

Nursing students' knowledge, attitudes, preparedness and practice towards intimate partner violence against women: A scoping review and thematic synthesis.

Abstract

Background: Nursing students regularly work with women who have experienced intimate partner violence in their clinical placements and subsequently as registered nurses. They have a role in early detection, intervention, onward referral and education of women about intimate partner violence. Therefore, it is necessary to gain a comprehensive understanding of their capability to care for abused women and identify learning needs. Nonetheless, the level of preparedness of nursing students to deal with intimate partner violence has not been reviewed.

Aim: To search and review the existing evidence on nursing students' knowledge, attitudes, preparedness and practice towards intimate partner violence.

Method: This scoping review was guided using the PRISMA extension checklist for scoping reviews. Four databases were searched to identify relevant evidence published between 2010–2021. The review included eighteen empirical studies (10 quantitative, 4 qualitative and 4 mixed-method studies). Data were extracted and synthesized into seven themes.

Result: Nursing students were more knowledgeable of and readily recognized physical and sexual abuse than psychological abuse. Nursing students' roles and attitudes varied widely between different countries. Students faced difficulty in identifying and managing intimate partner violence clinically. Students who received education on domestic violence held more positive attitudes and were more knowledgeable and prepared.

Conclusion: Nurse educators need to enhance students' understanding and perception of intimate partner violence and optimize their capability to manage it in the clinical setting. This study identifies barriers to nursing students' readiness to manage intimate partner violence and suggests four areas of development for nursing curricula.

Keywords: domestic violence, nursing curricula, gender-based violence.

1. Background:

According to the World Health Organization (WHO, 2017), the most common form of violence practiced against women is intimate partner violence (IPV). Globally, 30% of women have experienced IPV, and intimate partners commit 35% of murders against women (WHO, 2017). IPV is defined by WHO (2013) as “any behaviour within an intimate relationship that causes physical, sexual and psychological harm”. Some articles and countries refer to IPV as ‘domestic violence’, although they are inconsistent (Ali et al., 2016). Domestic violence is a broad term that includes any form of abuse committed in a domestic environment and by a household member, such as child abuse, elderly abuse and sibling abuse (WHO, 2013). Based on this definition, IPV can be considered a type of domestic violence if the couple lives in the same house. IPV has four forms: physical, sexual, psychological and controlling behaviours. They may occur independently or in combination - the latter is more common (WHO, 2013).

Evidence has identified IPV as a serious threat to the health, social and economic progress at an individual, societal and national levels. IPV can cause a wide range of physical and mental issues in the short and long-term (Devries et al., 2013). These include, but are not limited to, digestive problems, reproductive problems, fractures, head injuries, depression, anxiety, having suicidal thoughts and engaging in self-harm (Wu et al., 2010; Lagdon et al., 2014; Tennakoon et al., 2020). IPV could result in death directly through homicide, indirectly through suicide or from multiple health consequences associated with IPV (Garcia-Moreno and Watts, 2011).

Besides health issues, women affected by IPV might be isolated, miss work/school days, be unable to care for themselves and their children, and have housing issues (Alexander, 2011; WHO, 2014). The adverse impacts of IPV also extend to children who could hear, witness or intervene in incidents (Wood and Sommers, 2011). Children exposed to IPV are more likely to be abused and to have physical, psychological, social, emotional and behavioural issues (Wood and Sommers, 2011). IPV can cost the state a significant amount due to expenditure on criminal justice, social welfare, children’s welfare, housing and health care services (Peterman et al., 2020).

Due to the severe impact of IPV, WHO (2013) has published guidelines and recommendations for responding to IPV, such as integrating case findings into clinical practice and training healthcare workers. Nurses, who represent the largest proportion of the healthcare workforce,

play a significant role in preventing and managing IPV (Mejdoubi et al., 2013). The International Council of Nurses (2001) emphasizes that it is a nurse's duty to screen women for IPV, identify IPV victims, provide them with privacy and security, encourage them to express their problems, collect appropriate data, and refer victims to other professionals and support systems. Nursing students share these duties, and are expected to perform their professional roles during clinical placements and when they subsequently become registered nurses (Connor et al., 2013).

Evidence suggests that the practices of nursing students related to managing IPV are likely to be based on their knowledge, attitudes and preparedness (Natan and Rais, 2010; Ramsay et al., 2012). Some empirical studies investigated nursing students' knowledge, attitude, preparedness and/or practice towards IPV, but they have not been reviewed. Therefore, this review explores the existing research on undergraduate nursing students' knowledge, attitude, preparedness and practice towards IPV. Reviewing the evidence can provide information about the status of nursing students' knowledge, attitude, preparedness and practice regarding IPV, identify evidence gaps and suggest areas for development for nursing curricula.

2. Method

2.1.Design

A scoping review was conducted following the PRISMA extension checklist for scoping reviews (Tricco et al., 2018). The question that guided the review was: What are nursing students' knowledge, attitudes, preparedness and practice regarding IPV? It was formulated by employing the PCC format for focused identification of the Participants, the Concept and the Context to be included in the review. Using PCC also facilitates the generation of keywords to use in the database search (Table 1).

'Insert table 1 here'

2.2.Eligibility criteria

Studies were included if they were primary research, used a sample of undergraduate nursing students, assessed knowledge, attitudes, preparedness and/or practice relating to domestic violence or IPV against women, written in English, full-text articles, published between 2010 and 2021 in peer-reviewed journals. Studies were excluded if they were secondary research studies, did not include undergraduate nursing students, assessed knowledge, attitude,

preparedness and/or practice relating to other forms of domestic violence that did not concern women (e.g., child, elderly or male abuse) or a domestic violence perpetrated by other than an intimate partner (e.g., father, brother, and uncle).

2.3. Search strategies

WS conducted a literature search of relevant articles in CINAHL, MEDLINE, PubMed and PsycINFO databases. Databases were searched by combining the developed keywords presented in table 1 using the Boolean operator terms. Additionally, truncation, the parentheses technique and quotation marks were utilized for relevant and optimum results. For instance, ('domestic violen*' OR 'IPV' OR 'physical abuse') AND ('nurse*' OR 'nursing students'). Subsequently, WS searched in Google Scholar and screened the references of the included articles for broader coverage.

2.4. Study Selection and data extraction

WS carried out the study selection and data extraction. Articles collected from the searched databases were imported to endnote, with a total of 161 articles. Duplicates were then removed, resulting in 126 articles. After screening the titles and abstracts, several articles were excluded for not meeting the inclusion criteria, resulting in 22 articles for full-text evaluation. Of these, 15 fully met the inclusion criteria. Three articles found from additional resources were added, resulting in a total of 18 articles included in this literature review. The PRISMA flow diagram (Page et al., 2021) reports the search results and article selection process (Figure 1).

The PRISMA guidelines do not require the use of critical appraisal tools. Therefore, the quality was judged based on the transparency and rigor of the method and production of the results (e.g. the method meets the aim; comparing the students per year and discipline). Table 2 presents data extracted from the studies, including the authors, publication year, aim, methods, sampling, country, relevant findings and limitations, grouped according to their methodological approach.

'Insert Figure 1 & Table 2 here'

2.5. Analysis

Thematic analysis was chosen to analyze and synthesize the data because it facilitates identifying patterns across data and summarizing key elements in a large data set (Clarke and Braun, 2017). Thematic analysis was conducted by adapting Braun & Clarke's (2006) approach. WS read and familiarised herself with the data in the selected studies, coded the relevant data to answer the review question and grouped similarly coded data into themes. The developed themes were reviewed and modified to ensure they answered the review question and presented the patterns and key findings observed in the data. Then, FC and GB reviewed the initial report independently. Seven themes were further developed after discussion and modifications, and all authors agreed on the final report.

3. Results

3.1. Characteristics of the selected studies

Of the 18 studies included in the review, ten are quantitative, four are qualitative, and four are mixed-method studies. The publication dates ranged from 2011 to 2021, producing up-to-date findings. The studies were from different countries and therefore represented various cultures (five from Turkey, four from Australia, three from Spain and one each from Tanzania, India, the United Kingdom, Brazil, Syria and Israel). In terms of the participants, 17 studies included only students. Of these, 11 are exclusively among nursing students and six students from nursing and other health programs, mainly midwifery. Ten of the 17 studies recruited students from all years. Of these, four did not mention the differences between the students by year (see Table 2). One included health workers and students from three disciplines. The sample size of nursing students ranges from 18 to 951, with a total sample size of at least 5000.

Quantitative data in the quantitative and mixed-methods studies were collected using a descriptive cross-sectional design and convenience sampling technique. These studies used a self-reported survey and reported evidence for the validity and reliability of the used instrument. Most of the qualitative studies employed a descriptive exploratory design. Qualitative data in the qualitative and mixed-methods studies were primarily obtained using focus group discussions (n=5), and it was analyzed using inductive thematic analysis. Using this method might be perceived as lacking privacy to discuss such a sensitive topic. Moreover, studies about domestic violence/IPV could cause physiological and psychological distress to participants who have been exposed to any type of domestic violence. Four of the reviewed studies highlighted that almost a quarter of the nursing students had experienced domestic

violence in their lives, ranging from 24.4% (Simsek and Ardahan, 2020) to 51%. (Pinar and Sabanciogullari, 2019). This issue was addressed only by Bradbury-Jones and Broadhurst (2015), who followed up with the distressed participants. In addition, their study was the only qualitative research study that discussed rigor (methodologically and theoretically).

3.2. Knowledge

The studies assessed either the students' actual or perceived knowledge, and none assessed both. One study in Tanzania assessed the actual knowledge of final-year students regarding physical, sexual and psychological abuse by adapting the WHO (2000) multi-country questionnaire (Laisser et al., 2014). It indicates that most of the students had adequate knowledge regarding physical and sexual abuse. However, about half of them failed to recognize the act of psychological abuse. The study included medicine, nursing, and dentistry participants but did not compare them. Doing so could have given an insight into any similarities and differences. Other qualitative studies also highlighted that nursing students often had less knowledge about psychological abuse than physical or sexual abuse (Beccaria et al., 2013; Rigol-Cuadra et al., 2015; Briones-Vozmediano et al., 2018).

Moreover, some students did not perceive psychological abuse to be as serious as physical abuse (Dedavid da Rocha et al., 2015; Doran et al., 2019), or they did not believe that it should be reported (Maquibar et al., 2018). Three studies measured the perceived knowledge of the nursing students using the educational preparedness scale developed by Beccaria et al. (2013). The perceived knowledge of the graduated Indian (Gandhi et al., 2018) and Spanish nursing students (Gorman et al., 2016) was adequate. While the perceived knowledge of the Australian nursing students (Beccaria et al., 2013; Gorman et al., 2016) was low. Surprisingly, Beccaria et al. found that the score of perceived knowledge of second-year students was lower than that of first-year students. It is difficult to determine if the differences between these two groups are due to the variation in the level of IPV knowledge since the study did not assess their actual knowledge; however, one of the possible explanations is that second-year students have probably encountered more IPV cases in their clinical placements than first-year students (Ford-Gilboe et al., 2011). Therefore, they might perceive their knowledge as insufficient to identify and respond to IPV in practice.

3.3. Perceived nursing role

Six studies explored how nursing students perceived their role. Of these, three measured the participants' perception of their role using the perceptions of nursing roles and values tool developed by Beccaria et al. (2013). Most of the graduated Indian students (Gandhi et al., 2018) and Spanish students (Gorman et al., 2016) held positive perceptions about the role of nurses in managing IPV. While most of the Australian students (Beccaria et al., 2013; Gorman et al., 2016) did not think that nursing played a clinical role in managing IPV. The three remaining studies explored nursing students' perceived role in managing IPV using focus group discussions. Two studies in Spain revealed that the nursing students assumed that dealing with IPV was part of their professional role, and they understood their crucial role in identifying IPV (Rigol-Cuadra et al., 2015; Briones-Vozmediano et al., 2018). However, the students thought that their primary role in responding to the identified cases was referral and that it was the responsibility of social workers and psychologists to intervene in IPV situations (Briones-Vozmediano et al., 2018). On the other hand, a study in the United Kingdom showed that midwifery and nursing students were frustrated that their professional role in managing IPV during their clinical placements was limited to referral (Bradbury-Jones and Broadhurst, 2015).

3.4. Attitude towards IPV

Six quantitative studies assessed nursing students' attitudes towards IPV using different measurement tools (see Table 2). Their results varied widely between positive and negative outcomes, depending on the prevailing wider cultural attitudes towards IPV in those countries. Studies in Turkey (Haj-Yahia and Uysal, 2011; Pinar and Sabanciogullari, 2019) and Israel (Ben Natan et al., 2016) reported that most students had a positive attitude and low tolerance toward IPV. On the contrary, studies in Syria (Gharaibeh et al., 2012) and Australia (Doran and Hutchinson, 2017; Doran et al., 2019) found that most participants had a negative attitude towards IPV. However, the tool in the Syrian study was developed in a Western cultural context and was not adapted culturally for a Syrian context. The tool includes statements that contradict some Islamic rules, such as finding a wife drunk or having an affair (Kuncic, 2016) (more than half of the Syrian students agreed that IPV was justified in these circumstances). Studies also reported that around a quarter of the students blamed the women and held them responsible for their abuse (Doran and Hutchinson, 2017; Haj-Yahia and Uysal, 2011; Laisser et al., 2014). Furthermore, they expressed the view that IPV is a family problem and believed no one should intervene when a husband mistreats his wife (Laisser et al., 2014). Two studies found that midwifery students were less likely to excuse IPV and had more positive attitudes than nursing

students ($p=0.00$) (Doran et al., 2019; Pinar and Sabanciogullari, 2019). A possible explanation for this is that there is often more domestic violence content in midwifery programs and taught earlier than in nursing programs (Doran et al., 2019; Hutchinson et al., 2020).

3.5. Perceived preparedness

Ten studies explored nursing students' readiness to recognize and respond to IPV using different methods. Two quantitative studies investigated the participants' perceived preparedness using a self-efficacy scale tool developed by Beccaria et al. (2013). Gandhi et al. (2018) in India reported that most graduated nursing students felt competent to manage IPV, while Beccaria et al. (2013) in Australia found that most nursing students felt underprepared. A survey study that included 1076 nursing and midwifery students from nine universities in Australia found that the percentage of participants who felt unprepared to assess and respond to domestic violence varied depending on the university they were enrolled at, ranging from 31% to 71% (Hutchinson et al., 2020). Moreover, only 10% of the participants perceived themselves to be well prepared, and the preparedness of fourth-year students was significantly higher than that of students in lower years ($p<0.001$). A qualitative study in the United Kingdom that used focus group discussions reported that the 55 final-year students lacked confidence in their ability to recognize and respond to domestic violence, although they had sound theoretical knowledge (Bradbury-Jones and Broadhurst, 2015).

Additionally, the researchers noticed a variation in the participants' responses. All midwifery and pediatric nursing students suspected cases of domestic violence/IPV in their clinical placement, but two out of 16 adult nursing students had never identified patients experiencing any abuse. Those two students believed that the reason for this was that adults tend to hide it. However, there is a high possibility that some students cannot link theory to practice, meaning that they do not recognize the signs or indicators of abuse. This theory/practice gap was demonstrated in three studies that assessed the students' ability to identify physical and emotional symptoms of violence against women (Tambağ and Turan, 2015; Pinar and Sabanciogullari, 2019; Simsek and Ardahan, 2020). The results indicated that the students had some ability but had better recognition of physical signs than psychological ones. The difficulties with identifying IPV were also raised in two qualitative studies, one of which interviewed nursing students in Brazil (Dedavid da Rocha et al., 2015) and one of which interviewed nursing students in Spain (Briones-Vozmediano et al., 2018). In three mixed-

method studies, the qualitative data was obtained using open-ended questions in the survey and suggested that even after the nursing students recognized IPV, they felt unprepared to respond because of communication difficulties (Beccaria et al., 2013; Gorman et al., 2016; Hutchinson et al., 2020). These studies reveal that the students were not confident about asking the victims about the abuse, and they were afraid that their lack of communication skills could worsen the situation.

3.6. Practice

Two studies investigated the participants' practices related to IPV. One assessed the nursing students' practice of screening women for domestic violence (Ben Natan et al., 2016). It reported that 17% of 200 students had performed screening during their clinical practice. However, it is mandatory to screen all women receiving medical services for domestic violence in Israel (43% did not know this). Furthermore, it reported that half of the students would not screen women who displayed no signs of abuse. Not screening for IPV unless the victims show signs can result in missing IPV cases because nursing students might not be able to recognize the signs and indications of abuse, especially psychological abuse, as illustrated earlier. The second study investigated the practices of final-year medical, nursing and dentistry students after recognizing IPV (Laisser et al., 2014). It reported that 99% of participants (n=312) had suspected cases of IPV, but only 52% enquired more about patients' experiences of IPV. This is concerning as these students are about to graduate and become practitioners who have a professional responsibility to support abused women.

3.7. Relationship between the variables

Some studies found a statistically significant relationship between the variables (Figure 2). Nursing students' perceived knowledge was associated positively with their perceived preparedness ($p < 0.01$) (Beccaria et al., 2013; Gandhi et al., 2018) and with their ability to recognize the signs of violence ($p = 0.043$) (Tambağ and Turan, 2015). Students' attitudes towards IPV were positively associated with their perceived nursing role ($p = 0.017$) (Hutchinson et al., 2020), their ability to recognize signs of abuse ($p = 0.000$) (Pinar and Sabanciogullari, 2019), and their intention to screen for IPV ($p < 0.01$) (Ben Natan et al., 2016). Nursing students' perceived roles were positively correlated with their preparedness to manage IPV ($p = 0.001$) (Gandhi et al., 2018) and with their ability to recognize the signs of abuse ($p = 0.002$) (Tambağ and Turan, 2015).

'Insert Figure 2 here'

3.8. The impact of curriculum content

Several studies reported the undergraduate curriculum content as one of the main factors influencing students' knowledge, attitude, preparedness and practice. Two studies reported that as students progress in their studies, they develop more positive attitudes towards IPV (Haj-Yahia and Uysal, 2011; Hutchinson et al., 2020). Other studies found that nursing students who attended a course on domestic violence tended to have more positive attitudes ($p < 0.001$) (Haj-Yahia and Uysal, 2011; Öztürk, 2021), higher ability to identify symptoms of violence against women ($p = 0.025$) (Simsek and Ardahan, 2020) and gained a better understanding of the roles of health professionals ($P = 0.003$) (Öztürk, 2021). A mixed-method study reported that students' attitudes, perceived nursing role and preparedness were positively correlated with the curriculum content and the amount of domestic violence content ($p \leq 0.0001$) (Hutchinson et al., 2020). Furthermore, one of the study's themes was 'feeling underprepared', mainly because the teaching method for domestic violence content is theory-based and lacked practical aspects. For example, a student wrote, "The coursework provided a brief overview of domestic violence but did not leave me feeling adequately prepared to recognize and/or appropriately deal with the issue if it came up in clinical practice" (Hutchinson et al., 2020, p. 4). Other qualitative studies also raised this issue in addition to other challenges faced during clinical placements that interfered with the students' learning experience, such as being removed from IPV situations (Bradbury-Jones and Broadhurst, 2015) and the unpreparedness of registered nurses to deal with IPV, which impacted the students as learners (Bradbury-Jones and Broadhurst, 2015; Rigol-Cuadra et al., 2015; Doran et al., 2019).

4. Discussion

The reviewed empirical studies reveal that the students often had better knowledge and recognition of physical and sexual abuse than psychological abuse, and their perceived knowledge varied between low and adequate. The majority of the students felt unprepared to recognize IPV cases and lacked confidence in approaching the victims after identification. The students' attitudes towards IPV and their perceived professional role varied positively and negatively. A variation between the studies' results was noticed based on the study's country, which could indicate the effects of different cultural attitudes towards IPV. The studies' findings showed a positive correlation between nursing students' knowledge, attitude,

preparedness and practice towards IPV and between IPV educational content and students' knowledge, attitude, preparedness and practice.

Evidently, nurses who received education on domestic violence/IPV in their undergraduate study have a higher confidence in their skills as well as higher knowledge and positive attitudes than those who did not (Beccaria et al., 2013; Connor et al., 2013). These results highlight the lack of adequate preparation of nursing students to deal with IPV issues by nurse educators. As a result, it is crucial to include IPV content in undergraduate nursing programs to influence the practices of nursing students at the early stages of their profession; this would help to address the IPV issues and buffer its adverse effects on abused women and society in a more effective way (Connor et al., 2013).

The review identified four learning needs that need to be considered for designing effective IPV content in nursing curricula. It should optimize the nursing students' understanding and recognition of physiological abuse and its significant consequences. Psychological abuse is often the most reported form of IPV (WHO, 2017). Women who are psychologically abused by their partners can be subjected to a range of serious psychological and behavioral problems such as depression and low self-esteem (Vidourek, 2017). Psychological abuse might also escalate to physical abuse over time, leading to injuries or death in some cases (Slootmaeckers and Migerode, 2019). Hence, limited understanding of the forms and effects of psychological abuse might result in many cases going unnoticed, missing opportunities to prevent several health consequences and avoid potential physical abuse. In addition, every curriculum should address the pre-existing assumptions and the influence of sociocultural factors in shaping nursing students' understanding, attitudes and behavior towards IPV (Wood, 2016). Some of the students held negative attitudes and tolerance toward IPV, blamed the victim and thought that IPV is a family matter. These beliefs might inhibit nursing students from helping the victims and influence their practice (Rigol-Cuadra et al., 2015; Ben Natan et al., 2016). According to Connor et al. (2013), without influencing nursing students' attitudes towards IPV, their knowledge and preparedness will have little effect on their practice

Moreover, the curricula should emphasize the responsibility of nurses in providing the victims of IPV with comprehensive care by attending to their psychological and physical needs (Ali and McGarry, 2018). Most nursing students limited their professional role in managing IPV to

referral, which is not in line with the holistic and ecological vision of nursing care (Papathanasiou et al., 2013). Before referral, nursing students should establish a trusting relationship with the abused woman, who might be concerned about her safety and find it difficult to trust others (Correa et al., 2020). Lastly, it should build students' confidence and advance their ability to identify and deal with IPV effectively (Bradbury-Jones et al., 2017). Using simulation as a teaching method for IPV could bridge the theory-practice gap and provide an opportunity for students to apply their knowledge in a safe learning environment (Wood, 2016). It is recommended that the efficacy of education on IPV is assessed by ongoing research.

The review revealed several gaps in the current evidence base. Research on nursing students' knowledge, attitude, preparedness and practice related to IPV is mainly from Western countries. Moreover, little is known about nursing students' actual knowledge and practices concerning IPV. Most of the studies that assessed the students' knowledge assessed their perceived knowledge. While this can indicate students' educational preparedness towards IPV, it is not sufficient to determine their knowledge level. The meaning, causes, consequences and seriousness of IPV can be perceived differently by different students.

Consequently, some might believe that their knowledge is adequate while their actual knowledge might not be. To illustrate this, Connor et al. (2013) found that the nurses who had experienced domestic violence (40% of 44) had higher perceived knowledge but lower actual knowledge than those who had not. Likewise, nursing students' might perceive their knowledge as insufficient to identify and respond to IPV clinically despite having adequate knowledge. This was demonstrated in two studies among nurses who reported that their perceived knowledge was lower than their actual knowledge (Connor et al., 2013; Alhalal, 2020).

5. Limitations

This scoping review aimed to provide an overview of published research related to the topic. However, one of its limitations is that some papers might have been missed if they appeared in additional databases not searched in this review. The review also lacks representation from various cultures, as most studies were conducted in Western countries. Moreover, most of the studies were conducted in one setting, meaning that the students received the same educational content on IPV. These limitations can impact the generalizability of the findings in this review.

6. Conclusion

The relevant literature about nursing students' knowledge, attitude, preparedness and practice regarding IPV was searched, and 18 studies were reviewed. Based on the review findings, the findings suggested four areas for development for nursing curricula to prepare nursing students for working with IPV victims fully. Nursing schools should enhance students' understanding of IPV, particularly psychological abuse, influence their attitude and perceived nursing role towards IPV, and optimize their capability in recognizing and managing IPV in clinical settings. Lastly, more studies are needed to investigate nursing students' actual knowledge and practices towards IPV from different countries that offer a range of cultural perspectives.

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