

Report

A Study of Influencing Factors on Hospital Nurses' Notification of Child Abuse

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Abstract

In recent years, the number of reported cases of child abuse has increased. The purpose of this study is to clarify the actual situation of child abuse encounters among hospital nurses and the factors that influence nurses' reporting behavior when they encounter child abuse. Questionnaire survey was administered to nurses at 4 hospitals (municipal, public, university, and private) who agreed to cooperate with the survey in City A. Responses were received from 145 (55.3% response rate). hospital Nurses were encountering abused children who were physically abused or neglected. The detailed items that showed significant associations as influencing factors were individual attributes were a long history of nursing. Nurses' recognition of child abuse were items of neglect and psychological abuse. Within hospital support was those who responded according to the manual. Nurses need to understand that they may continue to encounter cases of physical abuse and neglect. In case of neglect, to notice minute changes through observation and analysis based on years of experience. And if nurses can follow the activities in the manual, it may lead to notification actions. On the other hand, Nurses are well understand child abuse, but behavior that tends to be socially acceptable is difficult to view as abuse. In the future, it will be important to raise recognition of child abuse and to create a manual that makes use of experience to prevent erroneous judgments and actions, and to inform people to act according to the manual. This study found that hospital nurses in City A had encountered children who had been physically abused or neglected. Three factors were identified as influencing nurses' child abuse reporting behavior in neglect cases, personal attributes, hospital support, and nurses' recognition of child abuse

Key words: hospital nurse, child abuse, influencing factor, notification

Introduction

In 2020, "220 Child Guidance Centers Nationwide handled more than 200,000 cases of child abuse, the largest number ever recorded" (Ministry of Health, Labor and Welfare, 2020). The report states, "Medical institutions are in a better position to detect abuse because they are involved in serious cases and are in a better position to identify children in need of protection and families in particular need of support for childcare, that

expect to detect abuse at an early stage" (Law for the Prevention of Cruelty to Children as amended, 2007). With regard to within hospital support for nurses, "The burden on staff is reduced when the child abuse response organization within a hospital notifies them of abuse" (Ministry of Health, Labour and Welfare, 2014). Administrative agencies recommend that organizations respond to the situation. Regarding the status of organizational systems at medical institutions, "In Tokyo, 16 institution (76.2%) national and municipal

hospitals and 17 institution (70.8%) university hospitals had a child abuse response organization.

By department function, 35 institution (79.5%) of the pediatric secondary emergency medical institutions had an within hospital organization” (Miyamoto, 2012).

The establishment of response organizations, including the preparation of manuals, has not progressed except in large hospitals. Regarding child abuse education provided by medical institutions to nurses, “a pre/post comparison was made in a questionnaire for a study session focused on neglect, and the results showed that recognition of neglect has improved” (Hasegawa et al., 2012). This suggests the possibility of a change in interest by conducting study groups. “The nurse in the pediatric ward is the only position that can provide support to abused children and their families through direct care in order to detect and prevent recurrence,” (Kamada et al., 2007). Thus, they state that his experience and perspective as a pediatric nurse will support the child and family, and they revealed out the differences in perspectives among different professions. Regarding years of experience, a study of child care workers found that “The longer experience one has, the more flexible one can be, the more one can perceive children and parents, and the broader one’s perspective becomes” (Ishihara et al., 2004). the longer the experience, the better the ability to understand the current situation and to make judgments.

Regarding parenting experience, “hen there are children, it is easier to recognize abuse from their condition” (Iba et al., 2002). This is because they understand the characteristics of the children at home outside of work and have a better grasp of their development and growth. The purpose of this study was to clarify the actual conditions of child abuse encountering among hospital nurses, and to clarify whether the four factors found in previous studies as influencing factors for reporting child abuse, namely “Nurses’ recognition of child abuse,” “Individual attributes,” “Hospital education system,” and “hospital support,” Affect nurses’ behavior in reporting child abuse.

Materials and methods

1. Research methods

Cross sectional study.

Conditions and selection method of research subjects

City A, the ordinance designated city targeted in this study, is an area that has enforced the Ordinance on the Protection of Children from Abuse since 2013 and has utilized and operated a network of child abuse response centering on core medical institutions in 2016.

As hospital selection conditions, hospitals were defined as those with a clearly defined department in charge of child abuse, a committee for dealing with child abuse, and a system in place with an within hospital manual (Conference for Promotion of Cooperation among Medical Institutions Responding to Child Abuse, 2014). Hospitals with this condition would be large medical institutions such as municipal hospitals, university hospitals, and hospitals with emergency rooms, and nurses working in these hospitals are the subjects of this study.

Data collection period

The data collection period is from August 1, 2015 to September 30, 2015.

Survey items

Individual attribute is which were derived from previous studies, pediatric experience, parenting experience, years of nursing experience, age etc. And other experiences of encountering abused children, including what kind of cases. As for within hospital education, whether or not study groups are held, how often study groups are held, etc. As for within hospital support, whether there is a checklist, a manual, or a child abuse response team, etc. As for the nurses’ recognition of child abuse, 16 items were selected from the 39 items in the vignette survey, avoiding those with explicit expressions (Takahashi et al., 1996). Two of the notified cases that corresponded to the outcome were asked about: physical abuse of hitting the head with a vacuum cleaner nozzle, which actually happened, and neglect of not giving milk to the child despite baby crying.

2. Analysis method

The subjects’ individual attributes and within hospital support were used as independent variables. For the recognition of child abuse, responses to 16 items were dichotomized from 1 and 0, and divided into two groups abusive and non abusive, and were used as independent variables. Chi square test was conducted with physical abuse and neglect as the dependent variables. The actual situation of child abuse was analyzed by descriptive statistics, including the experience of encountering abused children, what

kind of cases they were, and how many cases they encountered. The statistical software SPSS statics22 was used for the analysis, and the probability of significance for the chi square test was 5 % two-sided for all tests.

3. Ethical consideration

This study was approved by the Ethics Review Committee of Keio University in 2015. A written request and questionnaire were sent to the hospitals, stating the purpose and methods of the study, that individuals would not be identified, that consent to the study would be deemed given upon return of the questionnaire, and that the questionnaire would not be used for any purpose other than the intended purpose. It up to the head of the nursing department to decide which nurses in which departments the questionnaires would be distributed.

Results

1. Individual attributes

Nurses from 4 of the 8 hospitals in City A, 300 to 700 bed municipal hospital, public hospital, university hospital, and private hospital, co-operated in the study.

Total of 267 copies of the questionnaire were distributed and 145 respondents (Response rate: 55.3%) were collected. Table 1 shows the demographics of the subjects who responded to the questionnaire. 68 person (46.9%) had worked in an outpatient department and 75 person (51.7%) had

not. 44 person (30.3%) had more than 20 years of experience as a nurse, followed by 43 person (29.7%) with 15 to 20 years. 60 person (41.4%) had parenting experience, and 83 person (57.2%) had no experience. 71 person (49.0%) had worked in pediatrics and 72 person (49.7%) had not. 42 person (29.0%) of the respondents were in their 20s, and 40 person (27.6%) were in their 30s and 40s, respectively. The final education level of nursing was technical school for 108 person (74.5%) and university for 20 person (13.8%).

2. Actual condition of encountering a child suspected of being abused

Table 2 shows the actual condition in which the subjects who responded to the questionnaire encountered a child suspected of being abused. 67 person (46.2%) had encountered an abused child, and 69 person (47.6%) had not. Regarding the type of abuse, 48 respondents (51.1%) were suspected cases of abuse and 32 respondents (34.0%) were Obvious examples of abuse. Physical abuse accounted for the majority of the types of abuse with 58 responses (52.7%), followed by neglect with 36 responses (32.7%). More than half of the nurses had encountered a case of abuse notification, with 44 person (65.7%) having a case that led to notification of abuse and 23 person (34.3%) not having a case that led to notification of abuse. The largest number of abuse cases encountered during the year was 22 person (32.8%) with 2 cases.

Table 1 Individual attributes

What is your age?	Have you ever worked in an outpatient department?		What is your last educational background in nursing?					
	Number of people	%	Number of people	%				
20's	42	29.0	Yes	68	46.9	Technical school graduate	108	74.5
30's	40	27.6	No	75	51.7	junior college graduate	15	10.3
40's	40	27.6	No Answer	2	1.4	University or above	20	13.8
Over 50's	21	14.5	Total	145	100	No Answer	2	1.4
No Answer	2	1.4				Total	145	100
Total	145	100						

How long have you been working as a nurse?	Do you have any experience in pediatric nursing?		Do you have any experience in parenting children?					
	Number of people	%	Number of people	%				
Less than 1-5 years	11	7.6	Experienced	71	49.0	Yes	60	41.4
Less than 5-10 years	18	12.4	No experience	72	49.7	No	83	57.2
Less than 10-15 years	27	18.6	No Answer	2	1.4	No Answer	2	1.4
Less than 15-20 years	43	29.7	Total	145	100	Total	145	100
Over 20 years	44	30.3						
No Answer	2	1.4						
Total	145	100						

Table 2 Hospital nurses' experiences of suspecting child abuse

Have you ever encountered a child who you suspected of having been abused?			What kind of abuse cases? (Multiple answers are acceptable)		
	Number of People	%		Number of Answer	%
Yes	67	46.2	Obvious cases of abuse	32	34.0
No	69	47.6	Suspected cases of abuse	48	51.1
Don't Know/No Answer	9	6.2	Cases which abuse was revealed after discharge from the hospital	5	5.3
Total	145	100	Cases in which I personally suspected abuse	9	9.6
			Total	94	100
			*Only those who answered yes to the main question		
How many cases have you encountered in the past year?			Types of abuse (Multiple answers are acceptable)		
	Number of People	%		Number of Answer	%
1 Case	11	16.4	Physical abuse	58	52.7
2 Case	22	32.8	Mental abuse	13	11.8
3 Case	6	9.0	Sexual abuse	3	2.7
4 Case	2	3.0	neglect	36	32.7
30 Case	1	1.5	Total	110	100
Don't Know/No Answer	25	37.3			
Total	67	100			
			*Only those who answered yes to the main question		
Are there any cases of abuse among them that resulted in notification (or following the hospital's notification pathway)?					
	Number of People	%			
Yes	44	65.7			
No	23	34.3			
Total	67	100			
			*Only those who answered yes to the main question		

3. Status of nurses' recognition of child abuse

The most common items that were reported as abuse were "Forcing a child to light a cigarette" by 139 person (99.3%), "Not taking the child to the hospital when the child has a chronic illness that is life threatening" by 137 person (97.9%), and "a parent strikes the child, causing trauma that requires medical attention." by 123 person (87.9%).

On the other hand, 116 person (82.9%) of the respondents answered that it was not abuse to "Using antipyretics to lower a child's high fever and then taking her to daycare the next morning." The other most common responses were "A parent takes a bath with an adolescent child of the opposite sex." 108 person (77.8%) and "The parent hit the child, but no injury or bruise occurred" 94 person (67.1%).

4. Status of within hospital support

32 person (22.0%) were aware that there was a checklist, while 17 person (11.7%) said there was no checklist. 47 person (32.4%) reported having an within hospital manual. When asked if they follow the manual, 30 person (62.5%) responded that they do. 12 person (25.0%) did not respond accordingly. 26 person (17.9%) indicated that they have a child abuse response team. 37 person (25.5%) shared information at conferences. 49 persons (33.7%) indicated that they had a point of contact within hospital to communicate with the outside. 122 persons (84.1%) of the person reported having a consultant.

5. Relationship between individual attributes and notification behavior

The relationship between individual attributes and cases regarding notification was shown. Significant differences were shown between

Table 3 Relationship between personal attributes and nurses' notification behavior

Personal Attribute	Case 1 (Physical abuse)			(n=141)
	I'll notify that	I'll not notify that	Total	P-Value
Outpatient department work experience				
Yes	67 (98.5)	1 (1.5)	68	P=n. s
No	71 (97.3)	2 (2.7)	73	
Pediatric nursing experience				
Experienced	68 (98.5)	1 (1.8)	69	P=n. s
No experience	70 (97.2)	2 (2.8)	72	
Years of nursing experience				
Less than 1-5 years	11 (100)	0 (0)	11	P=0.511
Less than 5-10 years	18 (100)	0 (0)	18	
Less than 10-15 years	26 (96.3)	1 (3.7)	27	
Less than 15-20 years	40 (95.2)	2 (4.8)	42	
Over 20 years	43 (100)	0 (0)	43	
Last educational background in nursing				
Technical school graduate	104 (99.1)	2 (0.9)	106	P=0.563
junior college graduate	15 (100)	0 (0)	15	
University or above	19 (95.0)	1 (5.0)	20	
Parenting Experience				
Yes	58 (98.3)	1 (1.7)	59	P=n. s
No	80 (97.5)	2 (2.5)	82	
Age of Respondents				
20's	42 (97.6)	2 (2.4)	42	P=0.391
30's	37 (97.4)	2 (2.6)	39	
40's	39 (100)	0 (0)	39	
Over 50	21 (100)	0 (0)	21	
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	Case 2 (neglect)			(n=141)
	I'll notify that	I'll not notify that	Total	P-Value
Outpatient department work experience				
Yes	55 (80.9)	13 (19.1)	68	P=0.555
No	55 (75.3)	18 (24.7)	73	
Pediatric nursing experience				
Experienced	49 (71.0)	20 (29.0)	69	P=0.078
No experience	61 (84.7)	11 (15.3)	72	
Years of nursing experience				
Less than 1-5 years	5 (45.5)	6 (54.5)	11	P=0.049*
Less than 5-10 years	14 (77.8)	4 (22.2)	18	
Less than 10-15 years	19 (70.4)	8 (29.6)	27	
Less than 15-20 years	38 (90.5)	4 (9.5)	42	
Over 20 years	34 (79.1)	9 (20.9)	43	
Last educational background in nursing				
Technical school graduate	84 (79.2)	22 (20.8)	106	P=0.645
junior college graduate	12 (80.0)	3 (20.0)	15	
University or above	14 (70.0)	6 (30.0)	20	
Parenting Experience				
Yes	51 (86.4)	8 (13.6)	59	P=0.065
No	59 (72.0)	23 (28.0)	82	
Age of Respondents				
20's	28 (64.3)	14 (35.7)	42	P=0.159
30's	33 (87.2)	6 (12.8)	39	
40's	33 (84.6)	6 (15.4)	39	
Over 50	16 (76.2)	5 (23.8)	21	

p=0.00< ** 0.05< *

years of experience as a nurse and notification behavior.

There was significant difference ($p=0.049$) between giving notice for longer years of experience with 5 respondents (45.5%) having 1 to 5 years, 14 (77.8%) having 5 to 10 years, 19 (70.4%) having 10 to 15 years, 38 (90.5%) having 15 to 20 years, and 34 (79.1%) having 20 years or more experience, and The longer the number of years, the higher the percentage of notification.

6. Relationship between nurses’ recognition of abuse and notification behavior

Only those neglect cases that showed significant differences will be discussed. 23 respondents (95.8%) said that “Using antipyretics to lower a child’s high fever and then taking her to daycare the next morning” was abuse. While 90

respondents (77.6%) said it was not abuse. Significant differences were found between the two groups, indicating that “using antipyretics to lower a child’s high fever and taking the child to daycare the next morning” was not considered child abuse. ($p=0.029$).

78 respondent (85.7%) that “ Not taking the child to the hospital even though the child is mentally unstable “ was abuse, while 35 (71.4%) responded that it was not abuse. Significant differences were found between the two groups, indicating that “ Not taking the child to the hospital even though the child is mentally unstable “ was considered child abuse. ($p=0.035$).

87 respondents (85.3%) answered that “Ignoring the infant when she cries and not holding her in your arms” was child abuse, while 26 respondents (68.4%) answered that “not

Table 4 Relationship between nurses’ perception of abuse and whether they took action to report it

The relationship between perceptions of child abuse and neglect		I'll notify that	I'll not notify that	Total	P-Value
Parents are reluctant to care for their children and are not giving them enough milk	It's abuse	90 (78.3)	25 (21.7)	115	n=140
	It's not abuse	21 (84.0)	4 (16.0)	25	P=0.53
A parent strikes the child, causing trauma that requires medical attention	It's abuse	100 (81.3)	23 (18.7)	123	n=140
	It's not abuse	13 (76.5)	4 (23.5)	17	P=0.76
The child's development is delayed because the parent does not speak to the child	It's abuse	85 (83.3)	17 (16.7)	102	n=140
	It's not abuse	28 (73.7)	10 (26.3)	38	P=0.15
A parent takes a bath with an adolescent child of the opposite sex	It's abuse	27 (84.4)	5 (15.6)	32	n=140
	It's not abuse	86 (79.6)	22 (20.4)	108	P=0.42
A parent hits the child, but no injury or bruise occurs	It's abuse	39 (84.8)	7 (15.2)	46	n=140
	It's not abuse	74 (78.7)	20 (21.3)	94	P=0.82
Parent says “you are not good enough” compared toother siblings	It's abuse	46 (83.6)	9 (16.4)	55	n=140
	It's not abuse	67 (78.8)	18 (21.2)	85	P=0.56
A parent caresses the breasts of their adolescent daughter	It's abuse	93 (80.2)	23 (19.8)	116	n=140
	It's not abuse	20 (83.3)	4 (16.7)	24	P=0.6
Beating the child caused bruises	It's abuse	85 (79.4)	22 (20.6)	107	n=140
	It's not abuse	28 (84.8)	5 (15.2)	33	P=0.37
Not taking the child to the hospital even though the child is mentally unstable	It's abuse	78 (85.7)	13 (14.3)	91	n=140
	It's not abuse	35 (71.4)	14 (28.6)	49	P=0.035*
Ignoring the infant when she cries and not holding her in your arms	It's abuse	87 (85.3)	15 (14.7)	102	n=140
	It's not abuse	26 (68.4)	12 (31.6)	38	P=0.017*
Parents forcing their daughters to wear revealing clothes of their own choice	It's abuse	50 (84.7)	9 (15.3)	59	n=140
	It's not abuse	63 (77.8)	18 (22.2)	81	P=0.35
Using antipyretics to lower a child's high fever and then taking her to daycare the next morning	It's abuse	23 (95.8)	1 (4.2)	24	n=140
	It's not abuse	90 (77.6)	26 (22.4)	116	P=0.029*
Parents talk to their children about their own heterosexual experiences, including their sexual behavior	It's abuse.	47 (83.9)	9 (16.1)	56	n=140
	It's not abuse	66 (78.5)	18 (21.5)	84	P=0.27
Forcing a child to light a cigarette	It's abuse.	112 (80.6)	27 (19.4)	139	n=140
	It's not abuse	1 (100)	0 (0)	1	P=0.62
Not taking a child to the hospital when the child has a chronic illness that is life-threatening	It's abuse	110 (80.2)	27 (19.8)	137	n=140
	It's not abuse	3 (100.0)	0 (0.0)	3	P=0.59
Saying “you're fat” to a child who is concerned about being fat	It's abuse	55 (84.6)	10 (15.4)	65	n=140
	It's not abuse	58 (77.3)	17 (22.7)	75	P=0.15

$p=0.00 < ** 0.05 < *$

Table 5 Relationship between hospital support and nurses' notification behavior

In-hospital support	Case 1 (Physical abuse)			P-Value
	I'll notify that	I'll not notify that	Total	
I know there is a checklist in the Hospital				
Yes	31 (100)	0 (0)	31	P=n. s
No	51 (98.1)	1 (1.9)	52	n=83
Whether a checklist is used or not (Only those who answered yes to the main question)				
Yes	5 (100)	0 (0)	5	P=n. s
No	26 (100)	0 (0)	26	n=31
I Know there is a manual in the Hospital				
Yes	47 (100)	0 (0)	47	P=0.23
No	32 (97.0)	1 (3.0)	33	n=80
Have you ever read it? (Only those who answered yes to the main question)				
Yes	29 (100)	0 (0)	29	P=n. s
No	17 (100)	0 (0)	17	n=46
Follow the manual (Only those who answered yes to the main question)				
Yes, I am following the manual	30 (100)	0 (0)	30	P=n. s
Not responding according to the manual	12 (100)	0 (0)	12	n=42
I Know there is Child Abuse Response Team				
Yes	26 (100)	0 (0)	26	P=n. s
No	57 (98.3)	1 (1.7)	58	n=84
Reporting experience (Only those who answered yes to the main question)				
Yes	7 (100)	0 (0)	7	P=n. s
No	22 (100)	0 (0)	22	n=29
What the team is doing (Only those who answered yes to the main question)				
I know what the team is doing	16 (100)	0 (0)	16	P=n. s
Don't know	6 (100)	0 (0)	6	n=22
Case 2 (neglect)				
	I'll notify that	I'll not notify that	Total	P-Value
I know there is a checklist in the Hospital				
Yes	25 (80.6)	6 (19.4)	31	P=0.377
No	36 (69.2)	16 (30.8)	52	n=83
Whether a checklist is used or not (Only those who answered yes to the main question)				
Yes	5 (100)	0 (0)	5	P=0.563
No	20 (77.8)	6 (22.2)	26	n=31
I Know there is a manual in the Hospital				
Yes	35 (74.5)	12 (25.5)	47	P=n. s
No	25 (75.8)	8 (24.2)	33	n=80
Have you ever read it? (Only those who answered yes to the main question)				
Yes	24 (82.8)	5 (17.2)	29	P=0.151
No	10 (58.8)	7 (41.2)	17	n=46
Follow the manual (Only those who answered yes to the main question)				
Yes, I am following the manual	25 (83.3)	5 (16.7)	30	P=0.02*
Not responding according to the manual	5 (41.7)	7 (58.3)	12	n=42
I Know there is Child Abuse Response Team				
Yes	22 (84.6)	4 (15.4)	26	P=0.436
No	43 (74.1)	15 (25.9)	58	n=84
Reporting experience (Only those who answered yes to the main question)				
Yes	7 (100)	0 (0)	7	P=0.416
No	17 (77.3)	5 (22.7)	20	n=29
What the team is doing (Only those who answered yes to the main question)				
I know what the team is doing	15 (93.8)	1 (6.2)	16	P=0.342
Don't know	4 (66.7)	2 (33.3)	6	n=22

p=0.00<<** 0.05<*

abusing” was not. Significant differences were found between the two groups, indicating that “Ignoring the infant when she cries and not holding her in your arms “was considered child abuse. (p=0.017).

7. The relationship between within hospital support for child abuse notification behavior and the presence or absence of nurse notification behavior

Only neglect cases that showed significant differences will be mentioned. The percentage of those who notify those who respond according to the manual was 25 person (83.3%), while the percentage of those who notify those who do not respond was 5 person (41.7%), a result indicating a significant difference (p=0.02).

Discussion

1. The actual condition of child abuse notification

In this survey, 32 responses (34.0%) were “obvious cases of abuse “As the type of child abuse that the nurses encountered, indicating that approximately 40% of the respondents had experience with cases of abuse” similar to the previous study by (Yamamoto et al., 2004). Nurses working in hospitals are quite likely to encounter cases of child abuse.

Therefore, when a child comes to see a doctor, it is necessary to analyze and observe the situation, taking abuse into consideration. In addition, although multiple responses were given for the nature of the child abuse, Physical abuse 58 respondents (52.3%), neglect 36 respondents (32.4%), psychological abuse 13 respondents (11.7%), and sexual abuse 3 respondents (2.7%), “The most common form of abuse was physical abuse, followed by Negrect, according to a survey of child guidance centers conducted between 2000 and 2004” (Miyake S, 2006), medical institutions reported a high rate of physical abuse and a low rate of psychological and sexual abuse, indicating that medical institutions often receive physical abuse cases. As in previous surveys, physical abuse was the most common situation in this survey. In the case of an accident in the home, it is necessary to be prepared to be involved as a case of abuse if the content of the interview is unexpected. Neglect is often seen in families with inadequate childcare, so if the child’s development is considered to be delayed compared to the child’s age, it may be necessary to understand the family’s situation and provide support. Thus, it

became Revealed that hospital nurses are often involved in cases of physical abuse and neglect.

2. Individual attributes and nurses’ notification behavior

A significant difference was found in “years of nursing experience” in neglect cases.

In a study of child care workers, he stated that “most had reported child abuse for more than 10 years or were over 50 years old (Nakatsu I, 2015).

Observational skills are extremely important because the more years of experience one has, the more aware one becomes of physical injuries in children and the more one notices disturbances in their attitudes toward life. In nursing, he gives the example of a nurse who has been working for about 15 years and states that “master nurses often make very good clinical decisions and handle complex clinical situations with aplomb”. (Patricia Bener, 2005). This length of experience is not just the experience of working continuously, but is also the support for noticing minute changes and making judgments and acting on them through observation and analysis skills derived from years of experience. Long experience based on such corroboration will lead to action to report child abuse.

3. Nurses’ recognition of child abuse and nurses’ notification behavior

Of the 16 items of nurses’ recognition of child abuse, the items that showed a significant difference against notification behavior were two items of neglect, “Not taking the child to the hospital even though the child is mentally unstable.” and “using antipyretics to lower a child’s high fever and taking the child to daycare the next morning.” and an item of psychological abuse, “Ignoring the infant when she cries and not holding her in your arms.”

“Nurses are highly Recognition of obvious neglect and physical trauma as abuse” (Tominaga R et It., 2008). “They also state that “nurses view child abuse as a familiar problem and understand the possibility of encountering it” (Ishihara A et al., 2015). Thus, Nurses are well aware of child abuse and have a good understanding and awareness of the issue.

The significant difference between those who answered that “Using antipyretics to lower a child’s high fever and then taking her to daycare the next morning “ is abuse and those who answered that it is not abuse was found, indicating that it is not abuse. one thing that Tominaga and Ishihara have in common is that this nurse’s

awareness and understanding of the situation "Has not been linked" to actual notification behavior. In this regard, one is that "Neglect and psychologically inappropriate involvement are considered discipline and family education problems" (Suzuki Y et al., 2001). Involvement that yourself has been done to a child and that tends to be done in the home is considered socially acceptable and difficult to view as abuse. If you perceive it as inappropriate in your relationship with the child, you need to change your recognition that it is abuse.

4. *Within hospital support for child abuse and nurses' notification behavior*

The item that showed a significant difference within hospital support was the "Follow the manual" item, a question directed to those who indicated that they had an within hospital manual. Those who said they followed the manual had a higher percentage of notifications. Regarding the creation of manuals and procedures, a study of childcare workers noted, "It may be possible to detect more cases of abuse if the procedures in the manuals are followed in the notification process, "Referring to calmly looking at only the facts and taking appropriate action (Kato K et al., 2008). "It is thought that if the response procedures, including cooperation among other professions, are determined in advance, patients can concentrate on treatment and preservation of relationships with their families" (Noboio M et al., 2012).

It is thought that by responding in accordance with the determined response procedures, people can concentrate on their own roles, and their work easier to carry out. If a manual is prepared and procedures for actions are set, even if there is a difference in ability or experience, the actions should be performed in accordance with the standards, and there will think less room for doubt and less chance of taking the wrong action. On the other hand, while it is important that manuals are prepared and maintained, it is also important that the existence of manuals is well known and that they are fully utilized. "Nurses who are prone to errors rely on their many years of experience and intuition, and are reluctant to organize their knowledge in manuals and other forms of knowledge" (Sakai T et al., 2010). Although competence and experience are important, nurses who can follow the manual to avoid relying on individual competence are likely to act as predetermined and seek assistance from hospital support organizations and other organi-

zations to take notified action.

5. *Recommendations for nursing*

Nurses working in hospitals have opportunities to detect child abuse outside of pediatrics. It is necessary to confront the child who has come to see the doctor, especially considering the possibility of encountering him or her about physical abuse or neglect. It is important to raise recognition to protect children regarding physical abuse and neglect. Nurses are highly recognition of child abuse and understand neglect and psychological abuse, but Anxiety and confusion to take action are linked error in judgment. If you perceive it as inappropriate in your relationship with the child, you need to change your recognition that it is abuse. Therefore, by creating a manual based on the analytical and observational skills of nurses with their many years of experience as nurses, it will be possible to make use of what various nurses have accumulated. By encouraging people to act in accordance with the manual, even those who lack experience and knowledge can compensate for their deficiencies, and this may lead to more effective efforts to notify the public.

Limitations of the study and future challenges

First time in City A, where conducted a survey of the actual situation of child abuse and the factors that influence nurses' notification behavior. The fact that the study was limited to nurses at a few large hospitals in City A may have biased the study participants, and we should be cautious about generalizing the findings of this study. In the future, we believe that a survey of nurses at all hospitals in the city will provide a deeper understanding of how many abused children are being encountered by nurses.

In addition, we believe that understanding the efforts being made at hospitals to support nurses in dealing with child abuse will help create an environment in which nurses can work without anxiety or confusion.

Conclusion

As a reality of child abuse encountered by nurses working in a large hospital in City A, it was revealed that many abused children were victims of physical abuse and neglect.

In addition, a study was conducted on the factors influencing child abuse notification among hospital nurses in City A. In this study, it was found that three factors influenced the behavior of nurses to report cases of child abuse, individual

attributes, hospital support system, and nurses' recognition of child abuse.

Description of the description of the grant

The abstract of this paper was presented at the 2015 Keio University Shonan Fujisawa Open Research Forum. This research was supported by Keio University Shonan Fujisawa Academic Society 2015.

Conflict of interest

The authors declare no conflicts of interest associated with this manuscript.

Acknowledgements

We would like to express our sincere appreciation and gratitude to the nursing directors and chief nurses of the cooperating hospitals for their cooperation in the survey. We would like to express our sincere gratitude to the hospital nurses in the surveyed areas who understood the purpose of this study and willingly cooperated with us.

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