Barriers To Reporting Child Abuse In Pediatric Nursing

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Introduction

A survey conducted in the United States in 2011 reported 675,000 victims of child abuse and neglect. Despite the fact that the number replicates approximately 1% of American citizens under the age of 18 years, available evidence proves beyond doubt that child maltreatment is underreported. Child maltreatment increases the risk of drug abuse, violence and delinquency behaviors, and depressive symptoms among the maltreated pediatrics. Several Federal governments of the United States have enacted laws that designate some professionals as mandated reporters of child abuse, and this has led to better identification of maltreated children or those at high risk of maltreatment.

Emergency Department (ED) nurses are the ones who often come into contact with maltreated and abused children, yet according to research conducted by ABS (Australian Bureau of Statistics), nurses do not top the list of reporters of child abuse. Limited evidence is available on what motivates the process of reporting victims of child abuse to the police, parents, children agencies, friends and neighbors. Nurses are in a critical position to report pediatric maltreatment, but barriers curbing them prevent them from doing so. The research proposal involves an integrative review of the available literature with the objective of identifying potential barriers hindering nurses from reporting the victims of child abuse.

Literature Review

The available literature reveals several barriers that inhibit nurses from reporting victims of child abuse. These barriers are classified into two broad categories: Lack of knowledge about child maltreatment and anticipated effects of reporting child abuse.

Lack Of Knowledge About Child Maltreatment

Pediatrics abused or maltreated are not commonly presented in clinical environments. Research conducted by Flaherty et al. (2016) revealed that many healthcare professionals reported that they have never treated any victim of child abuse. There is a high probability that child maltreatment goes unnoticed in clinical environments due to the vast substantiation of child abuse. One of the commonly reported barriers among many healthcare settings is lack of training, and this causes pediatric nurses to lack competency in recognizing the signs and symptoms of child maltreatment. Available evidence

points out that clinicians with knowledge concerning child abuse are more likely to notice the problem than their counterparts without the skills. However, education on child maltreatment remains sparse.

Research points out that the majority of ED and pediatric nurses receive less than 7 hours of didactic education on child abuse. A survey conducted by McCarthy (2017) pointed out that the median time taken by tutors and lecturers to teach about child maltreatment in schools is two hours. Moreover, child maltreatment education varies between specialties, resulting in differing competence levels among the trained professionals. Research conducted by Flaherty et al. (2014) established that participants in one focus group commented on the child abuse training imparted to them as "haphazard and infrequent." Available evidence also shows that no state medical board has ever mandated a specific type of education as obligatory for renewing the licenses (American Medical Association, 2015). The only exception among U.S. states is Lowa, which has passed laws to make it mandatory for all APRNs dealing with pediatrics to acquire frequent training on child maltreatment identification process and reporting.

Anticipated Effects Of Reporting Child Abuse

The decision of "No to reporting child maltreatment" is a complex decision-making process. Previous literature identifies so many barriers inhibiting child abuse reporting. Some studies suggest that child abuse is extremely challenging in terms of psychology, making it too difficult for the healthcare provider to accept (Jones et al., 2015). It is not an unusual occurrence to receive reports denying that a behavior or injury resulted in child maltreatment. In the past, sexual harassment reports have been described away as child fantasies.

The impact of the Child Protective Services (CPS) system on pediatric nurses is one of the recurring barriers hindering the reporting of child abuse cases. The strained relationship between clinicians and CPS staff and the increasing perceptions of the inadequateness and harms associated with CPS interventions on the child or family play a critical role in discouraging pediatric nurses from reporting child maltreatment cases. Literature suggests that in some cases, pediatric nurses feel that child maltreatment management staff are superior and thus adequately fit in CPS involvement.

The legal environment of work for pediatric nurses creates a barrier to reporting child abuse cases. Most state laws often make it compulsory for pediatric nurses to report suspicions or evidence of neglect to the designated personnel. These laws cause a lot of problems due to the lack of a unified definition of the constituents of suspicion. Research conducted by Levi & Loeben (2014) comprehensively investigated the reasonable suspicion concept from the perspective of legal requirements and cognitive aspects and came to the conclusion that the term is ambiguous. The failure to establish clear threshold requirements for suspicion results in inconsistency in reporting cases of child maltreatment, even among the experts on child abuse. Many pediatric nurses decide not to report instances of child abuse to evade the flaws of the law. There is a lower probability that any healthcare professional who has ever testified in a case of child maltreatment will do so in the

future. Furthermore, litigation fears or previous suing minimize the chances of reporting child abuse.

Besides, the relationship between the pediatric nurse and the family significantly affects the decision to report. The clinician/family relationship may either hinder or encourage reporting behavior. If the pediatric nurse is not familiar with the child or family members, then he or she is likely to report any incident of child abuse to the designated personnel. A closer relationship between the pediatric nurse and the maltreated child or family member hinders reporting. However, in some cases, a close relationship between the healthcare professional and the family members or child encourages reporting.

Conceptual Framework

The conceptual framework that will be adopted for this research proposal is Ecosystems theory. It is broad and synthesizes ideas from various human behaviors and social theories related to the work practice. For instance, the theory incorporates concepts from ecology, ego psychology, the Gestalt school of psychology, ethology, stress theory, role theory, humanistic psychology, general systems theory, the dynamics of power relationships, anthropology, and symbolic interaction.

The application of Ecosystem theory fits in a variety of environments since it entails concepts that focus on the interactions and relationships among various people, teams, societies and organizations. Besides, the theory views the manner in which the environment impacts actions, beliefs and individual choices. The theory serves to give us a mirror on how we can view a challenge from the perspective of a larger system containing the problem. The theory focuses on the person-environment as a unified system where human beings and the natural environment shape one another. Therefore, it is impossible to view one system without looking at the other, or simply, the environment influences human behavior.

According to the ecosystem theory, human beings connect with and act simultaneously in various systems. These interrelated systems are known as micro, macro and mezzo systems. A microsystem is used to refer to an individual and consists of social, biological and psychological systems. The systems entail a series of activities, functions and interpersonal face-to-face relationships in the immediate environment. Mezzo systems denote small groups encompassing linkages and processes that occur between the developing individual, family, and workgroups. Finally, macro systems describe larger groups focusing on economic, social and political conditions and regulations affecting the quality of life and the overall access to resources of the human beings.

Most of the time, ecosystem theory is applied as a frame of reference, especially by social workers in their daily roles as they perform the necessary interventions on clients struggling with daily life events. Social workers normally focus on the extent of person-environment goodness-of-fit, or simply, the interaction of human beings with their settings and, at the same time, evaluating whether the environment supports the individual with the appropriate resources and security to improve well-

being and development. Additionally, ecosystem theory aids the social worker with interventions that are most suitable for the client based on the individual needs of that particular client.

When doing the project, the ecosystem theory will be applied as a theoretical foundation crucial for thinking and progressing with the project. There is no evidence showing the application of ecosystems theory in studying this particular targeted population of pediatric nurses, clinicians and CPS staff in the past. Usually, the process of viewing human behavior usually starts at the micro level with the person and then extends to mezzo and macro levels. The ecosystem theory correctly applies in the pediatric nursing environment because it assists us in understanding the relationships, interactions and influences occurring between multiple systems in the pediatric nursing environment. Therefore, it is easy to determine the factors that inhibit child maltreatment reporting in pediatric nursing.

Research Hypothesis/Questions

The research question used in this proposal is “What are the barriers inhibiting child abuse reporting in pediatric nursing?” The first hypothesis is that pediatric nurses encounter more cases of child abuse and thus are more familiar with the management of such conditions. Besides, it will also be hypothesized that pediatric nurses have improved ways of dealing with child maltreatment, including reporting such cases to the appropriate personnel because they are more mature and trained on ways of handling victims of child abuse.

Methodology

The proposal assumes a descriptive-exploratory qualitative method with a phenomenology design in the data collection process. Exploratory research highlights and explores un-interpreted phenomena to create a better understanding of the problem. The method provides extensive, rich data and descriptions. In some cases, exploratory methods focus on some problems that are unknown and seek methods of solving them, which helps in providing directives for future research. On the other hand, qualitative research is mostly applied in the fields of education and social sciences to study complex human behaviors. It is a systematic and subjective approach that highlights and explains the experiences of daily life and also serves to assign meaning to them. The method allows researchers to thoroughly explore behaviors, various perspectives and experiences in life, hence helping in the discovery of complex situations through a holistic framework. Understanding the human world through scientific research is extremely difficult and challenging. However, we always try to work on truth which helps us in deriving solutions.

The descriptive-exploratory qualitative method with phenomenology design will be very useful in exploring complex behavior in pediatric nursing, which is a reluctance to report child maltreatment and drawbacks that lead to this phenomenon. Sampling will be done in pediatric care facilities in the city of Florida. The data obtained from this sample population will be analyzed to reflect the factors

that limit reporting child abuse in the United States. The selected sample size will be manageable for this study. The project will employ two main measurement tools to evaluate the results obtained. These include the Athena Quotient (AQ) tool and the Likert Scale. The AQ will be used in evaluating the judgement of the participants concerning the issue of child maltreatment reporting. The Likert Scale will also be used in evaluating the quality of evidence obtained from strong to weak.

Plans For Data Collection And Analysis

Any method that the participants of the study deem suitable for describing their lived phenomenal experiences will be applied in gathering data for the phenomenological study. In this case, the interview will be the best method to gather data concerning the barriers that prevent nurses from reporting child abuse cases. Therefore, I am planning to use it extensively as the primary method of gathering data. Furthermore, other methods, such as pediatric nurses' reports or even oral self reports describing some of the drawbacks in reporting cases of child maltreatment, will be used to supplement the quality of data that will be obtained from the primary method.

I plan to make all the efforts possible to ensure that I will be as non-directive as possible in the data collection process. For instance, I would request pediatric nurses to describe some of the barriers that inhibit them from reporting victims of child abuse without directing them in any way. However, I will encourage the participants to give full descriptions of their experiences, which will include their thoughts, images, sensations, memories and feelings. I am also planning to request clarifications on any unclear information presented during the interviews and self-reports.

In the data analysis process, I am planning to apply an emergent strategy because it allows the analysis method to follow the data itself, which finally emerges or changes in the course of analysis. I will focus on deriving a deep understanding from the data provided. Additionally, I am planning to abstract out themes to get critical meaning from the pediatric nurses' experience.

Budget

The following is a budget sample for the whole research project.

Budget Item	Quantity	Cost per Item	Total
Transcription of interview materials	20 interview materials	$3	$60
Pediatric nursing reports	20 materials	$2.5	$50

Oral report papers	20 reports	$2.75	$55
Accommodation	2 months	$3, 000	$6, 000
Transport	–	$750	$750
Travel Insurance	2 months	$100	$ 200
Research Assistant	–	$2, 000	$2, 000
			$9, 115

The following is the study timetable

	April	May	June	July
Proposal Writing				
Sampling				
Data Analysis				
Project Writing				

Appendix

Pediatric Nursing Form

This is the structure of the pediatric nursing form which was supplied to the participants of the study to fill.

You have been selected to assist us in surveying the reporting of child abuse cases. You were deemed suitable for this survey because you frequently interact with maltreated children in the course of executing your duty. Please answer all the questions in the spaces provided. Note that participation in this survey is voluntary, and your responses will be kept confidential. The survey will take a maximum

of 10 minutes.

1. For the last 5 years, have you offered medical services to children below the age of 18 years? Yes No
2. During the course of executing your duty, have you ever encountered any maltreated or neglected child? Yes No
3. Are there any laws implemented in your state concerning child maltreatment and neglect? Yes No I don’t Know
4. If there are any laws regarding child abuse, what personnel is designated to handle the issue?
5. Has your present healthcare facility implemented guidelines for reporting suspected cases of child abuse? Yes No
6. Have you ever reported any cases of child maltreatment and neglect? Yes No
7. Have you ever faced threats regarding lawsuits due to reporting a case of child abuse? Yes No