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Pediatric Inpatient Nurses' Perceptions of Child Maltreatment[☆]Jenifer L. Lavigne^{*1}, Sharon G. Portwood¹, Jan Warren-Findlow¹, Larissa R. Brunner Huber¹

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ABSTRACT

Purpose: The purpose of this study was to explore the perceptions of child maltreatment among inpatient pediatric nurses.

Design and Methods: A cross-sectional survey was used to obtain responses to an online survey designed to examine perceptions of child maltreatment from inpatient pediatric nurses.

Results: Many nurses surveyed (41.25%) indicated that they had not received adequate training or had never received training on child maltreatment identification and many (40%) also indicated they were not familiar with the applicable reporting laws.

Conclusions: Due to the serious immediate and long term effects of child maltreatment, it is imperative that pediatric inpatient nurses have adequate training on how to identify potential abuse and neglect cases, as well as legal reporting requirements, since they are in a unique position to identify potential cases of maltreatment.

Practice Implications: There is a continuing need for training on child maltreatment identification and reporting laws for inpatient pediatric nurses.

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Introduction

Child maltreatment is associated with a host of disorders in children, including eating, sleep, and attachment disorders; developmental delays; depression; anxiety; and chronic physical illnesses (National Association of Pediatric Nurse Practitioners [NAPNAP], 2011). In addition, maltreatment during childhood is a significant risk factor for the leading causes of death and illness among adults, including heart disease, cancer, and chronic lung disease (Felitti et al., 1998). In 2014, approximately 702,000 children were victims of child maltreatment; approximately 1,546 children died due to abuse or neglect (U.S. Department of Health & Human Services [USDHHS], 2016). Given the substantial number of individuals affected, child maltreatment is a serious public health concern (Arias, 2009).

All 50 of the United States (U.S.) and the District of Columbia have mandated reporting laws specifying those individuals required to report child maltreatment under specific circumstances (Child Welfare Information Gateway, 2014). These circumstances, as well as those individuals mandated to report suspected cases, vary by state. However, typically, a report must be made when the reporter suspects or has reason to believe that a child has been abused or neglected. While

child abuse interventions are generally considered to be the domain of social workers (Paavilainen, Astedt-Kurki, Paunonen-Ilmonen, & Laippala, 2002), they have contact with only a fraction of maltreated children (Sedlak et al., 2010). Accordingly, mandated reporters commonly include not only social workers, but also teachers, principals and other school personnel, counselors, therapists, and other mental health professionals, child care providers, law enforcement officers, and physicians, nurses, and other healthcare workers. However, medical personnel accounted for only 9.2% of the estimated 3.6 million referrals (involving approximately 6.6 million children) to child protective services in 2014 (U.S. Department of Health and Human Services [USDHHS], 2016).

Clearly, it is important that health professionals, particularly those who are the first point of contact with patients, have the knowledge and skills needed to identify child maltreatment accurately (Lazenbatt & Freeman, 2006). Other barriers to reporting should also be explored. For example, health professionals have reported fear of misdiagnosing the child as a primary barrier to reporting suspected cases of maltreatment (Russell, Lazenbatt, Freeman, & Marcenes, 2004). Not only are some providers unable to recognize the signs and symptoms of child abuse and neglect, but many do not understand the governing laws (Kenny, 2001). Since nurses tend to have the initial contact with patients and their families, it follows that nurses are likely the first healthcare professionals with an opportunity to identify a potential case of child maltreatment (Crisp & Lister, 2004). Moreover, nurses working in pediatric hospital setting (i.e., inpatient pediatric nurses) have prolonged interaction with children and their families during work shifts - often for several shifts in a row - and are thus in a key

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position to observe family functioning, to detect risk factors related to child maltreatment, and to identify symptoms of abuse and/or neglect (Paavilainen et al., 2002). Nurses can also play an essential role in linking families with services and resources (Adams, 2005).

Despite the important role of nurses, they have rarely been the focus of research on child maltreatment. In one study of Pediatric Nurse Practitioners (PNPs), Herendeen, Blevins, Anson, and Smith (2014) found that most PNPs (89%) had seen a case of suspected child abuse during their career, with nearly half (46%) reporting that they had seen at least one case of suspected child abuse injury or death in the past year. Many of these PNPs (69%) were confident in their ability to identify children at risk for abuse; however, 21% did not feel they had received adequate training on child maltreatment. PNPs' confidence in managing and identifying maltreatment cases was significantly associated with the presence or absence of training contact hours. Notably, within this sample, 19.6% of PNP's stated that, contrary to the legal requirements in most states, they had not reported every case of a child with suspicious injuries they encountered.

Several studies have assessed perceptions, knowledge, and practices related to child maltreatment among physicians (Gunn, Hickson, & Cooper, 2005; Lane & Dubowitz, 2009), including factors that affect pediatricians' decision to report suspected child maltreatment. In contrast, only one published study specifically included inpatient nurses. Using data obtained from 1038 registered nurses, O'Toole, O'Toole, Webster, and Lucal (1994) found that nurses used discretion in reporting cases of abuse, rather than adhering strictly to the legal guidelines. When asked to score a series of computer-generated vignettes describing potential cases of child maltreatment, nurses were less likely to identify an act as child abuse when it depicted emotional abuse. Sexual abuse was most frequently recognized and reported as maltreatment.

Several international studies have documented a lack of knowledge, confidence, and/or training on child maltreatment among hospital nurses in Canada (Blakeley & Ribeiro, 1997), Australia (Fraser, Mathews, Walsh, Chen, & Dunne, 2010), and Poland (Pabiś, Wrońska, Slusarska, & Cuber, 2011); however, similar studies with a U.S. sample are limited. Moreover, existing studies have not focused on pediatric nurses working in an inpatient hospital setting, who are in a unique position to identify potential cases of abuse. To address this gap in the literature, the current study explored perceptions of child maltreatment among a sample of pediatric nurses working in a large urban hospital. Given the lack of prior research, the first objective of this study was to examine and to describe experiences with and perceptions of child maltreatment among inpatient pediatric nurses. The second objective was to examine which factors might influence nurses' assessments of whether a particular act constitutes child maltreatment.

Methods

Participants and Recruitment

Using a cross-sectional survey design, researchers obtained responses to an online survey designed to examine perceptions of child maltreatment from inpatient pediatric nurses. Study participants ($N = 80$) were recruited from among inpatient pediatric nurses working at a large (i.e., 200-plus-bed) children's hospital in a large metropolitan area in the Southeastern United States. The hospital has nine inpatient units: the pediatric rehabilitation unit, the observation unit, the pediatric intensive care unit, the neonatal intensive care unit, the neonatal progressive unit, and four inpatient medical/surgical units. All pediatric nurses employed at the hospital are registered nurses with education levels ranging from a diploma to a master's degree in nursing. Institutional Review Board (IRB) approval was obtained for this study from the hospital where this study was conducted and from the university where the researchers are associated.

The primary investigator requested the nurse managers of each of the nine inpatient pediatric units, along with the manager of the "float" nurse pool, to forward a recruitment e-mail from the researchers to the nursing staff. The email included a brief description of the study, a link to the survey, and the researchers' contact information. The survey was sent to 314 inpatient nurses with a total of 80 responses yielding a response rate of 25.5%.

Instrument

The Child Maltreatment Perceptions and Knowledge Questionnaire was comprised of three sections and was designed to be completed by participants in approximately 10–15 min. Section I requested demographic information, including age, sex, level of nursing education, and years of experience working as a nurse. A series of yes/no questions focused on respondents' parenting experience, perceived responsibility in cases of suspected child maltreatment, willingness to report suspected child maltreatment, professional experience with child maltreatment, exposure to child maltreatment outside of work, professional and personal experience reporting suspected child maltreatment, confidence in identifying child maltreatment, perceived adequacy of training in child maltreatment, and familiarity with state law regarding child maltreatment reporting.

Sections II and III of the survey contained direct questions and vignettes designed to elicit respondents' attitudes toward (1) various factors potentially contributing to identification of maltreatment and (2) specific acts that could be perceived as abusive. These items were previously used to assess perceptions of child maltreatment among legal professionals, mental health professionals, elementary and pre-school teachers and administrators, medical professionals, and laypeople (Portwood, 1998). These same items were used in subsequent studies involving physician assistant students (Billington & Slonim, 2002), law enforcement professionals (Portwood, Grady, & Dutton, 2000), and undergraduate and graduate students (Smith, 2006). Section II instructed participants to rate a list of 19 factors, derived from previous literature and statutory law, in regard to their importance in determining if an act constitutes abuse and/or neglect. Respondents used a 7-point Likert scale from 1 = "not at all important" to 7 = "one of the most important factors." In Section III, participants were asked to rate a series of 40 vignettes using a 7-point Likert scale from 1 = "definitely is not abuse or neglect" to 7 = "definitely is abuse or neglect." The vignettes, derived from prior research (Atteberry-Bennett, 1987; Barnett, Manly, & Cicchetti, 1993; Giovannoni & Becerra, 1979; Roscoe, 1990; Tite, 1993), can be categorized by type of maltreatment (i.e., physical abuse, psychological or emotional abuse, sexual abuse, and neglect).

A Cronbach's alpha reliability test conducted for this study revealed high internal consistency ($\alpha = 0.91$), among the 19 factors presented in Section II of the survey, as well as with the 40 vignettes presented in Section III ($\alpha = 0.86$). To test the reliability of Section III further, a Cronbach's alpha test was performed on each set of vignettes by category of maltreatment. Results from each section again indicated internal consistency between items potentially indicative of physical abuse ($\alpha = 0.74$); sexual abuse ($\alpha = 0.71$); emotional or psychological abuse ($\alpha = 0.78$); and neglect ($\alpha = 0.84$).

Data Collection

All potential respondents were provided with an electronic link to the online Child Maltreatment Perceptions and Knowledge Questionnaire via the recruitment e-mail. The researchers used QuestionPro, a web-based software, to distribute the surveys (QuestionPro, 2016). QuestionPro has been approved by IRBs from over 1000 universities for use in distributing surveys for research in the United States and internationally. This electronic platform assisted in ensuring the anonymity of study participants.

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