An exploration of Paediatric Nurses’ views of caring for infants who have suffered non-accidental injury
Background Information

• The World Health Organisation (2002) has reported that children less than 2 years old are at the greatest risk of serious and fatal abuse worldwide.
• Serious and fatal abuse is predominantly experienced by infants less than one year, they are three times more likely to die as a result of abuse than those aged 1-4 years (UNICEF 2003, Ennis and Henry 2004, Kellogg et al. 2007, HSE 2011, Child Maltreatment 2014).
• Physical abuse inflicted on the infant is usually caused by a parent or caregiver (Golden and Maliawan 2005, Child Maltreatment 2014).
• The majority of infants suffering NAI will have presented for medical review on at least one previous occasion before the abuse is identified (Barlow et al. 2004, Myhre 2007).
• Prolonged or excessive crying is considered the most likely stimulus for abuse in infants (Reijneveld et al. 2004, Barr et al. 2006).

• Other common victim characteristics include colic, poor/difficult feeders, prematurity and twins (Gutierrez 2004). Infant disability is also considered a risk factor (Stalkert and McArthur 2012, Brooks-Gunn et al. 2013).

• Research suggests certain characteristics or circumstances that put a parent at risk of abusing their infant. Stress is a major risk factor and may be related to financial strain, unrealistic expectations of parenthood, exhaustion and social isolation (UNICEF 2003). Other factors include substance abuse, previous experience of childhood abuse, mental illness and domestic violence (Douglas 2013).
• Shaking is the primary cause of traumatic infant death and significant morbidity in children less than two years (Bechtel 2011).
• Severe head injuries are the most common form of non-accidental injury inflicted by shaking or direct impact (Golden and Maliawan 2005).
• Subarachnoid, subdural and retinal haemorrhages commonly represent non-accidental head injuries with minimal or absent cranio-facial features of injury (Atwal et al. 1998).
• Rib fractures are highly specific to non-accidental injury (Mok 2008). Other non-accidental injuries include bruising, thermal scars, bites and fractures to the skull and long bones which are often spiral or oblique in nature (Mok 2008).
Case Study
Literature Review

• Experience of the Nurse
Stressful, risk of burnout, communication with parents is difficult, relationships with social workers in particular influential, traditional nursing role conflicted.

• Training and Education
Overall theoretical and Practical training and education inadequate.

• Identification and Reporting
Willingness to be involved was variable, lack of confidence in both themselves & support of child protection services was significant, feared the implications of reporting for both themselves and the families including fear of being wrong, education had positive effects, lack of structure & guidelines had negative effects.
Theme 1

PERSONAL IMPACT

- NEGATIVE EMOTIONS
- LASTING EFFECT ON MIND
- TRYING TO UNDERSTAND NAI
- REFLECTION ON OWN LIFE
“you’re looking at this baby seriously injured in the cot and you know that one or the other of these people has done it so….I found it very upsetting” (P5).

“you have a sick feeling...to think that somebody could inflict it on a child ...you’re disgusted at the thought of someone doing it” (P10).

“I suppose when a baby is injured ....it would be on your mind a lot when you’d leave work, more so than a child that comes in with a chest infection or something, you do remember them for a long time afterwards, I suppose you never really forget ” (P3).

“you can reason every other hospital admission you can reason bronchiolitis, you can reason gastroenteritis, you can reason a kidney infection but you can’t reason NAI” (P6).

“being a mother myself I remember my own first child crying non-stop and on one particular occasion having to lock myself in the bathroom.. I had come to the end from her crying” (P8).
Theme 2

PROFESSIONAL ROLES

- MAINTAIN NURSING ROLE
- PROFESSIONAL OBLIGATION
- NURSES AMONG OTHER DISCIPLINES
- INVOLVEMENT OF JUDICIAL SYSTEM
• “it’s part of our role whatever the circumstances were right or wrong, you’re not there to judge them or criticise them, you’re there to care for their baby and to care for them as a family” (P5).

• “as a nurse in a paediatric setting you’re not just looking after the baby you’re looking after the parents as well, you’re consoling them when they are upset and crying and you’re feeling sorry for them and you’re putting yourself in their shoes and feeling what their feeling and trying to mind the baby at the same time…. But when there’s a non-accidental injury it’s hard to….. have huge sympathy for the person that injured the child” (P3).

• “the nurses’ role is very basic in the observation of the baby from a neurological point of view but as well things like how the baby was handled by the mother, how the parents are, we’re very much in the middle of all that we’re in a great position to be able to observe that to be able to report all that back is important in the final conclusion of what’s happened” (P3).
• “Documentation is very important especially when you’re dealing with non-accidental injury because I might be summoned to court…in proving NAI, they might look at nursing notes” (P4).

• “listening is very important, giving them a listening ear when they are ready to talk,,, but not to probe them” (P8).

• “we chat to families, we also watch interactions....we can watch and observe more closely than other members of the MDT..I think our role is pivotal whether that is taken into account or not but certainly it stands to reason that those who observe longest will observe more” (P7).

• “from a social work point of view ...you’re there just as a nurse you go in and do your job, they never ask what do you pick up on this or what do you see ...I suppose there’s like an invisible line there” (P10).

• “the case did go to court and the parents got their baby back but..obviously that baby was abused by her mother or her father.. there was nobody else looking after that 4 or 5 week old” (P8).
Theme 3

NURSE/CLIENT RELATIONSHIP

- INTERNAL EMOTIONAL RESPONSE TO PARENTS
- MAINTAINING PROFESSIONALISM
- CONCERN FOR EFFECT ON FAMILY UNIT
- PROTECTION/ADVOCACY FOR BABY
“you’re completely upset cause you don’t think they set out to do what they had done, I suppose you do feel sorry… you do have a certain bit of empathy because everyone’s circumstances are different and we don’t know how we’d react ourselves” (P1).

“I think an admission of guilt is something I can accept because they’re physically saying sorry..it’s easier to understand them.. as opposed to someone who refuses to admit” (P9).

“if a patient is with you for weeks and nobody has owned up you come to a stage of anger” (P8).

“it’s hard to go into a room and you know… be nice or be civil when you know the reason the child is sick is because of that person in the room but you know you have to do it” (P1).

“it’s very difficult to remain professional and stay detached from a situation like that, we’re only human at the end of the day” (P7).
• “I think he knew his partner was sick herself, so hurting her baby wasn’t her intention but he was utterly heartbroken...he cried and asked could he hold his baby which was really upsetting” (P6).

• “you’re more forceful in your advocating for this baby cos you see.... That a harm has come to the baby. You almost feel like you have to protect the baby a little bit more” (P6).
Theme 4

RESOURCES

SOURCES OF SUPPORT

VALUE OF EXPERIENCE

CAN NEVER BE PREPARED

EDUCATION AND PRACTICE NEEDS
• “You need your colleagues you need to ask their opinions especially your managers as well because they have probably encountered that more than ourselves anyway” (P4)

• “I suppose you’d almost be admitting to an inability to cope... if you’ve struggled to cope with one case and you’ve gone to EAP and you’ve gotten help...will people be saying well the last time she dealt with an NAI she didn’t cope very well at all, she had to go to EAP, we best mind her” (P6).

• “I think the more that you are qualified, the longer you are qualified, the more you are able to manage these kinds of things based on your experience” (P4).

• “I suppose I found that one the hardest you know when you’re newly qualified and not sure of your guidelines, both these parents seemed absolutely adoring parents and said they had no idea what had happened this child, yet the two of them were the only people that were minding him” (P5).
• “I don’t know if there’s a way you can prepare us for seeing something like that or for getting involved in it” (P5).

• “I don’t think you’ll ever be prepared to see a child who has been hurt by their parent....intellectually you can read everything but I think emotionally ...you’ll never be fully ready” (P6).

• “I think, we should have better communication skills in situations like that... it would be good if we had some training some counselling skills” (P3).

• “In the future I think maybe having...a session afterwards where everybody can put out their emotions or say how they feel about how circumstances were handled, feedback, would be beneficial rather than you know just moving on to the next patient” (P10).
Conclusion

• Experience for the nurse is complex and multi-faceted.
• Conflicted personal emotions.
• Maintaining the traditional and professional nursing role is a priority for the nurse.
• Nurses strive to understand the circumstances surrounding the infants’ admission.
• Relationships with the parents can be burdensome. Having empathy and sympathy are directly influenced by the honesty of a parent.
• The protection of the infant and the role of advocacy are significant priorities in NAI cases.
• Lack of recognition of the nursing role and poor information sharing can hinder nurse-social worker relationships
• Nurses rely heavily on each other for support throughout the experience. Length of nursing experience is influential.
• More practical & frequent education and training is desired.
References


