Title:

Parental Perceptions Regarding Injury Risk

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Session Title:

Evidence-Based Nursing in Infants

Slot:

F 13: Monday, 30 October 2017: 9:30 AM-10:15 AM

Scheduled Time:

9:30 AM

Keywords:

Injury prevention, Parental perceptions and Pediatrics

References:

Ablewhite, J., Peel, I., McDaid, I., Hawkins, A., Goodenough, T., Deave, T., ... Kendrick, D. (2015) Parental perceptions of barriers and facilitators to preventing child unintentional injuries within the home: a qualitative study. *BMC Public Health*. doi: 10.1186/s12889-015-1547-2

Brixey, S. N., Weaver, N. L., Guse, C. E., Zimmerman, H., Williams, J., Corden, T. E., & Gorelick, M. H. (2014). The impact of behavioral risk assessments and tailored health information on pediatric injury. Clinical Pediatrics, 53(14), 1383-1389. doi: 10.1177/0009922814549544

Abstract Summary:

Examines the distribution of injury risk using data from a Safe N' Sound program sample of patients at a Midwestern Pediatric Level I Trauma Center compared to the relationship between parental perception and injury prevention and risk among the same population. May guide the development of the tailored parental information.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to differentiate between actual and perceived pediatric injury risks	Components of Safe N' Sound program will be illustrated as pediatric tool for injury prevention
The learner will be able to decribe components of the Health Belief Model to tailor injury prevention methods	A description of the Health Belief Model will be provided and alligned with the tailored prevention methods

Abstract Text:

Objective: To examine the distribution of injury risk using data from a Safe N' Sound program sample of patients at a Midwestern Pediatric Level I Trauma Center compared to the relationship between parental perception and injury prevention and risk among the same population.

Background: Over 9,000 children die from various causes of unintentional injury, 8.7 million are treated in the Emergency Department, and 225,000 require hospitalization annually. This paper examines data from the Safe N' Sound (SNS) program that illustrates care giver perceptions of threats to children's

safety in comparison to trauma data collected at a Midwestern Pediatric Level I Trauma Center and from regional department of health data.

Methods: Missouri Information for Community Assessment (MICA) was categorized to mirror variables corresponding with injury risks presented in the SNS program. Level I Trauma Center data was examined to determine how the variables were distributed in comparison to MICA data and to the parent reported level. Chi-square was used to analyze the relationship between demographic variables and scale risk categories. Binary logistic regression was conducted to determine which parental control variables predicted which risk.

Results: A total of 496 SNS surveys were compared to SSM Cardinal Glennon Children's Medical Center and MICA data. Children of parents who perceived child as part of growing up had greater odds for injury than those whose parents disagreed with injury as a natural course of childhood.

Conclusions: Parental perception is significant for SNS and other tailored injury prevention programs because it may help inform the development of the tailored information presented to the parents. Understanding the parental perceptions specific to injury risks allows for more detailed tailoring of information based upon what parents believe about preventative injury behaviors. In addition to testimonials and storylines, parental beliefs may be another way to target potential risks for pediatric injury.