Predictors of intention of reporting child abuse among emergency nurses

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Purpose: The current study investigates predictors of intention of reporting child abuse among emergency nurses in Korea.

Design and Methods: A descriptive cross-sectional design was used. Data were collected from 200 emergency nurses in eight general hospitals in Korea through a questionnaire that asked about their general characteristics, knowledge about child abuse, perceived behavioral control, experiences of child abuse cases and reporting, and attitude toward child abuse.

Results: Multiple regression analysis indicated that attitude toward child abuse was the most influential predictor of the intention of reporting child abuse among Korea’s emergency nurses. Knowledge about child abuse, and perceived behavioral control were also significant influencing predictors of reporting intention. These variables explained 22.1% of the variances in the intention of reporting child abuse among emergency nurses.

Conclusions: Reporting child abuse has not yet been established as a professional responsibility among Korea’s emergency nurses. Increasing the level of awareness of the characteristics of child abuse and encouraging communication among nurses about the responsibility to report suspected child abuse will increase nurses’ confidence to report.

Practice Implications: Training for reporting child abuse should be implemented in the near future to improve emergency nurses’ understanding of child abuse. A support program is also needed to help emergency nurses build confidence in reporting child abuse as a professional responsibility.

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Introduction

Child abuse is a serious public health problem, resulting in deaths, physical injuries, and psychological complications for children (Louwers, Korfage, Affourtit, Koning, & Moll, 2012). The definition of child abuse differs across countries because of cultural differences in terms of the social view of child abuse and the socially accepted ideals of parenting (Fraser, Mathews, Walsh, Chen, & Dunne, 2010). In the Chinese culture, parents tend to be strict and authoritarian in parenting their children and tend to regard punishment as a means of discipline (Fraser et al., 2010). The Koreans also traditionally regards corporal punishment as a means of discipline and tend to believe that corporal punishment is necessary to correct children’s behavior. Furthermore, in East Asia including Korea, punishment against children in the home tends to be considered a private matter, and this tendency impedes others’ involvement or social interventions (Feng & Wu, 2005; Kim & Lee, 2013; Takahashi, Kanda, & Sugaya, 2014). Thus, the abuse detection rate per 1000 children is 9.1% in the U.S., but as low as 1.1% in Korea (Korea Ministry of Health and Welfare & National Child Protection Agency [KMHW & NCPA], 2015; U. S. Department of Health and Human Services & Children’s Bureau, 2015).

To protect children from abuse, mandatory reporting laws have been established worldwide for adults who work or interact with children in a professional capacity (Feng, Huang, & Wang, 2010; Herendeen, Blevins, Elizabeth, & Smith, 2014; Korea Ministry of Health and Welfare, 2014). In Korea, educational personnel, medical doctors, nurses, and social services personnel are designated as mandatory reporters, who are required to report suspected child abuse encountered on the job (KMHW & NCPA, 2015). Nevertheless, a Korean National Child Abuse survey in 2016 showed that only 37% of cases are reported by mandated child abuse reporters, half that of the Japan, where the number is 68% (Japan Ministry of Health, Labor and Welfare [JMHWL], 2015; KMHW & NCPA, 2016). Additionally, Korean healthcare workers reported just 0.8% of the reported cases, while education and social services personnel reported 28.2% (KMHW & NCPA, 2015). Nurses are one group of healthcare works required to act as mandated child abuse reporters (Mathews & Kenny, 2008) because they are in an ideal situation to identify and report suspected child abuse. Because a large number of injured children visit the emergency department (ED) each year (Woodman et al., 2008), emergency nurses could play a particularly vital role in assessing the signs of abuse (Keane & Chapman, 2008).
However, the previous studies on intention of reporting child abuse have been conducted with in-patient nurses (Feng & Levine, 2005; Feng & Wu, 2005; Fraser et al., 2010; Kim & Park, 2005) and only one has been conducted with emergency nurses (Park, Choi, & Lee, 2013). The purpose of the study is to identify the predictors of intention of reporting child abuse among emergency nurses in Korea.

The Theory of Planned Behavior

According to the theory of planned behavior (TPB), an individual's behavior is determined by their intention to perform the behavior. Behavioral intention is also influenced by three variables: perceived behavioral control, attitude toward the behavior, and subjective norms (Ajzen, 2002). Based on the TPB, the study conducted by Feng and Wu (2005) showed that Taiwanese nurses' intention of reporting child abuse was significantly correlated to their reporting behaviors. Thus, the TPB could be used as the theoretical framework to identify the variables influencing nurses' intention to report suspected child abuse (Feng & Wu, 2005). On the basis of the TPB, perceived behavioral control and attitude toward professional responsibility have been reported as the major predictive variables of nurses' intention of reporting child abuse (Feng & Levine, 2005; Park et al., 2013). Therefore, the present study was conducted to identify the predictors of the intention of reporting child abuse among emergency nurses by applying the two major variables.

A previous study conducted by Feng and Wu (2005) reported that the nurses' intention of reporting child abuse was related to their knowledge about child abuse. Additionally, experience in cases of child abuse has been reported to be significantly correlated with nurses' intention of reporting child abuse (Fraser et al., 2010; Kraft & Eriksson, 2015).

The present study aimed to identify the predictors of emergency nurses' intention of reporting child abuse. For this study, the conceptual framework was based upon using the predictive power of major variables (perceived behavioral control, attitude toward reporting child abuse) as independent variables based on the TPB. Knowledge about child abuse and experience in child abuse cases have been found to be correlated with nurses' intention of reporting child abuse in previous studies (Fraser et al., 2010; Kraft & Eriksson, 2015); therefore, knowledge and previous experience were added to the conceptual framework (Fig. 1).

Methods

Study Design

A descriptive research design was used for this pilot study to investigate whether the proposed conceptual framework predicted the intention to report child abuse among ED nurses.

Setting and Samples

For this study, emergency nurses were selected through convenience sampling from eight hospitals with 500 or more beds in Gyeonggi-do and Incheon, which are located near the capital in Korea. The emergency departments of the selected hospitals did not separate adult and pediatric patients. Nurses were excluded from the study if they had less than one year of ED experience or if they had no experience with pediatric patients in the ED.

Ethical Considerations

This study was approved by the Institutional Review Board of S Hospital, the researcher's institution. The researcher delivered this certificate of approval to the seven other hospitals and obtained permission for the study. The researcher explained to participants that anonymity was guaranteed and that they could refuse to participate at any time without any negative consequences. Informed consent was then obtained from all participants.

Measures

Participants' Characteristics

Demographic information (age, gender, marital status, children, education level, length of work experience, current position, religion, monthly salary), and two yes/no questions as a part of questionnaire (knowing the reporting method and attended previous education on child abuse) were gathered using a self-report questionnaire.

Knowledge About Child Abuse

This was defined by the awareness of the child abuse protection law, understanding the symptoms and different levels of symptom severity for the four child abuse types (sexual, physical, and emotional abuse and neglect) and recognition of what constitutes child abuse. This variable was assessed with a 20-item scale developed by the researchers based on review of the available literature (Feng & Wu, 2005; Fraser et al., 2010; Keane & Chapman, 2008; Lee et al., 2014). Response options are “True,” “False,” and “Don’t know.” One point was scored if right answer, and zero point was assigned if incorrect or the “Don’t know” answer. For example, if the answer was true to “Multiple fractures are a sign of abuse,” one point was scored. Higher scores indicate a higher level of knowledge about child abuse. The possible range score was from zero to 20.

The content validity (CVI) of the scale, assessed by a pediatric nursing professor and a professor in emergency medicine, was 0.85. Furthermore, it was tested in a preliminary survey with 12 emergency nurses. The Kuder-Richardson (KR) 20 coefficient (a measure of reliability) of the scale was 0.89 in the preliminary study and 0.92 in the current study.

Perceived Behavioral Control

Perceived behavioral control refers to the degree of confidence in the conduct of reporting the suspected child abuse (Feng & Wu, 2005). This variable was measured via a scale prepared based upon a literature review (Feng & Wu, 2005; Kim & Park, 2005; Park et al., 2013). For this scale, nine items were formulated by the researchers, and the CVI of this scale was rated (1: Not relevant, 4: Very relevant) by a pediatric nursing professor and a professor in emergency medicine. One item scored poorly and was removed, and the final content validity of this scale was 0.85.

The restructured 8-item scale with ambiguous phrases and words corrected was used in a preliminary survey with 12 emergency nurses. The revised scale consists of four questions on laws related to reporting child abuse, one question about the appropriate institution to which the report was sent, and three about the characteristics of child abuse offenders and victims. Response options are “Yes,” “No,” and “Don’t
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