

Human Trafficking Online Educational Training to Increase Emergency Nurses' Knowledge, Self-Efficacy, Skills in Identification, and Referral of Human Trafficking Survivors

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Background/Purpose

Background: The ENA Position Statement on human trafficking (HT) identifies that ED nurses for unknown reasons still do not identify HT survivors who enter the ED.

Purpose: Evaluate if ED nurses demonstrate increased levels of knowledge, self-efficacy, skills in identification, & referral of HT survivors after participation in the See, Pull, Cut the Threads of Violence online educational intervention.

Learning Outcomes

1. Define Human Trafficking (HT)
2. Identify one trauma-informed method during care of the HT Survivor
3. Discuss one HT red flag complaint
4. Recognize one HT resource/referral

Design, Setting, & Sample

Design: descriptive; trauma-informed; electronically sent pretest/ posttest; Online HT education intervention.

Key variables: self-efficacy, knowledge & skills guided by Bandura's theories

Setting: Urban level 1 pediatric & adult teaching hospital

Sample: Inclusion: ED nurses <2years to >20 years ED experience. Exclusion: travel nurses, nurses not in ED

Methods

Valid & reliable pretest/posttest design measured ED nurses' HT knowledge, self-efficacy, skills in identification, & referral of HT patients. Electronically sent intervention- See, Pull, Cut the Threads of Violence (trauma-informed)

Data analysis SPSS 26.0 version 8.0

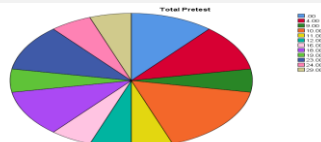
Results

50 ED nurses invited to electronically over a 3 month period. 18 ED nurses responded.

Demographics

44.4% > 20 yrs ED experience,
38.9% 10-20 yrs,
5.5% < 2 yrs.

Previous HT Education: 88.9% NO
Experience caring for HT Pt: 83.3% - NO
Family/self experienced HT: 100% - NO
HT Pretest Pie Mean Results

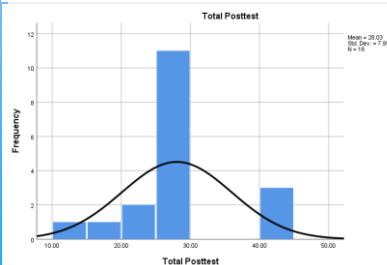
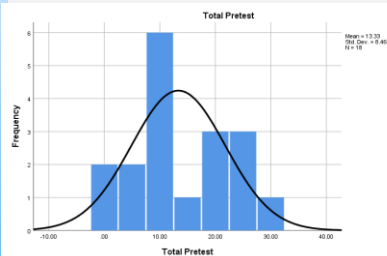


HT Posttest Pie Mean Results



Results/Findings/Outcomes

Results: A paired-samples t test was conducted to compare the pretest & posttest HT knowledge, self-efficacy, skills in identification, & referral of HT survivors before the online HT training. There was a significant difference in scores for the pretest (M=14.06, SD=8.35) and posttest (M=28.14, SD=7.76). A significant increase from pretest to posttest score revealed $t(18)=5.45, p<.001$.



Conclusion

Emergency nurses with higher self-efficacy, knowledge, & skills are more likely to complete HT screening with a trauma-informed approach and refer.

Limitations: Convenience sample, 36% response rate, & one ED.

Implications for Practice

ED nurses HT knowledge, self-efficacy, skills in identification, & referral of HT survivors increased after trauma-informed online HT education.

References- scan QR Code



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