

ORIGINAL RESEARCH

Preparation of Australian and Spanish nursing students for intimate partner violence

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ABSTRACT

Objective: Throughout the world intimate partner violence (IPV) is a significant issue and it is important that nurses contribute to policy development, as well as to the nursing care of families. Nurses are uniquely positioned to identify, and support women experiencing IPV. For them to contribute to policy development, they need firstly to develop a better understanding of the issue and to their role in addressing it. This study explored and compared perceptions, attitudes and knowledge of IPV of nursing students in Australia and Spain.

Methods: Students from all levels of the nursing programs in both countries participated in focus groups and a follow up survey exploring their understanding of, and attitudes towards IPV. The data from the focus groups was analysed thematically and the quantitative data from the survey statistically.

Results: Spanish nursing students had significantly more positive/comprehensive views about the role nurses have in managing IPV, had a stronger view about the nurses' role and that they were more prepared. Although the Australian and Spanish participants were not identical, for example, the Australian sample was predominantly female and over the age of 35, these factors do not explain why the difference. The study was only undertaken in one Australian University and one Spanish university so results cannot be generalised to either country.

Conclusions: The findings suggest that there may be much more that could be done to prepare nurses to deal with issues of IPV and to take a lead role in recommending policy changes worldwide.

Key Words: Intimate partner violence, Nursing students, Nursing education

1. INTRODUCTION

The prevalence of Intimate partner violence (IPV) is widespread^[1] and it has the potential to negatively impact the health and wellbeing of women of all ages, social, cultural and economic backgrounds^[1,2] and nurses are often uniquely positioned to identify and respond to them.^[3] Being in the forefront of the issue should enable nurses to contribute to policies at both the institutional and government levels, but

however, frequently health professionals, including nurses, do not know how to recognise abuse, or alternatively may not provide positive care which subsequently can have a negative impact on victims.^[4-6]

In 1997, Spain was shaken by a public event that moved opinion in the Spanish State: a woman was burnt alive by her husband, who a few days earlier had been publicly denounced on a television talk show for the harassment and

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abuse that he had subjected her to for more than 20 years. This exposed what had been the hidden phenomenon of intimate partner violence and had a profound impact resulting in changes in Spanish society. Media coverage of cases of murder by partners/ex-partners/husbands/ex-husbands and severe cases of violence increased, resulting in an increase in awareness that violence against women was considered a major problem and mobilized society against these crimes.^[7,8]

The Spanish Government implemented strategies to report on violence and develop preventative campaigns against violence including a comprehensive law against this kind of violence. In 2004–2011, the “Organic Law 1/2004 of 28 December on Comprehensive Protection Measures against Gender Violence” was approved in Spain and among its objectives the Law included introducing the study of this form of violence at all educational levels, including higher education.^[9,10] In the Spanish region of Catalonia (where the University of Barcelona is located), in 2008, a regional law was implemented extending this law and courses for the identification and treatment of male violence in healthcare were introduced.^[11,12] Additionally, there are reportedly notable efforts in the development of health system policies that are aimed at responding to IPV.^[11]

In addition, campaigns and programs aimed at adolescents in secondary education were introduced to raise awareness of the phenomenon, and foster zero tolerance of sexist attitudes and violence against women.^[9,10]

This study set out to discover what, if any, differences were evident between the two countries.

This paper reports on the similarities and differences between two studies undertaken in 2010 to explore student nurses’ preparedness to contribute to nursing policy in relation to IPV. To do this the understanding of, and attitudes towards IPV of Australian and Spanish Bachelor of nursing students toward IPV were explored. Focus groups were undertaken to guide the development of an online survey. These were used to gain an understanding of their knowledge of the causes of IPV, and of how well they considered themselves to be prepared to identify and treat IPV. The results suggest that Australian students lack an understanding of how significant IPV is. This suggests that during their studies, nurses may not be adequately educated on IPV, and, therefore, may not be competent to identify signs or risk factors of IPV, or provide effective strategies to help.^[12] Undergraduate nursing education can facilitate the development of the attitudes and skills to intervene in IPV issues and we would argue that it is critical that policies be developed to ensure that nurses are well prepared for their role.^[13–15] To improve their preparation for their nursing role more emphasis is needed on addressing the

emotional needs of their clients and on various therapeutic approaches, specifically targeted at prevention.

Australia and Spain have a similar educational process to prepare nurses for clinical practice that commences with an undergraduate university degree. It was possible that cultural, as well as educational, differences could result in differing approaches to IPV.

2. METHODS

The original study was approved by the University of Southern Queensland Human Research Ethics Committee approval number (HO8REA030). The study was a replication and cooperative research study on how intimate partner violence is perceived and understood by nursing students from a regional Australian university, *i.e.*, the University of Southern Queensland, and the University of Barcelona in Spain. A mixed method was employed, involving the use of a qualitative approach, through focus discussion groups, and a descriptive quantitative approach, collecting nominal data via a questionnaire carried out later. Consent was gained in writing for the focus groups and tacit consent for the anonymous online survey.

There were no formal hypotheses as the nature of the study was mainly exploratory, but there were several research questions:

- (1) How do Spanish and Australian nursing students compare in terms of perceptions of educational training, self-efficacy and attitudes towards IPV?
- (2) Are there differences in perceptions between nursing students from the University of Southern Queensland and the University of Barcelona?
- (3) Do nursing students attitudes towards their professional role become more positive over time and do they acquire a better perception of the educational training for treating intimate partner violence?

Focus group sessions lasted one hour, were recorded and transcribed. Once the categories were analysed, they were used to develop a set of themes for investigation in greater depth through a subsequent online survey. The numbers of students participating in the focus groups in the University of Barcelona were twenty-eight and in the University of Southern Queensland were twenty.

The online survey obtained demographic data and their perceptions and understanding about IPV using a five point Likert-type scale. The reliability of the scale has previously been reported.^[16]

SPSS 18.0 was used to analyse the quantitative data. For the descriptive data, frequencies were computed along with

percentages, means and standard deviations. Any significant differences of respondents' perceptions of IPV were determined by *t*-tests at .05 level of probability. Visual inspection of the histograms for each group in each variable was undertaken. The distribution of the data met the assumption of normality.

3. RESULTS

3.1 Focus groups

The comparative analysis of the core themes of focus discussion groups, in relation to what they understood by intimate partner violence, was similar in both countries. That is, most students indicated that IPV can involve aggression that is physical, emotional or sexual. They were also similar with respect to the attributes of the abuser, being a dominant male, dependant on alcohol or drugs, and who had probably been abused, having low self-esteem and would continue abusing.

Some of the students of the University of Southern Queensland considered that the abuser probably belonged to a minority ethnic group. On the other hand, most of the students of the University of Barcelona did not consider that educational level or ethnicity were risk factors for abuse, though they did think that suffering a mental disorder was a factor.

Students of the University of Barcelona considered that IPV in some cases goes unnoticed because the victim conceals it. This was perceived as an increased tolerance of increasing violence in society and the media, which could accentuate situations of abuse.

Both student groups considered that they lacked the time to deal with issues of IPV, had concerns that they could make things worse for the victim, and they were not sure of the nurses' professional role. Of the roles that they did see, these were related to generating confidence with victims, acting in their defence, and referring them to support services. With the University of Barcelona sample, they primarily identified nurses' professional role with reporting IPV and referring victims to other professionals, such as a psychologist, even though they were doubtful of the effectiveness of therapies. Nursing students in the Australian university felt they were inadequately prepared to manage these types of cases in a healthcare environment and needed more training.

Both groups considered that the skills considered necessary in addressing and responding to IPV included empathy, compassion, communication skills and being non-judgemental.

3.2 Online survey

In Australia, a total of fifty-eight students responded to the online survey, there were 92% females, 42% 35 years and over, 36% 18 to 25 years of age, and the remaining 22% were

between 26 and 35 years. 30% were in their second year, with 28% in their first year, and 23% in their third year.

In Spain, 102 students responded to the questionnaire, 67.6% were female, 74% were between 18 and 25 years, 13% were between 26 and 35 years, and 13% were over 35 years. 45% of were in their first year, and 55% were in their second year.

The survey was administered to both the Spanish and the Australian population. For both groups the three scales (Self Efficacy, Perceptions of Nurses Roles and Values, and Educational Preparedness) were derived from the larger set of questions. The Australian dataset was used again in this study and was used for direct comparison with Spanish Nursing Students.

Within the Spanish student sample reliability, the efficacy scale was unacceptable ($\alpha = .13$) and was discarded from further analysis. The educational preparedness scale to manage intimate partner violence and the Perception of Nursing Roles and Values scale, obtained for the University of Barcelona nursing students' sample a Cronbach's alpha of 0.85 and 0.78 respectively. These two scales were used in subsequent analyses.

There were 13 instances of missing data for Perception of Nursing Roles and Values scale, and five instances of missing data for the Educational Preparedness Scale. A mean substitution was used to replace data.

The first and second year Spanish nursing students sample were compared using independent samples *t*-test. Second year nursing students ($M = 48.19$; $SD = 5.25$) indicated higher scores on the Perception of Nursing Roles and Values scale than First year students ($M = 45.92$; $SD = 5.56$) $t(100) = 2.10$, $p = .04$. There were no differences between first ($M = 24.65$; $SD = 6.08$) and second year ($M = 24.78$; $SD = 6.57$) $t(100) = .10$, $p = NS$ on the Educational Preparedness Scale.

In comparison with the Australian sample there are some major differences.

Second Year Spanish Nursing Students had significantly more positive/comprehensive views about the role nurses have in managing IPV.

There was a huge difference between Spanish and Australian Samples on the Values (The Levene's Test for Equality of Variances [$F = .31$, $p = .574$] assured these views.) and Educational Preparedness (Levene's test shows the violation of assumptions [$F = 8.00$, $p = .00$]). Basically Spanish students had a stronger view about the role of nurses and they felt like they were more prepared.

The possible reasons for these differences will be discussed in the following section.

Table 1. T-test results

	Country	N	Mean*	Std. Deviation	t-value	Sig. (2-tailed)
SMEAN (NurValTot)	Spain	102	47.1685	5.48307	39.23	.001
	Australia	57	11.1046	5.69160		
SMEAN (EducatPrep)	Spain	102	24.7216	6.32415	7.69	.001
	Australia	57	15.6667	8.34808		

*means were calculated on a five point of scale.

4. DISCUSSION

Raised social consciousness of the trauma associated with IPV such as that experienced in Spain in 1977 has significance for the educational preparation and health professionals including nurses. On discussion with the Spanish researchers the factors referred to in the introduction *i.e.*, the events that led to considerable public awareness and government responses to IPV in Spain were considered possible causes for the differences between the two countries. While there is growing awareness in Australia of the issues of IPV^[1, 2, 17, 18] with various strategies and plans being explored and implemented, it would appear that the level of awareness is considerably less than that in Spain, where campaigns and programs targeting adolescents in secondary education were introduced to raise awareness of the phenomenon and foster zero tolerance of sexist attitudes and violence against women. Of particular relevance to this study in Spanish higher education, plans for equality included protocols and recommendations to introduce cross curricular and specific content on violence against women together with training and sensitization activities. This could have influenced the perception of greater competence on behalf of Spanish students with respect to their Australian counterparts. These results are consistent with other studies and are in line with research underlining the importance of gender-based violence education for preventing, detecting and attending women who suffer it.^[19-21]

This study points to some significant implications for nursing studies. In general, all scores were low meaning that probably Australian students are not aware of the importance of issues related to intimate partner violence.

The students who took part in the study had beliefs about both victims and perpetrators, which may impede the detection of

issues. The fact that Spanish student nurses had significantly more positive views of their role and felt better prepared indicates that it is possible to achieve these views and expertise. However, given that some studies show persistent sexist attitudes among university students in Spain,^[22] we should be cautious with the present results and undertake studies in the future to support and strengthen them. If nursing students are to be adequately prepared to meet their responsibilities as registered nurses, then the nursing program must address the deficiencies identified in this study.

5. CONCLUSION

Although it is necessary to be cautious, given that the Australian and Spanish studies are not absolutely identical due to the composition of the groups, the results highlight that the Australian students lacked an understanding of the importance of intimate partner violence and they did not believe they had sufficient training to prevent and take action to deal with it.

There is clearly a need for further study incorporating a range of universities, not only in Australia and Spain, to determine whether this is a widespread issue. In addition the education needs of nursing students need to be explored to ensure that students are better prepared to perform their professional role.

One possible strategy could be to provide students with experiences in other community organisations that work to prevent intimate partner violence. This could facilitate focus on early prevention and early intervention and development of a multidisciplinary perspective.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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