Enhancing Understanding of Intimate Partner Violence Among Undergraduate Nursing Students

Intimate partner violence (IPV) represents a major public health challenge. Due to the sensitive and unpredictable nature of IPV, it is not feasible or likely that all nursing students will encounter IPV in the clinical setting. Nurse educators can provide a rich learning experience related to IPV through the use of a simulated clinical experience. The objective of this simulation project was to enhance nursing students’ understanding of the nurse’s role in caring for individuals experiencing IPV. The simulation took place during the final semester of a baccalaureate nursing program, within a Public/Community Health Nursing course. The integration of simulation in community health nursing education is fairly new, as the focus of simulation has traditionally been high fidelity and focused on technical skills (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014; Wheeler & McNelis, 2014).

This ungraded experiential learning activity consisted of a simulation using standardized patients (SPs), including pre-briefing, the encounter, a written reflection, and structured debriefing. Students prepared for the simulation by completing an online course module related to IPV. The students were also given an opportunity to complete an alternative assignment if they anticipated that participation would cause undue stress due to previous exposure to IPV. During the encounter, student dyads were asked to take the role of a triage nurse in the following scenario:

A 32-year-old client, Renee Jones, presents to primary care center with a chief complaint of fatigue, insomnia, and loss of appetite. Mrs. Jones has been married for 8 years to a 37-year-old bank manager and has a 6-year-old daughter and an 18-month-old son.

The client presented with visible bruising or wounds created through the use of moulage. Each dyad was given 15 minutes for the encounter and 5 minutes to debrief with the SP. Student dyads then participated in a structured debriefing with course faculty. Faculty observed the simulation using a two-way mirror or closed-circuit video. Debriefing with both the SP and course faculty was conducted using open-ended questions and focused on students’ feelings during the experience, successes, and challenges they experienced and how this experience may influence their future nursing practice. Structured debriefing is an opportunity to not only address students’ fears and bias, but also better prepare them to care for individuals experiencing IPV.

Student Results and Reactions

Analysis of the students’ written guided reflections and debriefings postsimulation revealed feelings of frustration, uncertainty, and discomfort. The following student comments express their frustration:

- I had no idea how to help her…. I didn’t know what to do when she asked questions. I wasn’t comfortable giving some information because I didn’t know if she wanted it.
- Although I knew the questions, I felt lost. I did not know what to say, nor did I feel like I was helping. I was just the other person who was there.

Students were also challenged with the complexity of the scenario and found it difficult at times to maintain empathy when the victim seemed resistant to the interventions suggested by the student nurse. One student stated, “It was very difficult to convince the patient to seek help and…understand the seriousness of the issue.” Students also identified the increased value of using a standardized patient in a simulation related to a sensitive topic such as IPV, providing comments such as, “The simulation was very real but very uncomfortable.” The authenticity of the simulation was strikingly different than previous simulation experiences, and students supported this by stating that it was “really life-like, [and] much different than other [simulations] with mannequins.” Further analysis supported a change in empathy and caring behaviors for the nursing students. In addition, the SPs attested to the students’ empathetic and caring behavior in spite of their anxiety.

Conclusion

The opportunity to care for individuals experiencing IPV in a safe learning environment can improve the comfort level of prelicensure nursing students faced with sensitive topics in nursing practice. This project highlighted the following: (a) students struggle with the complex nature of IPV, (b) the value of using standardized patients in simulation should not be underemphasized, and (c) the use of a well-placed IPV simulation should represent the culmination of a nursing curriculum that addresses IPV issues for individuals, families, and communities.

References


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