

The role of nursing education to facilitate nursing students' competency to recognize and respond to intimate partner violence

Commentary on: Shaqiqi W, Innab A. Attitude and preparedness of nursing students in Saudi Arabia concerning the managing of intimate partner violence. *J Adv Nurs*. 2023 Apr;79(4):1553-1563. doi: 10.1111/jan.15424.

Commentary

Implications for practice and research

- Nurses' competency to recognize and respond to women exposed to IPV should be facilitated during undergraduate nursing training.
- Research needs to generate evidence for the best educational strategies to facilitate and integrate these competencies into nursing education curricula.

Context

International guidelines¹ require healthcare professionals to identify women exposed to intimate partner violence (IPV), and manage them based on their healthcare needs. To capacitate nurses to effectively respond to these women, undergraduate curricula should include learning outcomes based on evidence-based practice. Shaqiqi and Innab assessed the attitudes of nursing students and their preparedness to manage IPV.² The study assessed the following variables: Nursing students' attitudes, their views on their roles in relation to IPV, and how knowledgeable and prepared they felt to deal with IPV. Secondly, the relationship between students' characteristics and these variables was explored.² Management includes recognizing the signs of IPV, responding appropriately and safely, and fostering healing for the victim.

Methods

The study² used a cross-sectional descriptive design. Convenience sampling was used to recruit 191 nursing students from 14 nursing educational institutions. Respondents were from urban and rural contexts in Saudi Arabia. The questionnaires assessed beliefs about IPV, nursing roles and values, educational preparedness and self-efficacy. Data analysis included descriptive statistical methods (mean, standard deviation, range) and inferential statistical methods (independent sample *t* test, Pearson product-moment correlation and multiple linear regression).²

Findings

Although 74.9% of the students had not received training in IPV issues, the majority felt positive about their roles as nurses to manage IPV. Some perceived their knowledge of IPV as adequate, and felt competent in managing women exposed to IPV. Female respondents displayed positive attitudes towards dealing with IPV, and perceived themselves as educationally prepared. Some female respondents had prior exposure to IPV (more than male respondents). Those who had experienced IPV displayed more negative attitudes towards IPV compared with their counterparts. Respondents who had received training with regards to IPV had more positive attitudes towards IPV than those who did not receive IPV education.²

Commentary

In the study context, the majority of nursing students did not receive education to prepare them in dealing with IPV. Another study in Saudi Arabia³ indicated that the lack of preparedness filtered down to practice nurses where 52% perceived their training on

IPV as inadequate, resulting in low rates of recognizing IPV. A scoping review⁴ demonstrated low levels of IPV education for nursing students and the existing programs were not rigorously evaluated to provide evidence of improved outcomes for women exposed to IPV.

The slow uptake of IPV themes in nursing education despite the World Health Organization¹ guidelines to manage IPV as a health problem, requires investigation. Nurse educators' willingness to integrate IPV issues in nursing curricula may relate to their own training and practice. Responding to women exposed to IPV poses many challenges to nurses and carries an emotional burden,⁵ resulting in leaving the psychosocial interventions to other healthcare professionals. Various reasons contribute to nurses' reluctance to respond to IPV, but it is clear that training precipitates preparedness.⁶

Research is suggested on the role of nursing education in facilitating nurses' effective responses to IPV. It is evident that IPV training should be integrated in undergraduate nursing curricula, but the contents to be covered and the teaching strategies require investigation. The study² found differences between female and male nursing students' attitudes towards their roles and preparedness to deal with IPV. Prior experiences of IPV affect students' responses to IPV patients' needs and may elicit previous traumatic experiences and vicarious traumatization. Nurse educators need to consider that IPV education goes beyond mere provision of information and requires a sensitive approach and holistic teaching strategies to increase awareness of gender inequalities and personal experiences and perceptions of IPV.

References

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Competing interests

The author has no competing interests to declare.