The influence of professional self-efficacy on recognising and responding to child abuse and neglect presentations in the ED

Safe Children Vietnam

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Acknowledgements

– We acknowledge the work completed by Dr Pei-Yu Lee in Taiwan. She developed the English and Chinese versions of the CANRSE from which the Vietnamese version (VN) of the measure was adapted

– Reference: Lee, P., Dunne, M., Chou, F., & Fraser, J. (2012). Development of the child abuse and neglect reporting self efficacy questionnaire for nurses. Kaohsiung Journal of Medical Sciences, 28, 44-53.

Presentation overview

— Background

— The intervention

— The evaluation

— Why target professional self-efficacy

— How to measure professional self-efficacy

— Psychometric testing of the VN version of CANRSE

— Results

— Conclusions

Safe Children Vietnam – background

A collaboration between

Children's Hospital 2, Ho Chi Minh City, Vietnam and

Sydney Nursing School at the University of Sydney, Australia

What is Safe Children Vietnam?

A multi-modal training program to improve the recognition and response to child maltreatment presentations in the ED

— Training workbook

— Child Injury Screening Tool

— Poster presentations

— Clinical training

— 2-day Training the Trainers workshop

— Animated video (Shaken Baby Syndrome)

How was it done?

Needs analysis and extensive consultation

Needs analysis, extensive consultation, and development and implementation of a child maltreatment training program

— In-depth interviews with senior medical staff from Emergency Department, Outpatients Department and Psychology Department

— Focus groups with nurses and doctors from Emergency Department and Outpatients Department

Shared goals

Shared goals of improving outcomes for victims of child maltreatment, and building the capacity of clinicians in the hospital

— Implementing a child maltreatment training program

— Developing and piloting a Child Injury Screening Tool

— Building partnerships with community organisations

— **Improving professional self-efficacy of clinicians**

— Building capacity for research development and participation

Translation protocols

Comprehensive translation protocols and sensitivity to cultural differences

— Evidence-based translation protocols

— All participant information and consent forms fully back-translated

— Training conducted in Vietnamese

— Evaluation measures translated to Vietnamese

  — **Child Abuse and Neglect Reporting Self-Efficacy (CANRSE)**

  — Child abuse and neglect questionnaire for health professionals

  — Shaken Baby Prevention tool

Why target Professional Self-efficacy?

- Bandura's 1986 theory of self-efficacy has been used extensively in Public Health research for several decades

- Application of the theory to professional practice and professional behaviours has gained momentum as more is understood about the influence of personal beliefs on one's ability to perform work confidently

- Lee (2007, 2008, 2012) developed CANRSE, a new test to measure professional self-efficacy in relation to child abuse and neglect response

- Safe Children Vietnam Project was an opportunity to test the properties of the measure in a Vietnamese sample

- At the same time to test the effectiveness of clinical training on improving professional self-efficacy

CANRSE Child abuse and neglect reporting self-efficacy

— A questionnaire developed in Taiwan by Dr Pei Yu Lee

— Based on the theory of self-efficacy

— The CANRSE questionnaire is comprised of 3 scales and 9 subscales

— These are

  — Efficacy-expectation for suspected cases

    • Prioritise my workload

    • Colleague support

    • Confidence to report

  — Efficacy-expectation for known cases

    • Prioritise my workload

    • Colleague support

    • Confidence to report

  — Outcome-expectations

    • Child benefit

    • Family benefit

    • Faith in services

Methods

— HREC approval gained from both the hospital and the University of Sydney ethics committees

— A sample of 127 VN doctors and nurses working in a tertiary paediatric hospital ED, OPD and Burns units participated

— A pre test-post test design was used to evaluate the clinical training programme and test the research measures adapted for VN

— A six-month follow up assessment was made using the same research measures

Internal consistency of the VN version

	Scale	Cronbach's alpha
Total items		
	Efficacy-expectations (s)	0.97
	Efficacy-expectations (kn)	0.98
	Outcome –expectations	0.96

Convergent validity of the VN version with General SE

	Scale	GSE
Total items		
	Efficacy-expectations (s)	0.482
	Efficacy-expectations (kn)	0.406
	Outcome –expectations	0.580

Criterion-related validity of the VN version

— The VN version of CANRSE was tested for validity against the question *"How likely would you be to report this case"* measured on a scale from 1 to 10 for each of four vignettes developed for the VN version

Each vignette was based on a case of physical, sexual, emotional, abuse or neglect of a Vietnamese child

The vignettes were used to test a number of knowledge, skills, and attitudes outcomes

Criterion-related validity of the VN version (cont)

- Average scores of the likelihood to report for all 4 vignette cases used
- The ability to predict likelihood to report abuse and neglect cases was demonstrated
- "Outcome expectations" accounted for the highest percentage of the variance in reporting CAN cases in the VN sample
- This was not the case for the Lee et al. (2012) sample which found "*Colleague support to report known cases*" the strongest in a sample of Taiwanese nurses

Evaluation results – did it work?

- Overall the results indicate that for most of the measured outcomes there was a statistically significant improvement in knowledge and intentions between the pre and post test measures
- These improvements were lost at the 6 month follow up
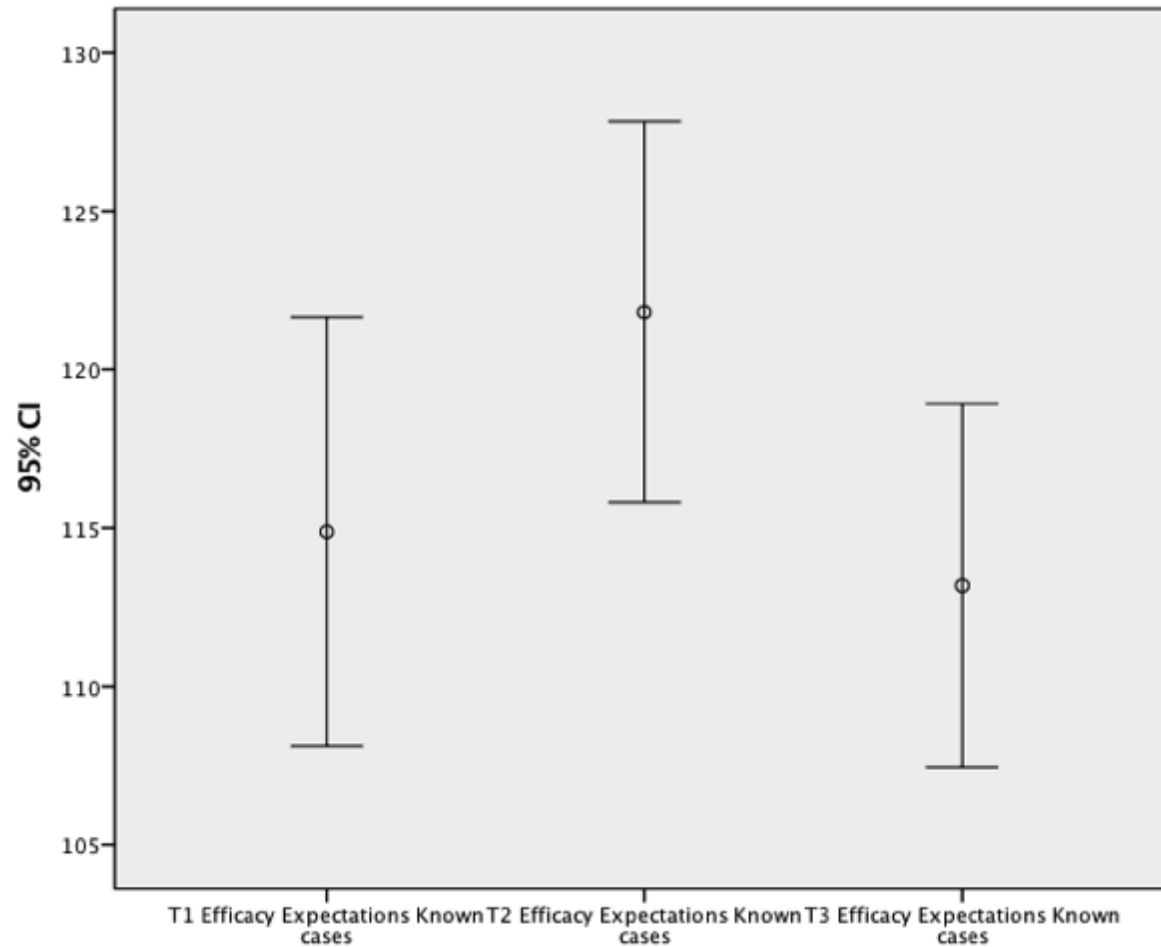- This was also true for professional self-efficacy as follows:

Efficacy Expectations and CANRSE

– 16 items (questions) measured efficacy expectations to create 4 subscales

  – I am confident that I can prioritise my workload to report CAN

  – I am confident that I will receive my colleague's support

  – I am confident that I can seek the opinion of others to report CAN

  – I am confident that I can report CAN

Results – Efficacy Expectations (Suspected cases)
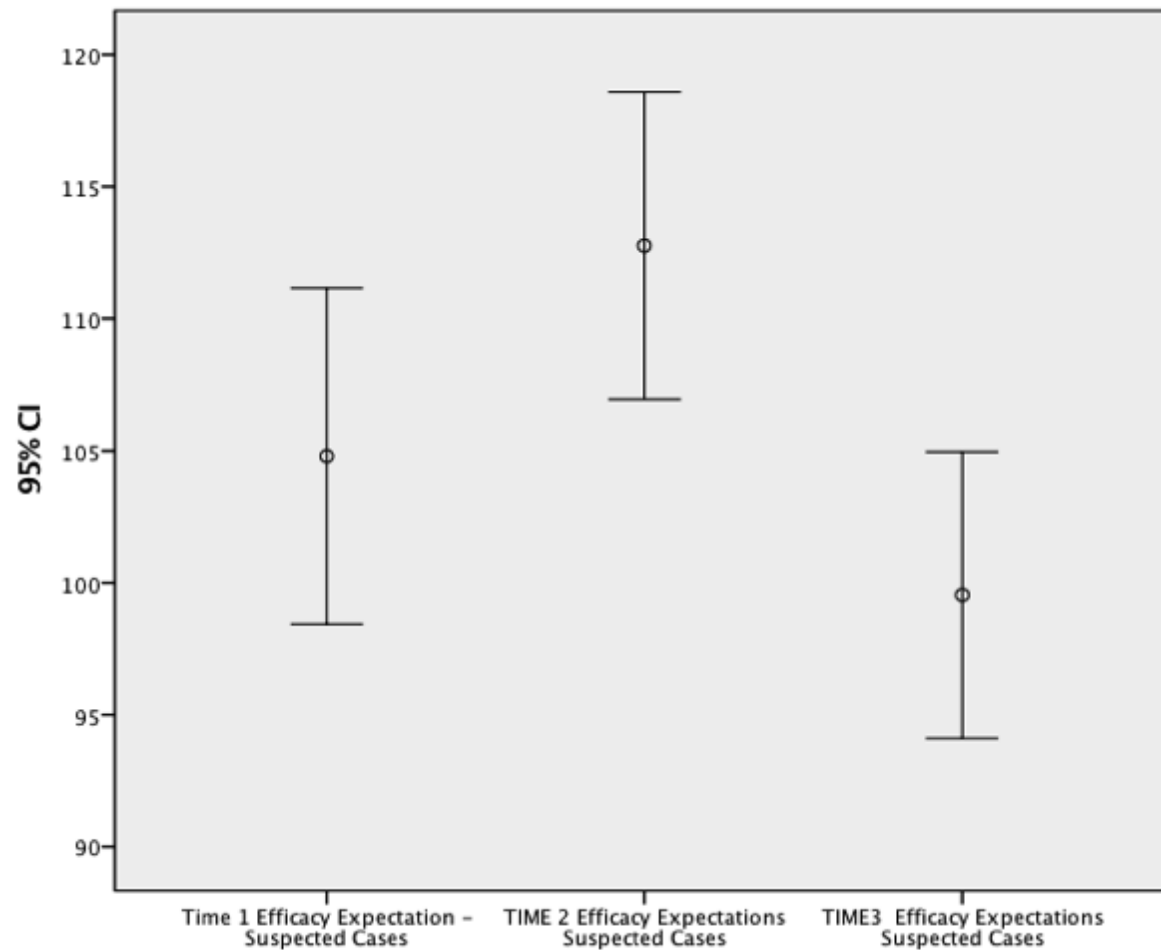
Results – Efficacy Expectations (Known cases)

Outcome Expectations and CANRSE

- 12 items (questions) measured efficacy expectations to create 3 subscales
  - I am confident that to report CAN is in the child's best interest
  - I am confident that to report CAN is in the family's best interest
  - I am confident that children's services will respond to a report of CAN

Results – Outcome Expectations
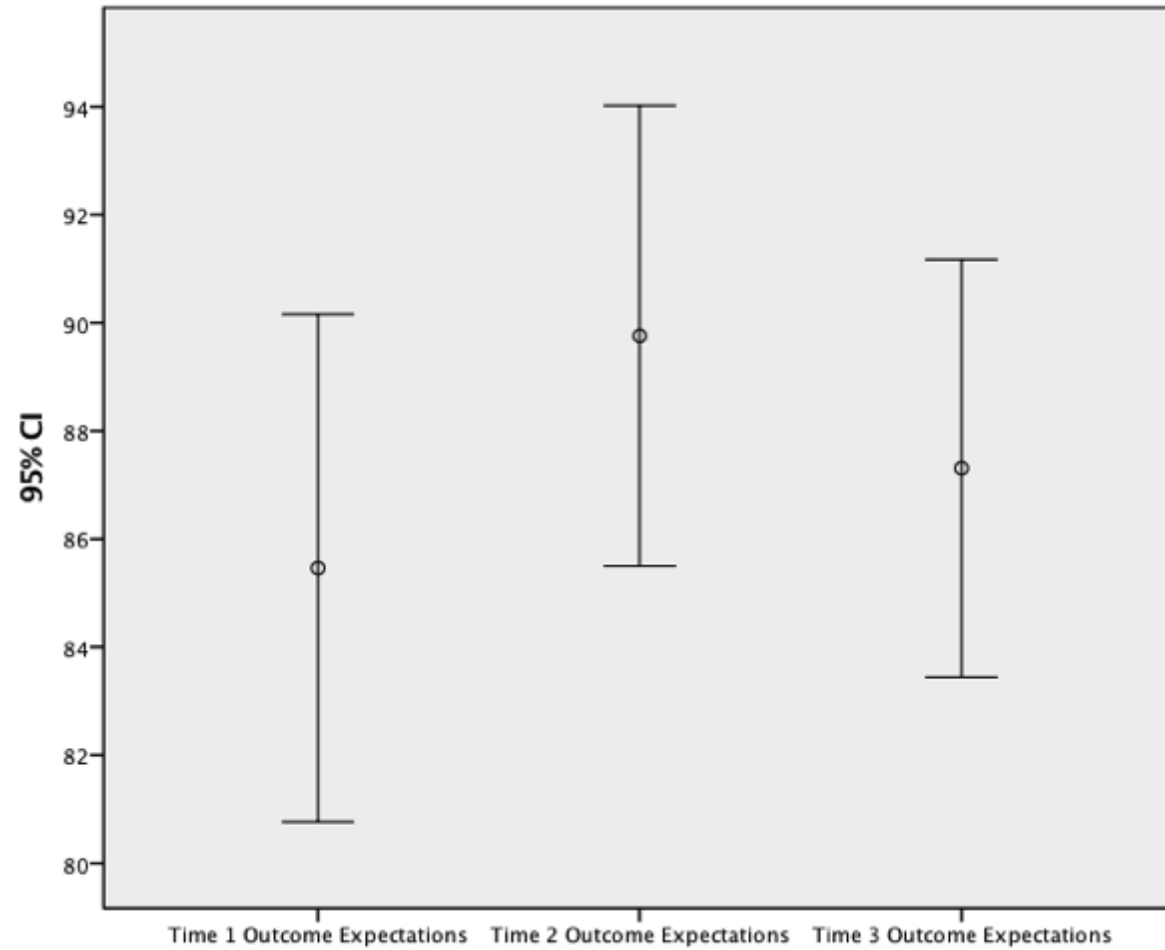
Conclusions

- Improvements in professional self-efficacy can be achieved through clinical training

- For longer term sustainability of outcomes,

more work is needed

- Professional self-efficacy can now be

measured using the VN version of CANRSE

Questions?