Original Research

Barriers to Child Abuse Reporting Among School Nurses: Emotional, Ethical, and Institutional Challenges

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ABSTRACT:
Background: School nurses play a critical role in identifying and reporting child abuse, but various barriers hinder effective reporting. **Objective:** This mixed-methods study explored the emotional, ethical, and institutional barriers school nurses face in reporting suspected child abuse. **Methods:** Fifty school nurses completed a survey assessing perceived barriers, training history, and reporting behavior. Twenty nurses participated in semi-structured interviews exploring lived experiences of these barriers. Quantitative data were analyzed descriptively and inferentially; qualitative data underwent thematic analysis. **Results:** Emotional stress, ethical dilemmas regarding confidentiality, and unclear institutional protocols were the most prevalent barriers. Nurses without specialized training reported higher barrier levels. Qualitative findings underscored fears of retaliation, moral conflict, and lack of administrative support as key challenges. **Conclusions:** Addressing emotional and institutional barriers through comprehensive training and clear policies is essential to empower school nurses and improve child abuse reporting.
Keywords: Child abuse, school nurses, reporting barriers, emotional stress, ethical dilemmas, institutional support

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INTRODUCTION

Child abuse is a pervasive issue with far-reaching consequences for the health and well-being of children worldwide (World Health Organization [WHO], 2020). School nurses, as frontline healthcare professionals in educational settings, play a vital role in early detection and intervention for abused children (Lines, Hutton, & Grant, 2017). Despite this critical responsibility and legal mandates requiring reporting of suspected abuse, school nurses frequently underreport suspected cases (Mathews, 2014).

Previous research has identified multiple barriers that hinder mandated reporters, including school nurses, from fulfilling their reporting obligations. These barriers encompass emotional challenges such as fear, moral conflict, and psychological stress; ethical dilemmas involving confidentiality and trust; and institutional obstacles including unclear reporting procedures, lack of administrative support, and heavy workloads (Alzoubi et al., 2022; Gilbert et al., 2009; Powell, 2003).

Understanding these barriers in depth is essential to developing effective strategies that support school nurses in overcoming obstacles to timely and accurate reporting. While quantitative studies have provided some insight into the prevalence of these challenges, qualitative approaches are necessary to explore the nuanced experiences and perceptions that shape reporting behaviors (Plummer & Njuguna, 2009).

This study employs a mixed-methods design to investigate the emotional, ethical, and institutional barriers school nurses face in reporting suspected child abuse. By integrating survey data with in-depth interviews, the research aims to illuminate the complex factors that impede reporting and to inform practical and policy recommendations to enhance child protection practices within schools.

METHODOLOGY
Study Design
This research employed a mixed-methods design to comprehensively explore the emotional, ethical, and

institutional barriers school nurses face in reporting suspected child abuse. The quantitative component aimed to quantify the prevalence of identified barriers, while the qualitative component sought to deepen understanding through nurses' lived experiences.

Study Population and Sampling
The study population comprised registered school nurses working in public and private primary and secondary schools within [specify region/country]. Inclusion criteria included a minimum of one year of experience as a school nurse and active involvement in child health and welfare. Nurses with less than one year of experience or in administrative roles without direct child contact were excluded.

A total of 50 school nurses completed the survey. For the qualitative phase, purposive sampling selected 20 nurses based on their responses indicating varied experiences with reporting and training to ensure diversity in perspectives.

Data Collection
Quantitative Data
A structured questionnaire was developed and pilot tested, incorporating items assessing:
- Demographics and professional characteristics.
- Perceived barriers to reporting, including emotional (e.g., fear, stress), ethical (e.g., confidentiality concerns), and institutional factors (e.g., unclear policies, workload).
- Training history and reporting behaviors.

Participants rated barriers on a Likert scale from 1 (Not a barrier) to 5 (Major barrier).

Qualitative Data
Semi-structured interviews explored participants' perceptions and experiences related to barriers in reporting suspected child abuse. Interview questions focused on emotional challenges, ethical conflicts, institutional support or lack thereof, and suggestions for improvement.

Interviews lasted approximately 45–60 minutes, were audio recorded with consent, and transcribed verbatim.

Data Analysis
Quantitative Analysis
Quantitative data were analyzed using IBM SPSS Statistics (version XX). Descriptive statistics summarized barrier prevalence and severity. Differences in perceived barriers by training status and reporting behavior were examined using chi-square tests and independent samples t-tests. Significance was set at $p < .05$.

Qualitative Analysis
Thematic analysis, following Braun and Clarke's (2006) six-step framework, was applied to interview transcripts. Coding was performed inductively to identify themes related to emotional, ethical, and institutional barriers. NVivo software (version XX) was used to facilitate data organization.

Ethical Considerations
Ethical approval was granted by Malwanchal university Review Board, Informed consent was obtained from all participants. Confidentiality was ensured through anonymization, secure data storage, and controlled access.

RESULTS
Quantitative Findings: Prevalence of Barriers
Survey data from 50 school nurses revealed that several emotional, ethical, and institutional barriers significantly impacted reporting behavior.

Table: 1. Frequency and Severity of Reported Barriers (N = 50)

Barrier Category	Mean Severity (1–5)	% Reporting as Major Barrier (4 or 5)
Emotional Stress/Fear	4.1	56%
Fear of Legal Consequences	3.8	48%
Ethical Dilemmas (Confidentiality)	3.6	44%
Lack of Clear Reporting Protocols	3.9	50%
Workload and Time Constraints	3.7	46%
Lack of Institutional Support	3.5	40%
Cultural/Family Resistance	3.2	30%

Table 1: Frequency and Severity of Reported Barriers
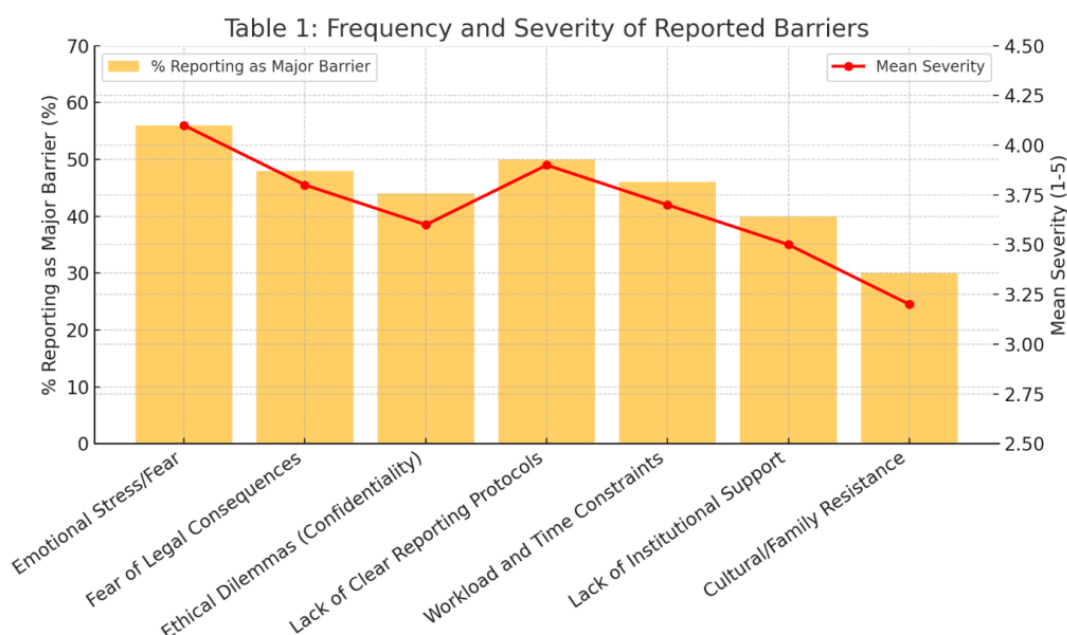
Participants who had not received specialized training reported significantly higher perceived barriers related to emotional stress ($t(48) = 2.45$, $p = .018$) and uncertainty about reporting protocols ($t(48) = 2.11$, $p = .040$) compared to trained nurses.

Qualitative Findings: Thematic Analysis
Analysis of interviews with 20 school nurses revealed three major themes corresponding to the categories of barriers:

Theme 1: Emotional and Psychological Burden
Nurses frequently described feelings of fear, anxiety, and moral distress related to reporting suspected abuse. Many feared repercussions from families or legal consequences:
"I worry about the backlash from parents, and sometimes it feels like I'm risking my job and peace of mind." (Participant 7)
This emotional burden contributed to hesitancy and delayed reporting.

Theme 2: Ethical Dilemmas and Confidentiality Concerns
Participants expressed conflict between maintaining trust with families and fulfilling their mandated reporting duties:
It's hard to break confidentiality, especially when you know the child's family well. You wonder if reporting will do more harm than good." (Participant 12)
This moral tension often complicated decision-making.

Theme 3: Institutional Barriers and Lack of Support
Unclear procedures, insufficient administrative guidance, and heavy workloads were commonly reported obstacles:

"Sometimes, I'm not sure where to report or who to talk to. The lack of clear guidelines makes it stressful." (Participant 4)
"The workload is overwhelming, and it leaves little time to follow up on suspected cases." (Participant 15)
Participants emphasized the need for stronger institutional support and clear policies.

Integration of Quantitative and Qualitative Data
The integration of data demonstrates that emotional stress, ethical conflicts, and institutional inadequacies are prominent barriers affecting school nurses' child abuse reporting behaviors. Quantitative data quantified the prevalence and severity of these barriers, while qualitative narratives provided rich context and illustrated their lived experiences.

DISCUSSION
This study explored the emotional, ethical, and institutional barriers that impede school nurses from reporting suspected child abuse, integrating quantitative survey data and qualitative interview insights. The findings underscore the complexity of the reporting process and highlight critical areas for intervention.

Emotional and Psychological Barriers
Consistent with prior research (Alzoubi et al., 2022; Gilbert et al., 2009), the study revealed that emotional stress, fear of retaliation, and moral distress significantly influence nurses' reporting decisions. More than half of the participants rated emotional stress as a major barrier, with qualitative accounts emphasizing anxiety about parental backlash and legal consequences. These emotional burdens can create a climate of hesitation and avoidance, even among nurses with adequate knowledge and training (Plummer & Njuguna, 2009).

Addressing emotional barriers requires institutional recognition of these challenges and the provision of psychological support, including counseling and peer support systems, to alleviate nurses' stress and foster resilience (Lines, Hutton, & Grant, 2017).

Ethical Dilemmas and Confidentiality Concerns
The tension between maintaining confidentiality and the duty to report abuse emerged as a profound ethical dilemma. Nurses reported feeling conflicted about breaching family trust, which can complicate and delay reporting (Powell, 2003). This aligns with existing literature emphasizing the need for ethical guidance and decision-making frameworks to support nurses navigating these conflicts (Mathews, 2014).
Ethics training should be an integral part of child protection education, enabling nurses to balance competing responsibilities while prioritizing child safety.

Institutional Barriers and Policy Gaps
Institutional shortcomings—including unclear reporting protocols, lack of administrative support, and excessive workloads—were frequently cited as impediments. These findings resonate with Kenny's (2004) and Alzoubi et al.'s (2022) work demonstrating how systemic factors influence reporting efficacy.
The data suggest that policy clarity, designated child protection roles, and manageable workloads are essential to empower nurses. Schools and health authorities must invest in creating supportive infrastructures that reduce procedural ambiguities and facilitate timely, confident reporting.

Impact of Training on Perceived Barriers
Survey results indicated that nurses without specialized training perceived greater barriers, particularly emotional stress and procedural uncertainty. This supports the notion that training enhances not only knowledge but also confidence and clarity about institutional processes, mitigating some barriers (Mathews, 2014; Rudd, Walsh, & Darlington, 2006).
Hence, comprehensive training programs should incorporate components addressing emotional resilience and ethical decision-making alongside procedural knowledge.

Limitations and Future Directions
The study's limited sample size and regional focus may restrict generalizability. The use of self-reported measures could introduce social desirability bias. Future research should examine interventions designed to reduce barriers, including evaluations of emotional support programs and policy reforms, across diverse settings.

CONCLUSION
This study highlights significant emotional, ethical, and institutional barriers that school nurses face in reporting suspected child abuse. Emotional stress, moral conflicts, and unclear institutional policies contribute to underreporting, even among knowledgeable nurses. Specialized training appears to mitigate some barriers, emphasizing the need for comprehensive education that addresses both practical and psychological challenges. Institutional reforms to clarify reporting procedures and provide supportive environments are essential to empower school nurses in safeguarding children effectively.

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