Knowledge, Attitudes, and Practice of Nurses Toward Intimate Partner Violence: A Meta-Synthesis

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Purpose:

Intimate partner violence (IPV) against women as a serious global health issue and violation of women’s human rights, affects approximately one in three women within their lifetime globally, and leads to negative results on women’s psychological, physical, and sexual health. Nurses (including midwives) are the largest professional group in health care, and have a critical role in identification and management of IPV. However, lack of training or preparedness for managing IPV was frequently identified among nursing professionals from not only low and middle income countries but also high-income settings. Thus a better understanding of nurses’ perceptions and current practice toward IPV can be useful for future IPV intervention and prevention. The purpose of this meta-synthesis was to systematically search, interpret, and synthesize the literature on knowledge, attitudes, and practice of nurses toward IPV, adopting the meta-synthesis approach for integrating qualitative evidence.

Methods:

We used MeSH terms (e.g., “perception”, “knowledge”, “attitude”, “behavior”, “intimate partner violence”, “domestic violence”, “nurses”, “midwifery”, “health personnel”) and keywords (e.g., “knowledge, attitudes and practice”, “dating violence”, “health care provider”) to search the following databases: PubMed, Embase, CINAHL, PsycINFO, and MEDLINE, from inception to October, 2018. We included articles published in English, as primary research report, in full-text on peer-reviewed journals, focused on knowledge, attitudes, and practice of nurses toward IPV, used appropriate qualitative research methods or mixed methods design, and reported qualitative data. Meanwhile, we excluded articles published as secondary data analysis paper, review, commentary, targeted health care providers but did not provide separated data relevant to nurses, explored experiences regarding intervention program or evaluated the effectiveness of intervention program, and published as dissertation, thesis, conference abstract. We extracted author & year, study aim (s), country, design & methods, participants & setting, and results. Joanna Briggs Institute critical appraisal tools were used for quality appraisal. Two researchers independently retrieved, appraised, and extracted data, and discrepancy was solved by discussion. We adopted the thematic synthesis method introduced by Thomas and Harden to identify themes in an inductive approach, and analyzed similarities and differences across the studies. The study followed PRISMA guidelines.

Results:

Totally 23 articles consisting of 21 qualitative studies and 2 questionnaire survey studies with open-ended questions were included. All the included studies have been published since 2001 (range: 2001-2017). The studies were conducted in Australia (n=3), Brazil (n=1), Canada (n=2), Finland (n=1), Israel (n=1), Italy (n=1), Jamaica (n=1), Japan (n=2), Jordan (n=1), Norway (n=1), Sri Lanka (n=1), South Africa (n=2), Sweden (n=3), and USA (n=4). For all included 23 studies, 7 studies explicitly stated midwives were recruited; 9 studies recruited both female and male nurses whereas only female nurses were enrolled for 7 studies, and 7 studies did not explicitly report sex of the participants. Of the 21 qualitative studies, purposive sampling (n=12) and convenience sampling (n=4) were the most commonly used methods to recruit participants, while 5 studies did not report a specific approach; phenomenology was employed in 5 studies, 4 studies used qualitative descriptive design and 4 studies used a grounded theory approach, 1
study adopted Denzin’s interpretive interactionism, and the rest of 7 studies did not report relevant information.

Through meta-synthesis, 2 main themes emerged including 2 subthemes for each theme: (1) Struggling to intervene IPV victims: a) boundaries between professional role and personal experience, b) lack of preparedness; (2) Influencing factors for screening and caring IPV victims: a) barriers, b) facilitators.

Nurses generally felt it was a challenge to fully implement screening during practice and provide appropriate care for victims of IPV. For the majority of the nurses, the professional role of nursing in IPV was recognized though it was challenging. Anger, frustration, confusion, and shame were mentioned by nurses as their personal experiences when facing IPV victims: on one hand, nurses realized their professional role in identifying and helping victims of IPV (especially for nurses who were victims of IPV themselves); on the other hand, nurses attempted to block the overwhelming emotions from influencing their professional practice as well as invading their individual life. There was a prevalent expression for lack of preparedness among nurses, regardless of experience in screening and training. Nurses identified several factors influencing screening and caring for victims of IPV, including both barriers (e.g., lack of knowledge/training/time/resources/strategies, partner presence, inadequate institutional/societal support, legal issues) and facilitators (e.g., training, having time, IPV experience: professional & personal, supports from community/intuition/policy, multidisciplinary collaboration: police, social service, shelter home workers).

Conclusion:

This meta-synthesis is the first of its kind that provides insight into knowledge, attitudes, and practice of nurses toward IPV in global settings. The challenging and complex nature of intervening victims of IPV for nurses was confirmed. Both barriers and facilitators to screening and caring for victims of IPV were identified. Current evidence highlights the need for nursing professionals to improve knowledge, enhance preparedness, and implement practice for screening and caring for victims of IPV. Special attention should be paid to awareness raising, in-service training, and multidisciplinary collaboration targeting IPV for nurses especially in low and middle income countries.

Title:

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Keywords:

intimate partner violence, meta-synthesis and nurses

References:


**Abstract Summary:**

This meta-synthesis is the first of its kind that provides insight into knowledge, attitudes, and practice of nurses toward IPV in global settings. Nurses have critical role in identification and care of IPV survivors, but generally felt uncertain and unprepared to respond to IPV.

**Content Outline:**

I. Purpose

A. Intimate partner violence (IPV) is a serious global health issue.

   a) IPV affects about 1 in 3 women globally.

   b) IPV leads to psychological, physical, and sexual health problems.

B. The importance of exploring knowledge, attitudes, and practice of nurses toward IPV.

   a) Nurses have a critical role in identification and management of IPV.

   b) Nurses are frequently found to express lack of training or preparedness.

   c) A better understanding of nurses’ perceptions and current practice toward IPV can be useful to respond to IPV.

C. The purpose of this meta-synthesis: to summarize the literature on knowledge, attitudes, and practice of nurses toward IPV using meta-synthesis.

II. Methods

A. Search strategy.

   a) MeSH terms and keywords: “perception”, “knowledge”, “attitude”, “behavior”, “intimate partner violence”, “nurses”, etc.
b) Databases: PubMed, Embase, CINAHL, PsycINFO, and MEDLINE.

B. Inclusion and exclusion criteria.

a) Inclusion criteria:
1) Published in English
2) Published as primary research report
3) Published in full-text on peer-reviewed journals
4) Focused on knowledge, attitudes, and practice of nurses toward IPV
5) Used appropriate qualitative research methods or mixed methods design
6) Reported qualitative data

b) Exclusion criteria:
1) Published as secondary data analysis paper, review, commentary
2) Targeted health care providers but did not provide separated data relevant to nurses
3) Explored experiences regarding intervention program or evaluated the effectiveness of intervention program
4) Published as dissertation, thesis, conference abstract

C. Data extraction: author & year, study aim (s), country, design & methods, participants & setting, and results.

D. Data analysis.

a) Adopted the thematic synthesis method in an inductive approach.

b) Followed PRISMA guidelines.

III. Results

A. Characteristics of included studies.

a) Study type: 21 qualitative studies and 2 questionnaire survey studies.

b) Published year: since 2001 (range: 2001-2017).

c) Countries: Australia (n=3), Brazil (n=1), Canada (n=2), Finland (n=1), Israel (n=1), Italy (n=1), Jamaica (n=1), Japan (n=2), Jordan (n=1), Norway (n=1), Sri Lanka (n=1), South Africa (n=2), Sweden (n=3), and USA (n=4).

d) Participants:
1) 7 studies explicitly stated midwives were recruited.

2) 9 studies recruited both female and male nurses, only female nurses were enrolled for 7 studies, and 7 studies did not explicitly report relevant information.

e) Sampling: of 21 qualitative studies, purposive sampling (n=12) and convenience sampling (n=4) were the most commonly used methods, while 5 studies did not report a specific approach.

f) Analysis strategy: phenomenology was employed in 5 studies, 4 studies used qualitative descriptive design and 4 studies used a grounded theory approach, 1 study adopted Denzin’s interpretive interactionism, and 7 studies did not report relevant information.

B. Themes and subthemes.

a) Struggling to intervene IPV victims:

1) Boundaries between professional role and personal experience.

2) Lack of preparedness.

b) Influencing factors for screening and caring IPV victims:

1) Barriers.

2) Facilitators.

IV. Conclusion

A. Significance of the current study.

a) The first of its kind that provides insight into knowledge, attitudes, and practice of nurses toward IPV in global settings.

b) The challenging and complex nature of intervening victims of IPV for nurses was confirmed.

c) Both barriers and facilitators to screening and caring for victims of IPV were identified.

B. Implications.

a) Current evidence highlights the need for nursing professionals to improve knowledge, enhance preparedness, and implement practice for screening and caring for victims of IPV.

b) Special attention should be paid to awareness raising, in-service training, and multidisciplinary collaboration targeting IPV for nurses especially in low and middle income countries.

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Author Summary: Quanlei Li is a PhD candidate at Johns Hopkins University School of Nursing. He received his BSN and MSN in China, and MPH (global health direction) from University of Washington. He integrated his knowledge and experience from previous research interests in evidence-based nursing and global health, and currently focuses on investigation, intervention, and prevention of intimate partner violence in China—very often overlooked by health care providers especially nurses—through both qualitative and quantitative approaches.

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Author Summary: Dr. Glass is a nurse researcher, cross-discipline bridge builder, and educator. Her research and practice expertise in health disparities and intimate partner violence reflect the focus of the School of Nursing on global health threats, particularly in developing countries. Her research centers on clinical care and intervention in the areas of violence prevention and health disparities. With funding from the NIH and the CDC, she is conducting three major studies on intimate partner violence.