,) The Psychiatric nurse gave the most correct answers followed by the RN/RM, and BNSC.

16-20 years of experience, level of education- (RN/RM-3, Occupational Health Nurse-1, and BNSC-2). RN/RM, and Occupational Health gave the most correct answers.

21- 25 years of experience, level of education- (RN/RM-2, Public Health Nurse -1). The PHN answered better.

26- 30 years of experience, level of education- (RN/RM-2). One answered better.

For the third segment of the survey where nurses expressed their knowledge in writing from question 14-21,

When asked to list the conditions of Delayed Developmental Milestone (DDM), 3 (12.5%) did not.

For challenges faced when caring for DDM, 19 (79.2%) correctly highlighted, while 5 (20.8%) did not respond.

When asked about knowledge of services and facilities for the care of DDM, 13 (54.2%) are not aware.

Only 8 nurses (33.3%) list services for DDM.

For recommendation to the facility /place of work in the care of DDM, 11 nurses (45.8%) express their recommendation.

Apart from medical treatment, which another professional is to care for DDM? (45.8%) 11 nurses correctly listed.

17(70.8%) nurses in each of the clearly stated how they can influence the management of DDM; and also give support to family respectively.

Only 6 (25%) nurses wrote correctly in all the questions of this third segment survey and competed.

Result from the Interview with other healthcare professionals:

The General practitioner- feels the facility make room for children with special needs. While the Paediatrician said the facility do not have room for children with special needs apart from the medical needs, but rather suggest to parents where such needs are met, and the parents pay out –of their pocket. The counselor who also accompany nurses for hospital visitation/follow-up and plays a major role in this condition said she is not aware of such provision for children with special needs by the facility. The physical therapist, said he attended to 4 children diagnosed developmental delay, but no purpose built devises and equipment, and parents were also not committed to the regimen .The Dietician/Nutritionist said she has not seen a child with delayed milestone, but has developed treatment plan for children with poor nutritional status; and the medical doctor in-charge of health maintenance organization for the facility also confirmed there are no provisions made available by the facility for children with delayed developmental milestone.

Discussion

First & Palfrey, 1994 defined. defined Developmental Delay as the failure of a child to reach developmental milestones at the expected

age. While Individuals with Disabilities Education Act (IDEA), defined it as a child experiencing developmental delay in one or more of the following areas- physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who by reason thereof, needs special education and related services.

Only 25% of nurses correctly answered and listed the types of delayed development milestone in this segment of survey; Meaning 75% do not have knowledge of this condition. IDEA also stated the need of special education and related services, for children with delayed development. The study revealed 33.3% of nurse correctly listed related other services for the holistic care of the children with this condition. Considering the role of early intervention with such facilities, - Assistive technology (devices a child may need)-Auditory or hearing services, Speech and Language services, Counselling and training for families, Medical services, Nursing services, Nutrition services, occupational therapy, physical therapy, psychological services, occupational therapist, play therapist, delay in early detection, reporting and early referral of the child will significantly affect the prognosis.

The family plays an elaborate role in the holistic care of children with delayed milestone. Children thrive well if they get the nurture and support from their care givers mostly at the early age. In the contrary most parents lack the knowledge of the child's condition which hinges the overall outcome of care. This is where the nurses play a major role to educate the care givers. When 54.2% of nurses are unaware of the facilities and services how would they counsel and introduce the family to embark on early intervention. Also, when faced with this condition, care givers may easily be

discouraged, offering counselling and support will promote a nurturing environment. Although 66.7% of the nurses offered support, only 33.6% correctly listed other facilities that could also render assistance, more so when the admitting facility

Diploma certified, Bachelor of Nursing science (BSN), and other specialist area licensed nurses possess general knowledge in Maternal and child health, Medical and Surgical Nursing, and Mental Health Nursing which prepares them to practice as primary health providers.

All respondents are registered nurses and are expected to have knowledge of delayed developmental milestone as it is included in the curriculum theoretically and clinically.

Conclusion

Knowledge of Nurses on developmental delay and the holistic care is inadequate in spite of their educational qualification and years of experience as only 25% of the responded gave correct answer and completed the most important part of the survey, thus limiting their skill for early detection. The role of early identification and intervention is the key, hence the need for knowledge upgrade especially in the screening of children in child wellness clinic, as it has shown to yield results in previous research. When faced with this condition care givers may easily be discouraged, offering counselling and support will promote a nurturing environment. Although 66.7% of the nurses offered support, only 33.6% correctly listed other facilities that could also render assistance, more so when the admitting facility do not make provision. This project was on a very minute aspect of cross section of nurses in Southern Nigeria, taking a larger group is recommended more so for nurses working in Primary Health Care, Government hospitals, specialist and Teaching hospitals.

Figures and tables

Table 1. Timeline for Childhood Developmental Milestone

| S/N | AGE | TASK |
|-----|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 2 Months | Begins to smile at the sound of voice, and turns head towards sound. |
| 2 | 3 Months | Raises head and chest while lying on stomach, grasp objects, and smile at other people. |
| 3 | 4 Months | Smiles spontaneously at people, babbles, holds head steady and reaches for toy with one hand |
| 4 | 6 Months | Knows familiar faces, likes to look at self in the mirror, respond to sound with sound, rolls from back to stomach, and stomach to back, moves object from hand to hand. |
| 5 | 7 Months | Responds to own name and find partially hidden objects |
| 6 | 9 Months | Beginning of strangers' anxiety, understands "no", sits without support, stands holding on and crawls. |
| 7 | 12 Months | Walks with or without support, say words like "mama", "dada", and enjoys imitating people. |
| 8 | 18 Months | Walks independently, drinks from a cup says at least 15 words. |
| 9 | 2Years | Runs, speaks in two words sentences, follows simple instruction, and begins make-belief play. |
| 10 | 3 Years | Climbs well, speaks multi-word sentences, sorts objects by shape and colour and rides a tricycle. |
| 11 | 4 Years | Gets along with people outside the family and sings from song, poems and memory, draws circles and square, hops and stands on one foot for two seconds |
| 12 | 5 Years | Gender identity, tells name and address, jumps, hops and skips, gets dresses, counts up to 10 or more objects, uses a fork and spoon, and copies a triangle. |

Table 2. Nurses Response to Types of Delayed Development Milestone

| S/N | YRS.EXP | EDU.QLF | RESPTS. (24) | RESPONSE |
|-----|-------------|-------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | No response | RN/RM | 1 | Mongol-1 |
| 2 | 0-5 | RN | 2 | Delay in talking-1, Down syndrome and cerebral palsy-1. |
| 3 | 6-10 | RM, PDN, BSN, MSC | 6 | Learning disability-1, Growth retardation-1, Down syndrome, sickle cell anaemia, Autism-1, cerebral palsy-1, cleft palate, Athemizers disease-1, Down syndrome-1. |
| 4 | 11-15 | RN, RM, BNS. | 4 | Down syndrome-1, Delay in walking-1, Failure to thrive-1, no response-1 |
| 5 | 16-20 | RN, RM, OH, BNS. | 6 | Down syndrome-2, poor nutrition-1, intellectual disabilities, mongolism-1, no response-1, mental retardation, |

| | | | | |
|---|-------|--------------|---|--------------------------------------------------------------------------------------------------------------------------|
| | | | | Down syndrome, Autism, Attention Deficiency Hyperactive Disorder (ADHD), Delayed motor skill(walking), Delayed speech-1. |
| 6 | 21-25 | RN, RM, PHN. | 3 | Autism and Mongolism-1, cerebral palsy -1, no response-1 |
| 7 | 26-30 | RN, RM | 2 | Sickle cell anaemia-1, no response-1 |

Table 3. Nurses Response in Major Challenges Faced During the Care of a Child with Delayed Development

| S/N | YRS.EXP | EDU.QLF | RESPTS (24) | RESPONSE |
|-----|-------------|-------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | No response | RN/RM | 1 | You need patience-1 |
| 2 | 0-5 | RN | 2 | No response -1, Communicating with the child-1 |
| 3 | 6-10 | RM, PDN, BSN, MSC | 6 | cooperating with care givers-1, I have not nursed a child with such condition-1, limited specialty nurses, specific care giving facility-1, communication and interaction-1, inadequate facilities in the hospital, lack of cooperation on part of the relatives-1, finance-1 |
| 4 | 11-15 | RN, RM, BNS. | 4 | I have not cared for any-1, activities of daily living-1, inability to meet up with developmental milestone-1, no response-1 |
| 5 | 16-20 | RN, RM, OH, BNS. | 6 | No response-2, low class parents-1, it puts huge strain on the family structure, and coping challenges-1, communication-1, Lack of specialist and therapists, not meeting special needs of the child only the medical needs-1. |
| 6 | 21-25 | RN, RM, PHN. | 3 | Communication-1, no response-1, I have not nursed one-1. |
| 7 | 26-30 | RN, RM | 2 | No purposeful building or department for cerebral palsy-1, no response-1 |

Table 4. Nurses Knowledge of Services and Facilities for the Holistic Care of Delayed Development

| S/N | YRS.EXP | EDU.QLF | RESPTS (24) | RESPONSE |
|-----|-------------|-------------------|-------------|-----------------------------------------------------------------------------|
| 1 | No response | RN/RM | 1 | No response-1. |
| 2 | 0-5 | RN | 2 | Yes-1, No-1 |
| 3 | 6-10 | RM, PDN, BSN, MSC | 6 | Yes-3, No-2, Yes, I am aware but they are inadequate-1. |
| 4 | 11-15 | RN, RM, BNS. | 4 | No response-1, No-2, yes-1. |
| 5 | 16-20 | RN, RM, OH, BNS. | 6 | Yes-2, No-2, yes – Rights enable inclusion Equality-1, No response-1. |
| 6 | 21-25 | RN, RM, PHN. | 3 | No-1, no response-1, Yes “The Child” in Catholic cathedral Port Harcourt-1. |

| | | | | |
|---|-------|--------|---|-----------------------|
| 7 | 26-30 | RN, RM | 2 | No response -1, No-1. |
|---|-------|--------|---|-----------------------|

Table 5. Listing of Any Services and Facilities Apart from The Hospital That Can Care for This Child by Nurses

| S/N | YRS.EXP | EDU.QLF | RESPTS (24) | RESPONSE |
|-----|-------------|-------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | No response | RN/RM | 1 | No response-1. |
| 2 | 0-5 | RN | 2 | Nil-1, Orphanage home-1 |
| 3 | 6-10 | RM, PDN, BSN, MSC | 6 | Rehabilitation centers-2, None-2, No response-1, Intellectual disability homes and special needs schools-1. |
| 4 | 11-15 | RN, RM, BNS. | 4 | No response-1, Special school and rehabilitation centers-1, family therapy, cognitive therapy, social therapy, intellectual therapy and others-1. |
| 5 | 16-20 | RN, RM, OH, BNS. | 6 | No-1, remand home-1, no response-1, exceptional teachers teaching exceptional children-1, good diet-1, special school for the handicap creek road Port Harcourt, Corpus Christy church for special children, daughters of charity/other catholic schools for special children-1 |
| 6 | 21-25 | RN, RM, PHN. | 3 | No-1, no response-1, Yes- "The Child" in Catholic cathedral Port Harcourt-1. |
| 7 | 26-30 | RN, RM | 2 | No response -1, Nil-1. |

Table 6. Nurses Recommendation to the Facility where the Child was Treated?

| S/N | YRS.EXP | EDU.QLF | RESPTS (24) | RESPONSE |
|-----|-------------|-------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | No response | RN/RM | 1 | No response-1. |
| 2 | 0-5 | RN | 2 | send the child to pre care school-1, No response-1 |
| 3 | 6-10 | RM, PDN, BSN, MSC | 6 | Special need Paediatric unit and to train nurses-1, no response-2, free medical care- 1. language development and communication-1, collaborate with health care providers-1, |
| 4 | 11-15 | RN, RM, BNS. | 4 | Patience is needed during care- 1; They should be more careful and go for specialists-1, none-1, no response-1. |
| 5 | 16-20 | RN, RM, OH, BNS. | 6 | Creating public awareness-1, no response-2, To link up with other groups in the care of disable children-1, improved diet-1, To advocate and employ services of specialized |

| | | | | |
|---|-------|--------------|---|--------------------------------------------------------------------------------------------|
| | | | | therapist in speech, vocation, physiotherapist and psychotherapist- 1 . |
| 6 | 21-25 | RN, RM, PHN. | 3 | No response- 2 , to create awareness to public on this special children- 1 . |
| 7 | 26-30 | RN, RM | 2 | No response- 2 . |

Table 7. Nurses' Knowledge of other Disciplines to be Part of the Team for Holistic Management of the Child

| S/N | YRS.EXP | EDU.QLF | RESPTS (24) | RESPONSE |
|-----|-------------|-------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | No response | RN/RM | 1 | No response- 1 . |
| 2 | 0-5 | RN | 2 | Nil- 1 , counselor, psychiatrist or behavioral scientist- 1 . |
| 3 | 6-10 | RM, PDN, BSN, MSC | 6 | Psychotherapist, speech therapist, counselor, intellectual disability nurse- 1 , social worker, nutritionist- 1 , child psychologist- 1 , no response- 1 , speech therapy, occupational therapy- 1 , Rehabilitation team- 1 . |
| 4 | 11-15 | RN, RM, BNS. | 4 | No response- 1 , counselor, psychiatric nurse, social worker, doctors- 1 , To sanction defaulters and encourage nurses and doctors to go for specialty courses- 1 , Rehabilitation and counselling team- 1 . |
| 5 | 16-20 | RN, RM, OH, BNS. | 6 | No response- 2 , psychotherapy group- 1 , counselor- 1 , counselors. Behavioral scientist- 1 , physiotherapist, psychotherapist, social worker, paediatrician, speech therapist, vocational therapist- 1 |
| 6 | 21-25 | RN, RM, PHN. | 3 | No response- 3 . |
| 7 | 26-30 | RN, RM | 2 | Neurologist, Neuro- surgeon, intensive care nurse, counselor, nurse practitioner, public health- 1 , no response- 1 . |

Table 8. How can Nurses Influence the Decision of the Management of Such Clients?

| S/N | YRS.EXP | EDU.QLF | RESPTS (24) | RESPONSE |
|-----|-------------|-------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | No response | RN/RM | 1 | No response-1. |
| 2 | 0-5 | RN | 2 | Be an advocate for the client-2, |
| 3 | 6-10 | RM, PDN, BSN, MSC | 6 | Being an advocate-2, meet their medical needs-1, influence management to have special need pediatric unit-1, no response-1, nurses should advice doctors to refer patients to facilities that specialize in their care-1. |
| 4 | 11-15 | RN, RM, BNS. | 4 | be patients advocate-2, no response-1, nurses should update themselves-1 |
| 5 | 16-20 | RN, RM, OH, BNS. | 6 | Health education-1, Through their care for the patients and experience-1, no response-2, health education and home visiting-1, Through early detection at birth, child health clinic, admission and reporting same, involving family members, recommend special therapist treatment-1 |
| 6 | 21-25 | RN, RM, PHN. | 3 | Home visiting, education-1, no response-2 |
| 7 | 26-30 | RN, RM | 2 | Through reporting, research and team work-1, no response-1 |

Table 9. Ways Nurses can Alleviate the burden from family care givers?

| S/N | YRS.EXP | EDU.QLF | RESPTS | RESPONSE |
|-----|-------------|-------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | No response | RN/RM | 1 | No response-1. |
| 2 | 0-5 | RN | 2 | Educate the family about the condition-1, involve the family members in decision making-1 |
| 3 | 6-10 | RM, PDN, BSN, MSC | 6 | No response-1, provision of external braces, health educate the care givers-1, Being positive and friendly, teaching coping skills, diligently carryout their professional duties and do appropriate follow-up-1, no response-1, by carrying out holistic care of the patients and involving the family in decision making-1, Explaining the condition to parents, advising parents on nutrition, referring parents to facilities specialized in the condition-1. |
| 4 | 11-15 | RN, RM, BNS. | 4 | Nursing care should be performed holistically-1, no response-1, involve the family, psychotherapy |

| | | | | |
|---|-------|------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | and education-1, Assist the family, educate them on the condition, treatment and prevention-1 |
| 5 | 16-20 | RN, RM, OH, BNS. | 6 | Health education-2, Reporting to the government for assistance-1, no response-1, Pulling resources and forming care group for the mentally disable children-1, Counselling, referral, encouraging acceptance of children, willing to serve and specialize in such areas, follow-up-1 |
| 6 | 21-25 | RN, RM, PHN. | 3 | Send children to where they can be treated-1, liaising with NGOs, government and other bodies to support the parents in the care of patient-1, no response-1. |
| 7 | 26-30 | RN, RM | 2 | Good holistic care patient management, home visit, follow-up, liaise with the family and NGOs, government, and the hospital-1, no response-1 |

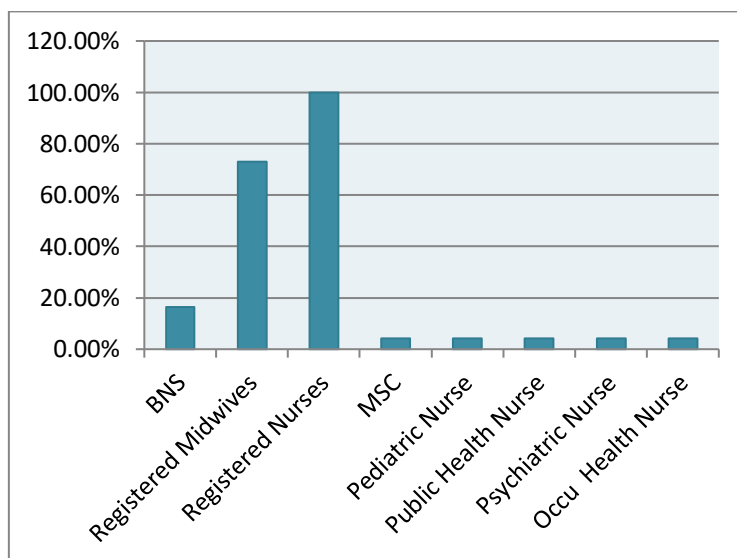


Figure 1. (Educational Qualifications of Participants)

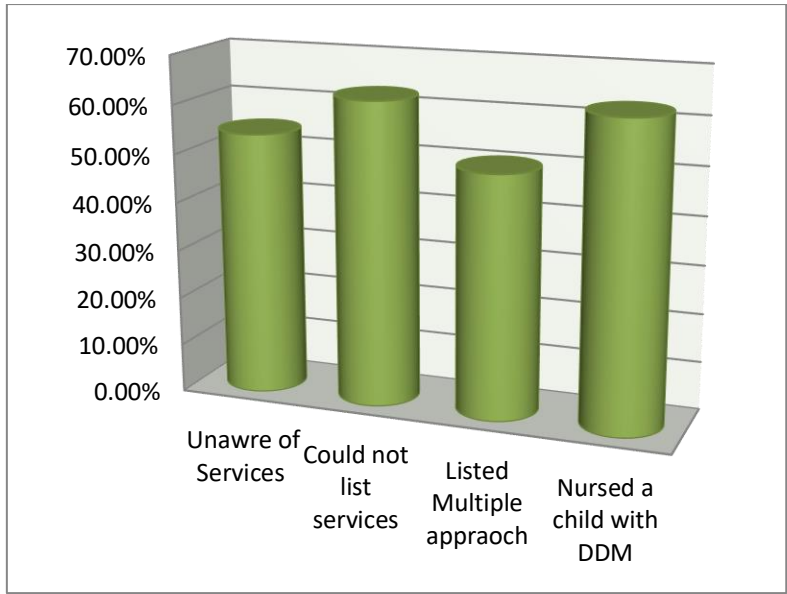


Figure 2. (Knowledge of services for Multidisciplinary Approach for Delayed Developmental Milestone (DDM))

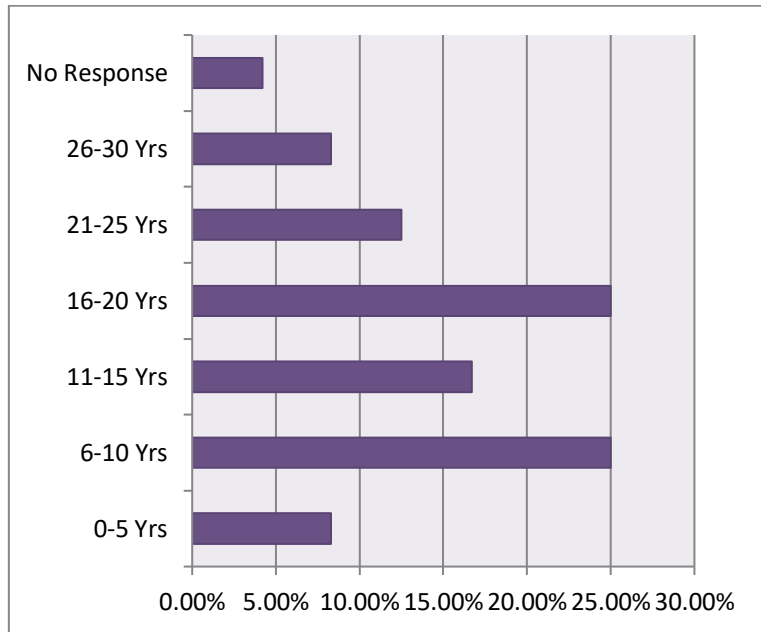


Figure 3. (Respondents Years of work Experience)

Acknowledgement

My heart felt gratitude goes to the Management and nursing staff of J & Amafel Limited for their permission and participation in the survey of this project in spite of their busy work schedule. The support of my supervisor in ensuring conclusion and compilation of the survey is highly appreciated.

I also appreciate the Faculty and student mentors of TAU for their patience in the conclusion of this “Capstone Project”.

The support and encouragement from my family in completion of this work cannot be overemphasized. I will remain indebted to them.

References

[1]. Center for Parent Information & Resources Developmental Delay, Sep 16, 2016 <https://www.parentingcenterhub.org/dd>
 [2]. Parenting Feb 20, 2014 Developmental Milestones- Does my child have a delay? Children MDMOM DOCS helping moms on the go Children’s Hospital –St Louis <https://childrensmid.org/browse-by-age>

[3]. USA HEALTH Education | Healthy Living Following A Child's path of Developmental Milestone Aug 1st, 2018

<https://www.usahealthsystems.com/news>

[4]. Kenneth A. Stern informational website: Mychild at CerebralPalsy.org

<https://www.cerebralpalsy.org/about-cerebralpalsy>

[5]. Collins PY, Pringle B, Alexander C, Darmstadt GL, Heymann J, Huebner G, et al (2017) Global Services and support for children with developmental delays and disabilities: Bridging research and policy gaps. *PLoS Med* 14(9): e1002393. Doi: 10.1371/journal.pmed.1002393. Sep 18, 2017

<https://journals.plos.org/plosmedicine>

[6]. Community for mothers and mothers to be in Nigeria .10 Schools for Children with Special Needs in Nigeria Mamalette.com

[7]. Altamira Pereira, Neusa Collet., Sophie Helena Eichmann, Marilia (2015) Child Development Surveillance: intervention study with nurses of the family health strategy

[8]. *Rev. Lat Am Enfermagem*.2015 Sept-Oct; 23(5): 954-962.

Doi:10.1590/0104-1169.0272.2636

PMCID:

PMC4660419 PMID: 26487147

<https://dx.doi.org/10.1590/0104-1169.02722636>