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Research article

What factors increase Dutch child health care professionals' adherence to a national guideline on preventing child abuse and neglect?☆

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ABSTRACT

Guidelines to support health care professionals in early detection of, and responses to, suspected Child Abuse and Neglect (CAN) have become increasingly widely available. Yet little is known about professionals' adherence to these guidelines or the determinants that affect their uptake. This study used a cross-sectional design to assess the adherence of Dutch Child Health Care (CHC) professionals to seven key activities described in a national guideline on preventing CAN. This study also examined the presence and strengths of determinants of guideline adherence. Online questionnaires were filled in between May and July 2013 by 164 CHC professionals. Adherence was defined as the extent to which professionals performed each of seven key activities when they suspected CAN. Thirty-three determinants were measured in relation to the guideline, the health professional, the organisational context and the socio-political context. Bivariate and multivariate regression analyses tested associations between determinants and guideline adherence. Most of the responding CHC professionals were aware of the guideline and its content (83.7%). Self-reported rates of full adherence varied between 19.5% and 42.7%. Stronger habit to use the guideline was the only determinant associated with higher adherence rates in the multivariate analysis. Understanding guideline adherence and associated determinants is essential for developing implementation strategies that can stimulate adherence. Although CHC professionals in this sample were aware of the guideline, they did not always adhere to its key recommended activities. To increase adherence, tailored interventions should primarily focus on enhancing habit strength.

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Child Abuse and Neglect (CAN) is increasingly recognised as a serious worldwide public health concern. In The Netherlands, at least 3.4% of all children suffer from sexual, physical or emotional maltreatment every year (Euser et al., 2013). CAN may result in long-lasting physical and psychological damage to individual children (Committee on Child Maltreatment Research et al., 2014) and may also result in economic costs for society (Meerding, 2005). Attempting to decrease the prevalence of CAN is therefore essential.

Professionals working with families play an important role in the prevention of CAN, as caregivers and maltreated children frequently do not seek help or support themselves (Cohen, 1999; Deater-Deckard, 1998). However, studies have demonstrated that nurses and doctors in various health care settings sometimes fail to recognise CAN (e.g. Fingarson, Flaherty, & Sege, 2011; Fraser, Mathews, Walsh, Chen, & Dunne, 2010; Sege & Flaherty, 2008) or do not respond adequately when they have suspicions (e.g. Fingarson et al., 2011; Flaherty et al., 2008; Sege & Flaherty, 2008). As poor recognition and response to CAN concerns may leave children vulnerable to victimisation, health care professionals working with families need to be supported on these issues.

Internationally, clinical practice guidelines on preventing CAN have become increasingly widely available (American Medical Association, 1992; Prevent Child Abuse Utah, 2006; Saperia, Lakhanpaul, Kemp, & Glaser, 2009). Clinical guidelines may improve the quality of health care, help professionals who are uncertain how to proceed and improve the consistency of care (Woolf, Grol, Hutchinson, Eccles, & Grimshaw, 1999). However, very few studies have investigated professionals' adherence to guidelines on CAN prevention or investigated factors that impede or facilitate their use. One study on the evaluation of guidelines on positive parenting and family violence prevention demonstrated that lack of time, the complex structure of the guidelines and competing organisational demands and priorities impeded integrating the guidelines in public health nurses' practice (Lia-Hoagberg, Schaffer, & Strohschein, 1999). In an earlier study, Konijnendijk, Boere-Boonekamp, Haasnoot-Smallegange and Need (2014) identified poor self-efficacy, poor inter-organisational cooperation and poor caregiver willingness to cooperate as impeding factors for Child Health Care (CHC) professionals' adherence to a guideline on CAN prevention.

Although little research has focused on (determinants of) adherence to guidelines on preventing CAN, extensive research has focused on factors that explain non-adherence to one specific key activity in CAN prevention: reporting suspected CAN to child protection authorities. This activity is mandatory for health professionals in countries such as the United States of America, Canada, Australia, Italy and the United Kingdom (Cukovic-Bagic, Welbury, Flander, Hatibovic-Kofman, & Nuzzolese, 2014; Mathews & Kenny, 2008). Impeding factors to reporting suspected CAN include for example poor knowledge of child abuse symptoms (e.g. Adams, 2005; Davidov, Jack, Frost, & Coben, 2012; Flaherty et al., 2008; Gunn, Hickson, & Cooper, 2005; Piltz & Wachtel, 2009), poor knowledge of reporting laws and processes (Feng & Levine, 2005; Gunn et al., 2005; Ward et al., 2004), negative attitudes towards and low trust in child protection services due to negative experiences, inadequate feedback or delayed investigations (e.g. Feng & Wu, 2005; Flaherty et al., 2008; Gunn et al., 2005; Herendeen, Blevins, Anson, & Smith, 2014). Also, the potential loss of the relationship with the child and the family may also decrease the likelihood of professionals reporting CAN concerns (Flaherty et al., 2006; Vulliamy & Sullivan, 2000). Some professionals prefer to address their concerns with the family rather than report their concerns to child protection authorities (Flaherty, Sege, Binns, Mattson, & Christoffel, 2000; Jones et al., 2008), or they may not find their suspicions serious enough to make a report (Levi & Crowell, 2011).

Reporting CAN to child protection authorities can be an important activity in preventing (ongoing) CAN and it is therefore important to understand this behaviour. However, other activities, including discussing CAN concerns with caregivers and seeking expert consultation, often precede the decision to report or not. Also, monitoring the support that is provided to the family after a referral or report is important to be able to safeguard vulnerable children. Far too little attention has been paid to understanding and explaining adherence to the broad spectrum of activities that professionals should perform when they suspect CAN. This study seeks to obtain data which will help to address this research gap.

The present study assessed (determinants of) adherence of Dutch CHC professionals to key activities described in a clinical guideline on CAN prevention (further referred to as the CAN guideline). Insight into relevant determinants allows health care organisations to develop implementation strategies to stimulate desired work practices (Davis & Taylor-Vaisey, 1997; Fleuren, Paulussen, Van Dommelen, & Van Buuren, 2014a). We used an implementation framework that was developed to gain better understanding of professional adherence to innovations in health care, including new guidelines (Fleuren et al., 2014a; Fleuren, Wiefferink, & Paulussen, 2004). This framework lists four categories of determinants that may facilitate or impede implementation of new practices: determinants associated with the innovation, the professional, the organisation context and the socio-political context. The research question is twofold: (1) To what extent do CHC professionals adhere to key CAN guideline activities; and (2) Which determinants associated with the CAN guideline, the professional, the organisational context and the socio-political context, facilitate or impede professionals' overall adherence to the CAN guideline?

Methods

Study Design

This study used a cross-sectional design. An online survey was conducted among CHC professionals working in seventeen Dutch preventive CHC organisations. Data collection took place in 2013 between May 13 and July 5.