

The Experiences and Practices of Public Health Nurses Surrounding Pediatric Injury Prevention Education



Allison Klune, RN
School of Public Health &
Community Medicine
School of Nursing

Scope of the Problem

- Among children age 1-18, unintentional injury is the leading cause of morbidity and mortality.
 - In 2005: 8,856 fatalities & over 8 million nonfatal unintentional injuries.
- Among infants (<age 1), unintentional injury is the 6th leading cause of mortality.
 - In 2005: 1,083 fatalities & over 800,000 nonfatal unintentional injuries.

Unintentional Injury *is* Preventable

- Injury prevention counseling by health care providers works to:
 - Increase the number of safety measures implemented at home
 - Decrease the rate of childhood injuries

However,

- Injury prevention counseling is provided to less than 50% of all US children & families

Why so Low?

- Many barriers to pediatric injury prevention by primary care providers have been identified:
 - Inadequate training &/or knowledge
 - Lack of time
 - Practice Setting
 - Lack of confidence
 - Not expected

Gap in the Literature

- What is the role of Public Health Nurses in Injury Prevention Education?
 - PHN are in strategic position to influence the problem
 - Few studies of PHN successes in targeted prevention efforts
 - Over 50% of pediatricians believe injury prevention education should be provided by non-physician providers, such as nurses

Study Aims

- Describe the practices of PHN surrounding injury prevention education
- Identify factors that influence the decisions to engage clients in injury prevention education

Methods

- Design
 - Descriptive, qualitative design based in tradition of grounded theory
 - Semi-structured Interview
- Sample
 - Convenience sample
 - Nine PHN in MSS program from PH-SKC-Columbia Health Center & White Center

Methods

- Sample

| Characteristic | Mean or % | Range |
|-------------------------------------|------------|--------|
| Years of RN experience | 16.5 y | 3-28 y |
| Years in current position (MSS PHN) | 10.3 y | 1-24 y |
| Educational background BSN MN | 78% 22% | |

Methods

- Methods of Procedure
 - Recruitment via email
 - Interviews conducted Aug-Oct 2008
 - Interviews were approx 45 min long
 - All interviews audio-recorded and later transcribed
 - Interview protocol of primarily open-ended questions
 - Saturation point reached when few new themes emerged from interviews

Findings

- Role of Client Education and Injury Prevention Topics Covered:
 - Education focus on breastfeeding and newborn care
 - Injury prevention topics routinely covered: Sleep safety & car-seat safety
 - Personal Experience
 - Aware of solid research
 - Key theme of MCH nursing, topics embedded into MCH nursing culture

I would say that anyone who enters the MSS program, and from working with the OB clinic with OB providers, anyone who is involved with WIC...everyone is talking about it...back to sleep. I just think that in our environment of services, that (safe sleep) is what we focus on

Findings

- Relationship Between Nurse Education and Nurse Practice:
 - Nurses who had received advanced training, continued education, and/or participated in in-services on a specific topic consistently identified that topic as an important area of client education
 - Education rarely pertains to injury prevention
- ...We've had some good breastfeeding in-services that have been really helpful. I've felt much more successful in my ability to intervene.*

Findings

- Nurse Practice Related to Gun Safety:
 - Most of those interviewed volunteered that they *don't do handgun safety like we're supposed to do.*
 - Not enough time
 - Handguns are low priority teaching topic

...Because there's other stuff that is...like baby's not gaining enough weight. And it (handgun safety) just doesn't seem to be up there. It's not as urgent.

- Nurse difficulty with having to *tell someone they're doing something wrong*
- Belief that handguns were *not an issue* for their patient population

Conclusion

- Nurses in this study largely address the top two causes of unintentional injury among infants
- Handgun assessment not routinely completed
 - Evidence-based practice
 - Nurse knowledge of epidemiologic data
 - Quality improvement practices
- Nurse education crafts connection between training and practice

Limitations

- Generalizability
- Based on self-report
- Social desirability bias

Acknowledgements

Many thanks to:

Betty Bekemeier PhD, MPH, MSN, chair

Melissa Schiff MD, MPH

This project is funded through a grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (Title V, Social Security Act), grant #T76MC00011-21-00

Questions?