

Palestinian managers' views and practices regarding the prevention of home injuries: An explorative qualitative study

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Outline

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Overview of Unintentional Injury

- 950,000 children worldwide die from injuries each year (90% -unintentional)
- Major cause of mortality, morbidity and disability
- The risk for child injuries in the home can be high
- Palestine: one of the leading cause of mortality among under 5 years old children
- Economic consequences

Inequality in Childhood Unintentional Injuries

- 95% of all global deaths from injuries occurred in low and middle income countries
- High income countries - success
- **Unintentional injury - still a growing problem low + middle income countries**



Key People Role

- Their role is context-dependent and time-sensitive
- In Palestine, there are no regulations that specify which individuals or institutions should be involved in injury prevention. However, the responsibility for children's health in general lies with different bodies concerned with public health, including Government, Non-Governmental Organizations (NGOs), and the United Nations Relief and Works Agency (UNRWA)

Gaps in Literature

- In the Palestinian context, the role of each sector is unclear and has not yet been investigated. There is a shortage of data around the role that each organization actually plays in injury prevention. These roles therefore need to be investigated and clarified.
- No study explored perceptions of those involved in injury prevention and the barriers that influence their daily practice

Methodology

A qualitative descriptive design was employed in order to gain deeper understanding of the participants' experiences based on their own meanings and possible explanations of the phenomenon

The study Aim

This study aimed to explore the perceptions and practices of senior managers regarding the prevention of injuries among children in the Ramallah District of Palestine. It also aims to identify the potential factors that might influence their practices in this area

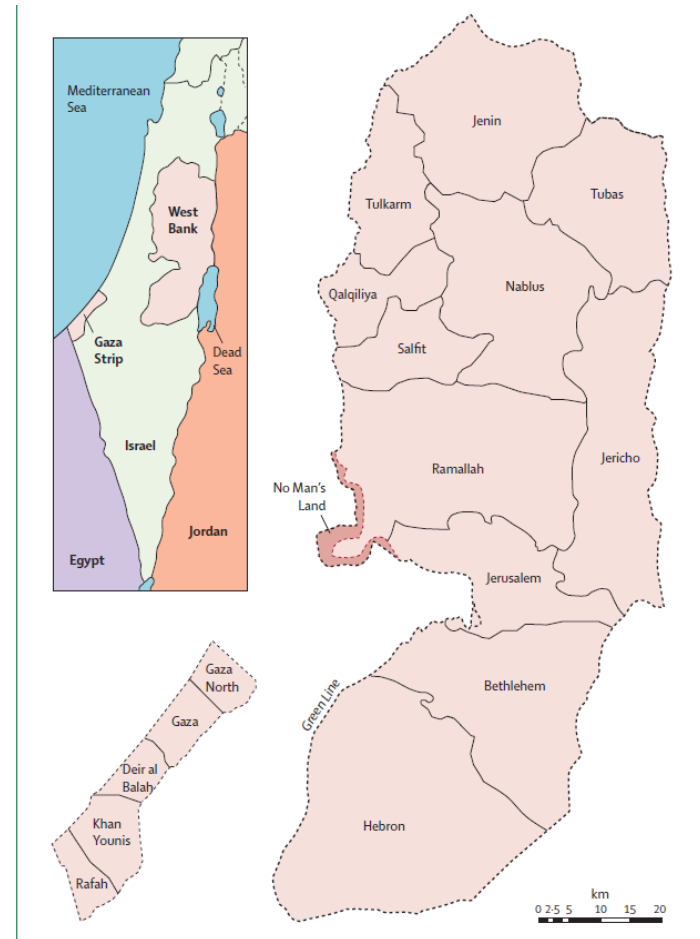
Methodology: Qualitative Approach

Rationale

- Little information regarding the research topic
- In-depth exploration of phenomenon
- Answer the question of “how” and “why” rather than the question of “how many”
- Understanding how participants think and behave

Setting

- This study was conducted in Ramallah District which was purposively selected as it is a central city, which is located in the middle of the West Bank

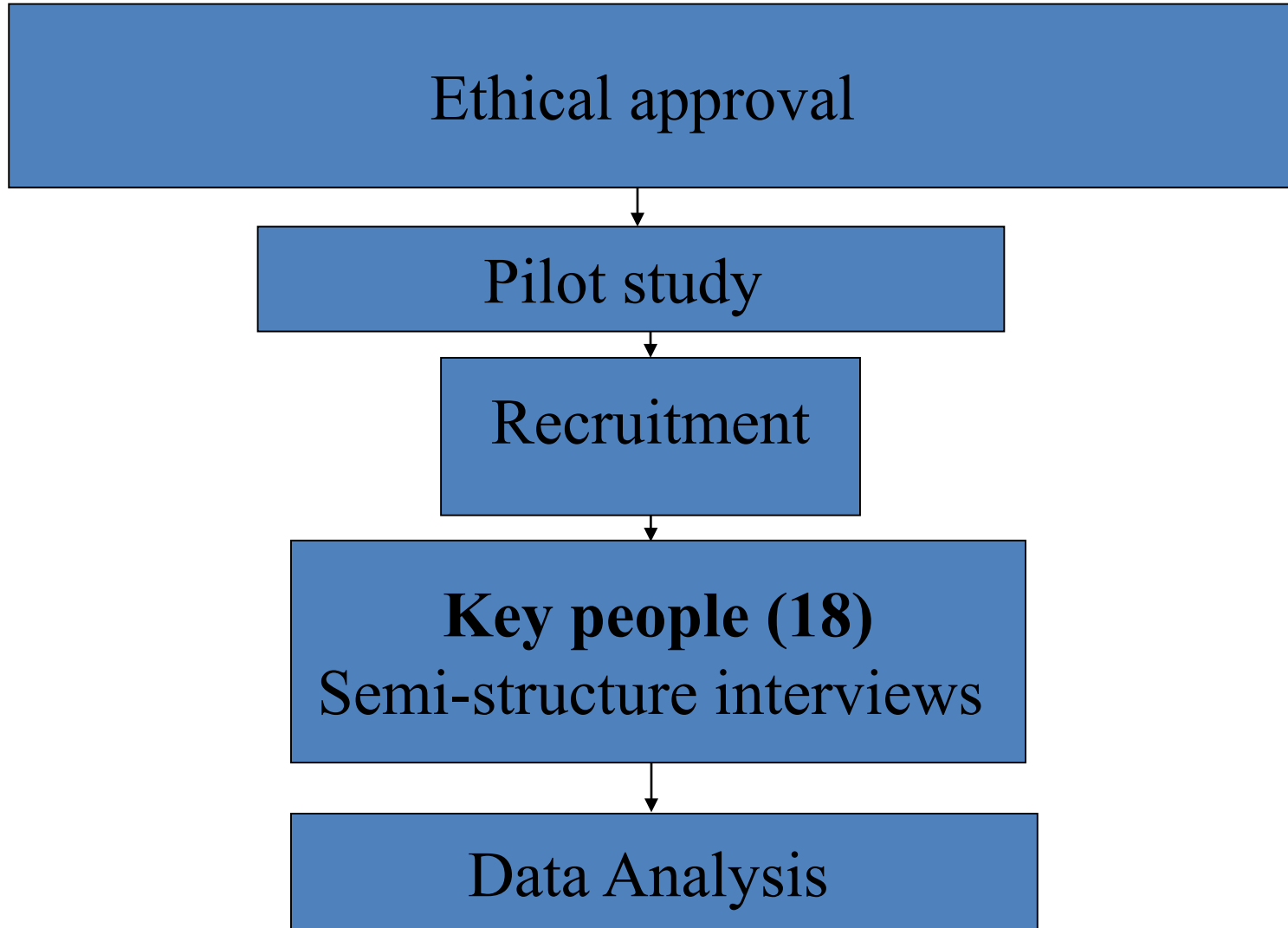


Reference: (Giacaman et al., 2009, p. 838)

Sample

- A purposeful sampling strategy was adopted
- The eligible participants were:
 - ❖ Senior-level managers working in registered institutions concerned with child health or protection in Ramallah District
 - ❖ Had a potential influence on the prevention of home injuries among children

Research Design



Data Collection Method

- Semi-structured interviews were undertaken
- The information sheet and interview questions were sent to the selected participants by email prior to the interview, and they were contacted by telephone and email to confirm their approval
- The interviews lasted for approximately 30 to 60 minutes

The Interview Schedule

The Interview Schedule

1. In your opinion, who should be involved in the prevention of unintentional injuries at home among children?
 2. What is your institution involvement in the prevention of unintentional injuries at home among children?
 3. Where do you get your information regarding this topic?
 4. From your perspective, how do you evaluate the prevention of home injuries among children in Palestine?
 5. In your opinion, is there enough advocacy regarding this topic from the Palestinian health organizations?
 6. Can you tell me more about obstacles, challenges that can interfere with this topic at Ramallah District level?
 7. Can you tell me more about obstacles, challenges that can interfere with this topic at Palestine level?
 8. Can you tell me more about obstacles, challenges that can interfere with this topic worldwide?
 9. What are the opportunities to improve the prevention of unintentional injuries in Palestine (in the future)?
 10. In your opinion, what can be done from your institutions, to improve the practice in the area of preventing unintentional injuries at home among children in Palestine (in the future)?
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Data analysis

- Thematic analysis were undertaken in accordance to [Braun and Clarke \(2006\)](#) analysis approach
- (NVivo) was used

Findings: Participant Characteristics

Demographic Characteristics	Category	Number
Place of work	PHC setting	8
	Hospital setting	4
	Ministry of Social Affairs	2
	Child protection organizations	4
Length of time in the current position	Less than 1 y	4
	1-5	8
	6-10	4
	11-15	2
Gender	Male	14
	Female	4
Age	21-30	0
	31-40	12
	41-50	0
	More than 50 y	6
Level of education	Undergraduate diploma	0
	Bachelor degree	2
	Master degree or above	16
Field of education	Medicine	9
	Nursing	5
	Sociology	2
	Law	2

Abbreviation: PHC, primary health care.

Importance of Injury Prevention Issue

- Half of the managers that were interviewed stated that injury prevention was an important topic and should be a priority
- Other managers thought that it was not a priority due to the pressure of other issues, including: political situations; a lack of awareness among policy makers; the community not taking home safety seriously, and budget limitations
- All of the managers stated that there is a deficit in the work of different organizations in this area

Importance of Injury Prevention Issue

“We have a high incidence of home injuries, and we need to ask ourselves what are the causes of these injuries and how to work on them. Having the knowledge that home injuries can be prevented gives us a direction about the importance of the role that we must play to protect children at home”

(K1, Child Organization)

Practices for the Prevention of Home Injuries

- The majority of managers stated that their institutions worked on increasing parental awareness
- Some participants recognized the importance of providing feasible solutions for the families to help them in protecting their children. These participants stated that providing health education without also offering any practical solutions was less likely to be effective
- Only one institution was able to provide it to some families (Ministry of Social Affairs)

Practices for the Prevention of Home Injuries

“I think that our medical staff always plays this role of awareness dissemination at each site ... we empower parents through training ... and recently we tried to take advantage of home visits to educate the families about various topic”

(K5, PHC)

“We need to work with the families on finding alternative solutions for the purpose of providing the maximum protection to their children under the existing circumstances”

(K9, Hospital)

Factors Affecting the Prevention of Home Injuries: Staff Factors

Lack of training and staff shortage were among the main barriers for injury prevention

“Increasing the number of staff will give them sufficient time for performing health education. They are currently over-stressed with their work ... within the existing time and the existing work pressure, they cannot give the required health education for the prevention of home injuries”

(K1, Child Organization)

Factors Affecting the Prevention of Home Injuries: Parental Factors

- Low socioeconomic status of the parents was one of the main barriers that prevented them from adopting certain safety practices
- Parents' level of awareness and their desire to adopt safety principles is important
- Parent's level of education could be an influential factor

Factors Affecting the Prevention of Home Injuries: Parental Factors

“The poor father who tries to meet the basic needs of his family for food and drink will not think about this topic... I cannot tell him “the electrical appliances in your home are unsafe for the children and you should change them”, and even if I told him that, do you expect him to respond?”

(K4, PHC)

Factors Affecting the Prevention of Home Injuries: Environmental Factors

- Physical environment:
The house size and structure
- Governmental policies:
Scarcity of data
The need to develop current regulations regarding home safety
- Political situation :
Affect families' psychological and financial status
Affect governmental priorities

Factors Affecting the Prevention of Home Injuries: Environmental Factors

“Obtaining information about child injuries at home is very difficult, because the home injuries are not coded in the hospitals and clinics; the health staff do not clearly record it ... they mostly care about recording the reason of child death and they record it as an injury only without giving the reasons behind it ... the available data are distributed between many institutions, and it should be centralized by the Ministry of Health”

(K1, Child Organization)

Interpretations

- The activities of injury prevention in Palestine are still insufficient and need to be advanced
- Current prevention strategies are greatly influenced by the economic, social, political and physical environments, as well as a lack of data and regulation. Therefore, these should be the main aspects of any future plan that targets this topic, with the aim of providing better support to the parents in this direction
- If these elements were taken into consideration by senior managers, the health of Palestinian children would be expected to improve, and the burden of injuries on the health system to be reduced

Recommendations

Managers have key roles to play both directly and indirectly. Some managers in the past have been champions of child injury prevention and there is still a need for them to act as injury prevention advocates to raise awareness of and stimulate action. They should ensure where possible that interventions are multifaceted, informed by local data and are evidence based. Crucially, interventions should also be culturally sensitive and context dependent

Limitations

- The study sample was purposively selected, it is expected to include a higher number of participants who are more involved in the prevention of unintentional injuries. This selection might have an influence on the obtained perspectives and practices. For example, they were expected to be more committed to injury prevention activities, and thus, the result may be more positive

Acknowledgment

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Key References

- Alonge, O., & Hyder, A. A. (2014). Reducing the global burden of childhood unintentional injuries. *Arch Dis Child*, 99(1), 62-69. doi:10.1136/archdischild-2013-304177
- Bowling, A. (1997). *Research methods in health: investigating health and health services*. Buckingham: Open University Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77.
- Britten, N. (1995). Qualitative Research: Qualitative interviews in medical research. *BMJ*, 311(6999), 251-253. doi:10.1136/bmj.311.6999.251
- European Child Safety Alliance (ECSA). (2012). *How safety conscious are European Countries towards children*. Birmingham: ECSA.
- Harrell, M. C., & Bradley, M. A. (2009). *Data collection methods: semi-structured interviews and focus Groups*. US: National Defense Research Institute.
- Mahmoud, N., Amarneh, M. N., Al-Sa'ed, R., Zeeman, G., Gijzen, H., & Lettinga, G. (2003). Sewage characterisation as a tool for the application of anaerobic treatment in Palestine. *Environmental Pollution*, 126(1), 115-122.
- Ministry of Health (MOH). (2016). *Health status in Palestine 2015*. Nablus: Palestine PHIC.
- Ryan, F., Coughlan, M., & Cronin, P. (2009). Interviewing in qualitative research: the one-to-one interview. *International Journal of Therapy and Rehabilitation*, 16(6), 309-314.
- Watson, M. C., & Errington, G. (2016). Preventing unintentional injuries in children: successful approaches. *Paediatrics and Child Health*, 26(5), 194-199.
- Watson, M., & White, J. (2001). Accident prevention activities: A national survey of health authorities. *Health Education Journal*, 60(3), 275-283. doi:10.1177/00178969010600030
- World Health Organization (WHO). (2008). *World report on child injury prevention*. Switzerland: WHO.

Key References

- Broussard, L. (2006) Understanding qualitative research: a school nurse perspective. *The Journal of School Nursing* 22(4): pp.212-218.
- Ebel, B. E., Medina, M. H., Rahman, A. K. M. F., Appiah, N. J. and Rivara, F. P. (2009) Child injury around the world: a global research agenda for child injury prevention. *Inj Prev* 15(3): p. 212.
- Holloway, I. and Wheeler, S. (2010) **Qualitative research in nursing and health care**. 3rd ed. Wiley-Blackwell: Oxford.
- Meadows, K.A. (2003) So you want to do research?1: an overview of the research process. **British Journal of Community Nursing** 8(8): pp.369-375.
- Palestinian Central Bureau of Statistics (2013) Key indicators [Online]. Available at: <http://www.pcbs.gov.ps/site/881/default.aspx#HouseHold> [Accessed 1 September 2015].
- Priest, H., Roberts, P. and Woods, L. (2002) An overview of three different approaches to interpretation of qualitative data. Part1: theoretical issue. **Nurse Researcher** 10(1): pp.30-40.
- The World Bank. (2015) Mortality rate, under-5 (per 1,000 live births) [Online]. Available at: <http://data.worldbank.org/indicator/SH.DYN.MORT> [Accessed 1 September 2015].
- GBD 2013 Mortality and Causes of Death Collaborators. (2015) Global, regional, and national age-sex specific all-cause and cause-specific mortality for 240 causes of death, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. **Lancet** 385. pp 117–71.
- World Health Organization (2008) **Child injury prevention in the South-East Asia region**. Regional office for South-East Asia: World Health Organization.
- LeBlanc, J. C., Pless, I. B., King, W. J., Bawden, H., Bernard-Bonin, A.-C., Klassen, T. and Tenenbein, M. (2006) Home safety measures and the risk of unintentional injury among young children: a multicentre case–control study. **Canadian Medical Association Journal** 175(8): pp. 883-887.
- Silverman, D. (2010) **Interpreting qualitative data** . SAGE: London.

Thank you

