

ORIGINAL**Competencies of nurses involved in preventing child abuse in hospital : a qualitative descriptive study**

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Abstract : Nurses working in hospitals play important roles in preventing child abuse, detecting it early, and providing ongoing support, as they have many opportunities to interact with children and their parents. However, because of this, they feel that they lack competency and have difficulty in making decisions that prevent child abuse. This study aimed to clarify competencies of nurses involved in preventing child abuse. Data were collected by semi-structured interviews with 10 nurses who have been recommended by their supervisor or peers as having excellent skills in preventing child abuse in hospitals. The interviews were transcribed and analyzed qualitatively and descriptively. Nine categories were identified as competencies of nurses involved in preventing child abuse, including “Be considerate of parents’ feelings and build a trusting relationship with them”, “Ensure the safety of children and check their mental and physical conditions”, “Support for the parent and child who have concerns when the opportunity arises”, “Collect information, and share and collaborate closely with various professions”, “Strive to improve the current situation and professional development”. In order to enhance the practical skills of nurses involved in preventing child abuse in hospitals, in-service education is essential for helping them develop these competencies. *J. Med. Invest.* 73:251-256, February, 2026

Keywords : *preventing child abuse, nurse, competency, hospital*

INTRODUCTION

Child abuse have a significant impact on children’s physical and mental health, and on their future lives (1). Child abuse is serious problem worldwide (2), and the number of child abuse in Japan continues to increase, reaching a record high in fiscal year 2023 (3). Child abuse prevention is an urgent issue requiring society-wide efforts. Therefore, all professionals working with children must understand this situation and work to prevent child abuse. Among them, health care professionals are in a unique position to identify and support such children, as they may encounter children who have been abused or are being abused in their daily practice (4). Accordingly, health care professionals interacting with children and their families at hospital are expected to understand these roles and fulfill their responsibilities. However, although health care professionals perceived their responsibilities, they felt various difficulty identifying and managing child abuse (5).

Nurses play important roles in preventing child abuse in hospitals, detecting it early, and providing ongoing support, as they are often the first to interact with children and their parents and continue to interact them. As Kim *et al.* (6) pointed out, nurses play a multifaceted role in child abuse situations. However, nurses may experience role conflicts (7), and placing emphasis on therapeutic relationships with patients was one of the inhibitory barriers to reporting child abuse (8). Moreover, nurses perceived lack of knowledge and training regarding child abuse (9, 10). Salami *et al.* (11) reported that approximately 60 to 70% of nurses had not received pre-service and in-service education about child abuse. In a study of Pediatric Nurse Practitioner (PNP),

21% answered that they had not received adequate training (12). These results suggest that nurses require a broad practical ability of preventing child abuse, but that training and education are insufficient ; therefore, nurses have high need for education and training.

To provide effective education and training for nurses who perform multifaceted roles, it is first necessary to clarify the practical abilities required of nurses involved in preventing child abuse, and build the training program based on that foundation. The concept of competence proposed by McClelland (13) has since been applied in various fields as a characteristic of individuals who achieve outstanding accomplishments. This concept is also widely adopted in nursing (14-16), and Mrayyan *et al.* (17) stated that ‘competency is the ability to execute a certain task or action with the necessary knowledge’. Regarding the competency of nurses involved in preventing child abuse, a study has been reported on community nurses (18), but competencies of nurses involved in preventing child abuse in hospitals have not been clarified.

This study aimed to clarify competencies of nurses involved in preventing child abuse at hospitals in Japan.

In this study, preventing child abuse was defined as preventing occurrence of child abuse, detecting it early and responding accordingly, providing ongoing support to prevent recurrence. Competency was defined as the individual thinking and behavioral characteristics related to performing their duties at an effective or excellent level.

METHODS*Study design*

A qualitative descriptive study (19) was conducted by semi-structured interviews. This design was used to describe how expert nurses involved in preventing child abuse think and act in each situation, and to clarify the characteristics of nurses’ thinking and behavior based on these descriptions.

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Participants

We randomly selected 50 hospitals from the 513 hospitals with a Child Protection Team (CPT) listed in the Pediatric Medical Care Provision System Survey Report 2019 (20) and sent a request to participate in the survey to directors of nursing in each hospital. After obtaining permission from the directors, the requests were provided to nurses. The participants in this study were nurses who met the following inclusion criteria: 1. working at wards where children were hospitalized (excluding Neonatal Intensive Care Unit), pediatric outpatient services, emergency wards, and emergency departments. Regardless of whether they were member of CPT. 2. recommended by their supervisor or peers as having excellent skills in preventing child abuse in hospitals. 3. consented to participate in this study.

Data collection

Semi-structured interviews using an interview guide were conducted by a web-meeting application (zoom) or face to face between May 2023 and January 2024. All interviews were conducted in a privacy-protected environment. First, participants were asked the following demographic data: sex, age group, department, experience as a nurse (years), experience in preventing child abuse (years), education level of nursing, qualification, and experience in training. Interviews were then conducted referring to the Behavioral Event Interview (21). Participants were interviewed on how they felt, thought, and acted in particularly successful and unsuccessful situations while involved in preventing child abuse. With the participants' permission, interviews were recorded using an IC recorder. We sent a small gift of about 1500 yen to each participant after the interview.

Data analysis

Data analysis was conducted with reference to Gregg's analytical procedures (22). The recorded interviews were transcribed verbatim. The first author read them thoroughly to become familiar with the data, and extracted and encoded meaning units demonstrating behavioral characteristics associated with performing their duties at an excellent level as a nurse in preventing child abuse. Coding was conducted by the first author. Subsequently, codes were sorted into subcategories focusing on similarities and differences among codes, and subcategories were also sorted into categories focusing on similarities and differences among subcategories. These processes were conducted by constantly returning to the data, and discussed among researchers until a consensus was reached. To enhance credibility of results, we conducted the following approach as proposed by Graneheim *et al.* (23). We quoted the most representative statements from verbatim and sought agreement among co-researchers, experts, and participants. Regarding the latter, we discussed about categories, subcategories, and codes with a nursing researcher who was knowledgeable about preventing child abuse throughout the process of analysis until consensus was reached. Moreover, we sent the results of analysis, consisting of all categories and subcategories and representative codes, to seven participants to confirm that they were satisfied with the results and modifications were made based on the comments from participants.

Ethical considerations

This study was approved by the Ethics Committee of Tokushima University Hospital (approval no.4268). All participants provided written informed consent to participate in the study. The consent form clearly explained the aim, methods of the study, privacy protection, publication of results and the voluntary nature of participation in the study.

RESULTS

Ten participants were interviewed once by the first author. Each interview was lasted 39-74 min.

Participants' characteristics

All participants were female, and the mean years of experience as a nurse was 22 ± 5.4 years, mean years involved in preventing child abuse was 11.5 ± 7.0 years, and nine of them experienced CPT participation. Of the ten nurses, eight were in wards (pediatric wards, mixed wards, intensive care units), two were in outpatient services (pediatric, emergency). Eight nurses had qualifications by the Japanese Nursing Association (two nurses were Certified Nurse Specialist in child health nursing and six nurses were Certified Nurse in pediatric emergency nursing). All participants regularly attended trainings on child abuse out of the hospital.

Competencies of nurses involved in preventing child abuse in hospitals

The following 9 categories and 35 subcategories were identified as competencies of nurses. Most of the quotes shown in the results were about mothers, but since some also pertained to fathers, it was expressed as "parents". Categories were in bold letter, subcategories were in < >, and quotations in *italics*.

BE CONSIDERATE OF THE PARENTS' FEELINGS AND BUILD A TRUSTING RELATIONSHIP WITH THEM

Nurses engaged in respectful and reassuring interactions that honored parents and built a trusting relationship with them. Nurses [asked the mother if she was having difficulties], and [expressed the feelings that she cared about the parent themselves] by asking their physical condition. Through these interactions, nurses understood the parents' anxiety and burden, and encouraged them to express their concerns. When nurses talked to a parent or family, they firstly [accepted parent's feelings before proceeding to the main topic], and [alleviated parent's fear of being suspected of child abuse] in order to help them feel reassured. As one nurse said that "*the mother was generally sloppy, but she was motivated to try hard to care for her child*", nurses [focused on mother's love and hard work for her child] and tried to understand the mother's feelings.

[accept the parent's feelings before proceeding to the main topic]

The mother talked a lot about herself, and first I listened to her, and after she had calmed down, I asked to her about her child. (nurse 1)

[alleviate the parent's fear of being suspected of child abuse]

I spoke to her as if we were offering consultation services to everyone. Because I thought that she might not like to talk to me if she felt it was only being done to her. (nurse 9)

SUPPORTING THE MOTHER TO BRING OUT HER STRENGTHS AND DEAL WITH DIFFICULTIES.

Nurses valued the mother's strengths, and supported her so that she deals with various difficulties by bringing out her strengths. Nurses empowered the mother who tended to have low self-esteem through [recognizing and appreciating the mother for her efforts], and [acknowledging what she had done and gave her positive feedback]. Moreover, nurses tried to [create an environment that the mother feels safe] by bringing out the child's smile or suggesting that a family member accompany the

weeping mother. Nurses [worked together with the mother about how to address her issues], [assessed her condition and coordinated her participation in caring for her child], [demonstrated for the mother how to interact with her child and encouraged awareness], and supported the mother who had various worries and difficulties to be able to understand her children and effectively interact with them.

[recognize and appreciate the mother for her efforts]

The mother said that she brought up her child alone for about a year, so I said “that was pretty hard” and listened her. (nurse 3)

[acknowledge what the mother has done and give her positive feedback]

The mother learned to care for the child on seeing our way, and I praised her “you were great, you were able to do it”. (nurse 2)

[demonstrate to the mother how to interact with her child and encourage awareness]

I told the mother that if we acted properly in this manner, the child would respond. (nurse 4)

ENSURE THE SAFETY OF CHILDREN AND CHECK THEIR MENTAL AND PHYSICAL CONDITIONS

Nurses prepared a safe and secure condition for the child according to the circumstances and accepted the feelings of the child, and carefully observed and assessed their general physical condition. Nurses did not ask the child all kinds of questions, but [created an environment where child felt safe and listened carefully to what the child has to say and accepted it]. Moreover, nurses [separated the child from the mother and observe the child’s general physical condition in detail] even in busy situations, and tried to accurately grasp the child’s mental and physical conditions including areas that were less likely to be noticed by health care professionals.

[create an environment where the child felt safe and listen carefully to what the child has to say and accept it]

I said to the child privately “since your mother was not listening, it was okay to talk a little more” and the child told me about various things. (nurse 8)

DETECT SIGNS OF CONCERN BASED ON DETAILED OBSERVATION AND ANALYSIS

Nurses always paid attention to the behavior, expressions, and relationships of the child and parent, and detected signs of concern through considering the reasons for concerns or incongruities. Nurses [always carefully observed the behavior and expressions of the child and parent] and [paid attention to the conditions of the parent and other family members, and promptly recognized their mental and physical conditions]. Moreover nurses [detected aspects of concern hidden in the child’s and parent’s demeanor and words], such as not making eye contact even when talking, or the mother saying it was okay but not talking much, and [assessed demeanor and words of the child and parent to infer the underlying issues].

[pay attention to the conditions of the parent and other family members and promptly recognized their mental and physical conditions]

When I saw that the mother stopped holding her baby even though the baby was crying, I thought she must be exhausted. (nurse 10)

[assess demeanor and words of the child and parents to infer the underlying issues]

When I suggested to the child that I ask the mother, the child declined, saying “um, it wasn’t necessary”, and watching that scene, I realized something was wrong—that parent-child relationship wasn’t going well. (nurse 8)

SUPPORT FOR THE PARENT AND CHILD WHO HAVE CONCERNS WHEN THE OPPORTUNITY ARISES

Nurses understood well the importance of detecting child abuse early and providing support, therefore, they would first approach and speak with the parent and child who appeared to show concern, ensuring they were introduced to the necessary support. When nurses felt uneasy about the mother’s tone to her child, they asked her “what is the matter”, and [approached and questioned the parent whose demeanor or words showed some concern], and [after identifying the parent and child who appeared to show concern, arranged the necessary steps to receive support]. Moreover, nurses [created opportunity to meet the parent and child who have concerns, and approached them] to promptly provide necessary support.

[create opportunity to meet the parent and child who have concerns, and approach them]

After consulting with outpatient nurses and doctors, I asked them to let me know when this child came in for appointment. And if the timing worked, I met and listened to the parent and child who have concerns with the doctor. (nurse 9)

[after identifying the parent and child who appeared to show concerns, arrange the necessary steps to receive support]

Since I worked a semi-night shift at that time and off on the next day, I conveyed the information to the next shift nurse to ensure information was not delayed. Furthermore, I conveyed it to a leader nurse who conveyed it to the head nurse and discharge support person. (nurse 7)

SEE A SITUATION HOLISTICALLY FROM AN UNBIASED PERSPECTIVE

Nurses approached child abuse cases without preconceptions, and always acted by determining priorities with a broad perspective. Nurses [approached child abuse cases without preconceptions and sought the underlying issues of their difficulties], and [viewed it from multiple perspectives] through confirming daily life of the mother and the status of family members other than the mother. Moreover, nurses [took an objective view of confusing situations, and acted swiftly by determining priorities], and took action while involving other health care professionals even in emergency situations such as accidents or injuries of the child.

[approach child abuse cases without preconceptions and seek the underlying issues of their difficulties]

It was important to identify a family with high risk ; however, I thought that I would never know underlying issues of the family unless I asked the mother why she didn’t come to visit, or what she thought about her child when she was not here. (nurse 8)

[view child abuse cases from multiple perspectives]

Since it took about one hour to get here (this hospital) mother’s physical burden was heavy and even when she brought her child along, it was tough on the child too. (nurse 1)

[take an objective view of confusing situations, and act swiftly by

determining priorities]

Since nobody took action in response to possible child abuse, and doctors didn't offer any suggestions on what to do with that child, I took the initiative and told the emergency doctors to call a pediatrician to handle the situation. (nurse 6)

COLLECT INFORMATION, AND SHARE AND COLLABORATE CLOSELY WITH VARIOUS PROFESSIONS

Nurses fully understood how to share information with anyone inside or outside the hospital to support children and their families, enabling prompt collaboration. Nurses [contact various professions involved and collect detailed information], and [shared information among the professions in the ward by utilizing conferences]. Moreover, nurses [shared information and responded with the appropriate professions both within and outside the hospital, as required by the situation and circumstances], such as doctors, CPT members, and public health nurses in the community, while also [understanding respective specialization of various professions and made approaches to and collaborated with them].

[make contact with various professions involved and collect detailed information]

(Concerning a mother and child brought to the hospital by ambulance) As an initial response, I asked the emergency medical technician what the mother was like in the ambulance. (nurse 6)

[share information and respond with the appropriate professions both within and outside the hospital, as required by the situation and circumstances]

Meetings on the child abuse prevention system were held monthly, but I called an emergency meeting to report and discuss measure about abuse cases. (nurse 5)

NURTURE NURSES THROUGH SUPPORT AND GUIDANCE

Nurses understood the importance of their roles in preventing child abuse; therefore, they endeavored to nurture other nurses by focusing on both improving the practical skills and reducing the psychological burden. Nurses [clearly recognized and conveyed the essential attitudes and knowledge required of them in preventing child abuse], and [arranged opportunities for other nurses to interact with the parent and child who have concerns so that they could provide support] on a regular basis. Nurses [provided specific guidance to the nurses who were involved in the parent and child who have concerns to ensure they act appropriately], [provided feedback to the nurses who are involved in the concerns of the mother and child], through these experiences they provided practical guidance on how to effectively engage with the mother and child as a nurse. Moreover, nurses tried to [understand nurses' psychological burden and take measure to reduce it].

[clearly recognized and conveyed the essential attitudes and knowledge required for preventing child abuse]

I thought that young nurses felt like they might be blaming the mother or families and that asking for more details might somehow be bad. I told them that "such views were only detrimental to the child, so you should made sure to question the mother or families". (nurse 2)

[provide specific guidance to nurses who involved with the parent

and child who have concerns to ensure they act appropriately]

I conveyed to other nurses that "Because she was that kind of mother, I treated her that way. When she comes next time, it would be helpful if you could ask her about these points". (nurse 1)

[understand nurses' psychological burdens and take measure to reduce them]

I found the nurse involved in the child abuse case and said to her "that must have been tough" so she didn't suppress her feelings. (nurse 9)

STRIVE TO IMPROVE THE CURRENT SITUATION AND PROFESSIONAL DEVELOPMENT

Nurses are not only engaged in self-improvement as professionals but also approached other professions to improve their own hospital's efforts to prevent child abuse. They [engaged in self-improvement based on evidence] by participating in training and reading related literature, and [reflected on one's own behavior to obtain insights] through reviewing the cases in which one has been involved, particularly regarding unsuccessful cases. Moreover, they [persistently engaged in current difficulties involving those around them].

[reflect on one's own behavior and to obtain insights]

I could not gain insights through having a conversation with the mother, or rather I felt like I've only ever had superficial conversations with the mother. It was a little hard for me to understand what kind of persons the mother actually were; therefore, I thought it would have been better if I had spent more time talking to her and listened carefully to the parent-child relationship, those were points for reconsideration. (nurse 8)

[persistently engage in current difficulties involving those around them]

I was considering things that the staff could do without too much burden, so we made a checklist for preventing child abuse, and I discussed it with the committee and receive feedback. (nurse 2)

DISCUSSION

This study revealed nine categories as expert nurses' thinking and behavior in preventing child abuse in hospitals. The content reflected the multifaceted roles of nurses, such as supporting the mother and child, detecting risk early and connecting to support, and cooperating with various professionals.

The present study showed that nurses build a trusting relationship with the parent and empowered them. It is necessary to support parents in preventing child abuse, and most nurses understand it. However, it was an unpleasant experience for nurses to face families identified or suspected of child maltreatment (24). Nurses felt anger, hatred and distrust towards parents, and experienced resentment towards parents (10) and emotional ambivalence (25). As a result, many nurses find it difficult to know how to interact with and support parents. Parents may also feel anxious and suspicious about whether health care professionals suspect them of abuse to their children. Although it was difficult for nurses to build a trusting relationship with parents under such circumstances, nurses in this study endeavored to build a trusting relationship through various interactions that respected the mothers. Furthermore, nurses acted with the intention of empowering the mothers. Low self-esteem of mothers was a risk factor of child abuse (26). Nurses may have perceived mothers' low self-esteem through conversation or demeanor, and been carefully engaging with them to help them gradually build self-esteem by [recognizing and appreciating the mother for her

efforts], [acknowledging what mother had done and gave her positive feedback]. In addition, nurses supported mothers who faced difficulties while assessing their condition as if accompanying them. The mean years of experience for nurses in this study was 22 years. A study (27) targeting nurses with an average of 24.6 years of experience also reported that as nurses built a positive therapeutic relationship, nurses recognized the importance of supporting parents as experience increased. However, these exceptional practices were not solely due to their years of experience. Nurses in this study participated in the training voluntarily, and it was likely that this motivation and what they learned through training are reflected in their practice.

Moreover, the results indicated that nurses detected signs of concern based on detailed observation and analysis on a daily basis. To implement these, observation skills and knowledge about prevention child abuse is essential. However, there were some health care professionals who had less knowledge on how to identify potential child maltreatment cases (28), that is, not all health care professionals can recognize doubt or incongruity and detect signs of concern. Nurses in this study supported the parent and child who have concerns when the opportunity arises if they detected signs of concern. This behavior is an extremely important as a nurse involved in preventing child abuse, and reflect the excellence of them. Numerous studies have reported that nurses faced difficulties and challenges in reporting child abuse cases (11, 18, 29-32), and the uncertainty of whether it will be child abuse as one of the obstacles was pointed out (11, 18, 31, 33). Even if nurses notice signs of concern, it's difficult to determine whether it's child abuse, so subsequent actions are crucial. However, nurses have struggled in communicating with parents about sensitive topics (34), and many nurses may worry what to do in this situation. The attitude of nurses on this study, that is, they detected signs of concern and took a step forward to determine the need for support, can be seen as an expression of their commitment to prioritizing child in their actions. Delays in response threaten the lives of children in prevention of child abuse and can have serious consequences, therefore, the ability to take these actions demonstrated by nurses in that study was critically important.

The category "nurture nurses through support and guidance" may reflect that nurses in this study had an average of 22 years of experience, and were in a leading position. Nurses involved in preventing child abuse faced adversarial relationship and resentment towards parents (10), role conflict (7), and this situation, if it continues, could lead to a decline in nurses' motivation. Previous studies reported that as nurses had required support in involved in preventing child abuse (32, 35), and experienced nurses fully understood such situations, they placed great importance on nurturing nurses through support and guidance. The category "Strive to improve the current situation and professional development" indicated that nurses engaged in self-improvement and reflected on one's own behavior, and it seemed to match the common defining attributes of competency in nursing practice pointed out by Mrayyan *et al.* (17), that is, knowledge, self-assessment and dynamic state. Gaining clinical competency is a process achieved over time through practice and repetition (36), and nurses in this study also may honed the practical ability required for preventing child abuse through striving to improve their current situation and professional development.

Study limitations

This study was the results of interview to ten nurses worked in hospitals with CPT. Therefore, it is possible that not all competency of nurses involved in preventing child abuse in diverse hospitals have been extracted. Further study should examine the extent to which clinical nurses in various hospitals practiced

the competency revealed in this study, including the factors related to the degree of implementation. As this study also did not clarify how they acquired these competencies, it is necessary to examine the process of their acquisition.

Implications for practice

Nine categories identified in this study can be utilized as a foundation for in-service education to nurses who involved in preventing child abuse in hospitals, and can also be a base for nurses to reflect on their practice and make clear knowledge and abilities they lack. Moreover, this study identified behavior and thought of expert nurses in various situations, which can be utilized as a model for nurses to consider about how to build relationships with children and parents. Health care professionals had higher training needs for practical knowledge and skills to interact with children and parents (37), the results of this study can respond to these needs.

CONCLUSION

Nine categories were identified as competencies of nurses involved in preventing child abuse. Nurses always acted flexibly based on analytical thinking in terms of preventing child abuse to keep children safe and provide necessary support quickly. Moreover, nurses also built trusting relationships with the parents, assessing the condition of those who were having difficulty with child rearing, and supported and empowered them. These nine categories may reflect the competencies required of nurses in preventing child abuse. In order to enhance the practical skills of nurses involved in preventing child abuse in hospitals, in-service education is essential for helping them develop these competencies.

CONFLICT OF INTERESTS

The authors declare no conflicts of interest.

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