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Research

Simulated clinical cases to identify and intervene in intimate partner violence among undergraduate nursing students

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ABSTRACT

Background: Training in gender-based violence is necessary to develop identification and intervention skills among nursing students.
Aim: To determine the impact of an educational intervention on intimate partner violence in terms of perceptions of violence and empathic responses among nursing students at a Spanish university.
Methods: Pre-post quasiexperimental study. Fourth-year students at the Faculty of Nursing at University of Barcelona participated in 2022-23. The Perception of Intimate Partner Violence in Nursing Students questionnaire, the Interpersonal Reactivity Index and an *ad hoc* satisfaction survey were used.
Results: At baseline, 299 students participated, mean age 23.31 years, 88.6% female. After the training, 184 students. 65.5% reported personal experience of intimate partner violence. Women scored higher on empathic response (empathic concern 28.07). After the training, there were improvements in most of the dimensions assessed. The methodology used received a mean score 8.19.
Conclusion: Active learning methods in intimate partner violence training have a positive effect on nursing students' learning in terms of perceiving violence and responding empathically. Significant differences were observed in all dimensions except fantasy and personal discomfort.

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Introduction

The prevention of violence against women (VAW), particularly intimate partner violence (IPV) and sexual violence, is a public health priority, and health workers have an important role to play in the provision of comprehensive health care to women experiencing violence (World Health Organization, 2024). Violence against women, understood as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women" (United Nations, 1993), can negatively affect women's physical, mental, sexual and reproductive health and impact on their children by engendering behavioural and emotional disorders (World Health Organization, 2024).

According to the World Health Organization (WHO, 2024), one in three women worldwide has experienced physical and/or sexual violence by a partner or third party at some point in her life. In the European Union, 31% of women have experienced some form of physical violence, 5% have experienced sexual violence and 42% have experienced some form of psychological violence by their partner since the age of 15 (European Commission, 2024). In Spain, it is estimated that of all women aged 16-74 years who have had a partner at some stage in their lives, 14.4% have experienced some form of physical and/or sexual violence (Ministry of Equality, 2023).

Women who are particularly vulnerable to violence include those belonging to minority groups, indigenous women, refugees, migrants, those living in rural or remote communities, destitute, women in institutions or detention, women with disabilities, in situations of armed conflict and older women (United Nations, 1993). Older women are vulnerable to IPV because they have lower incomes, fewer social networks, less personal autonomy and a lack of recognition of sustained violence (Department of Equality and Feminism, 2022a). Women with sexual and gender diversity and addictions are also vulnerable (Department of Equality and Feminism, 2022b), as are women with mental health problems due to the risk of rejection, isolation and social exclusion (Pastor-Moreno & Ruiz-Pérez, 2024).

IPV is also of particular concern during pregnancy because of its impact on the physical, sexual, reproductive and mental health of the pregnant woman and the foetus (Ministry of Health, 2023). Sexual violence has a high incidence among adolescents and young women (Department of Equality and Feminism, 2022a). Thus, it should also be considered as a stage of particular vulnerability and risk (Ministry of Health, 2023).

Spanish legislation on violence against women, as well as at the international level, is based on the premise that women's rights are human rights and that VAW is a serious violation of these rights, establishing mechanisms to contribute to its eradication and situating violence as a structural fact. Sexual violence is considered a form of VAW and an intersectional approach is incorporated, with training as one of the central elements to ensure the detection and eradication of VAW (Masià Masià & Moy Sánchez, 2021). Intersectionality, as an intervention approach, refers to the different dimensions of social inequalities, such as gender identity, sexual orientation, ethnicity, religion, social class and age, which are interrelated and shape different forms of discrimination and inequality (Department of Equality and Feminism, 2022b). Education must be specialised, compulsory and regular for all professionals involved in care (Law 17/2020, 2020). The first professional contact for women who have been abused is likely to involve health professionals (World Health Organization, 2013).

The prevention, detection, recovery and restoration of the health of IPV require the specialisation and training of professionals to guarantee women's rights. However, data reflect the underrecognition and difficulties in detecting IPV, as well as the training needs expressed by professionals (Masià Masià & Moy Sánchez, 2021; Adánez-Martínez et al., 2022). Training, both in clinical practice and in university curricula, can better prepare professionals to help women who have been or are victims of IPV (Doran & Hutchinson, 2017).

Background

Some authors note that despite international support for the inclusion of IPV content in university curricula for health professionals, approximately 80% have received no training in IPV management (Doran & van de Mortel, 2022) and curricular content is inadequate (Öztürk, 2021). Studies have shown low levels of IPV education among nursing professionals and students (Crombie et al., 2017) and a lack of essential skills and experience in responding appropriately to IPV (Hegarty et al., 2020). This evidence suggests that nursing students must acquire the appropriate knowledge, skills and competencies related to IPV during their studies to provide comprehensive care. Training from a gender perspective, specifically in IPV, is essential to the development of students' professional competencies.

In Spain, most nursing degree curricula include IPV education, although it is heterogeneous (Maquibar et al., 2019; Jiménez-Rodríguez et al., 2020). Existing IPV education strategies vary in terms of implementation, methodology and content. The outcomes of these educational programmes are not always rigorously evaluated (Crombie et al., 2017). Interactive educational strategies that focus on practical application appear to be more effective than theoretical strategies (Kalra et al., 2021; Sammut et al., 2021). Training via active learning methods provides better results in terms of concept assimilation and decision- making (Adánez-Martínez et al., 2022).

IPV education tends to be highly variable across professions and institutions, both at the undergraduate and continuing professional development levels (Allison et al., 2023). As Burjales-Martí (2014) noted, it is important to have instruments with good metric properties that allow nursing teachers to assess students' perceptions of IPV in relation to aspects of their educational training, the identification of women who are or have been victims and men who are or have been aggressors, and the role of nursing to acquire the necessary competences for good professional intervention.

According to WHO recommendations (World Health Organization, 2021), training should include identifying women experiencing violence, providing first-line support, providing essential clinical care and identifying resources, reflecting on one's own attitudes and understanding the experiences of women who have been or are being victimised. Curricula should emphasise compassionate and empathic communication between practitioners and women.

Students can only develop complex clinical knowledge and skills in relation to IPV if the academic and health systems where they learn and work provide a supportive environment in which the system and practitioners provide best practices in relation to violence (Ambuel et al., 2011). Strategies to address IPV should be integrated across different health care settings, including emergency, sexual and reproductive health, childcare and mental health services (García-Moreno et al., 2015), settings in which nursing students undertake clinical placements.

As noted by Gómez-Fernández et al. (2017), clinical practice is the best way to consolidate what has been learned. It is difficult for students to identify indicators of maltreatment during clinical visits if they cannot link theory to practice.

In this context, there is a need for more practical training and evaluation of its impact on nursing students. As a result, a teaching innovation project was carried out at a Spanish public university (2022PID-UB/002, ACOPI-UB) with the aim of training students in the Practicum course of the Nursing degree in identifying and intervening women, sons and daughters who have suffered, are suffering or

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may suffer from IPV. The Practicum course is taken by students in the fourth year, eighth semester, comprising 500 hours of clinical practice in a hospital, primary care or geriatric centre and 250 hours of learning activities (30 ECTS).

Previous studies conducted with nursing students have highlighted the importance of IPV education. However, we found no studies that examined the relationship between nursing students' perceptions of violence and their empathic responses before and after receiving an IPV training programme using active learning methods, including the case study method with video recording. The case is complex as it is presented in different nursing specialities. Students watch a video that simulates reality, and this video adds realism to the situation presented in the case. Therefore, this study aims to determine the impact of an educational intervention on IPV in terms of the level of perception of violence related to educational training, the identification of women who are or have been victims and men who are or have been aggressors and the role of nursing, and the empathic response of nursing students attending the Practicum course at the Faculty of Nursing at the University of Barcelona during the academic year 2022-23.

Materials and methods

Study design

This study used a quasiexperimental pretest-post-test design in which nursing students' perceptions of violence and empathic response were assessed before and after receiving an IPV training program.

The intervention followed a case study methodology, using videos of simulated situations.

Participants

The study population comprised fourth-year nursing students enrolled in the Practicum course at the Faculty of Nursing, University of Barcelona, during the 2022-23 academic year.

A total of 328 students were invited to participate in the study anonymously by the subject coordinators before the start of the educational activity.

A nonprobabilistic purposive sample was used to include all students in the Practicum who wished to participate and met the selection criteria. The inclusion criteria were as follows: students enrolled in a Practicum course during the 2022-23 academic year and participated in the IPV training program. Those who did not wish to participate in the study were excluded. The withdrawal criterion was defined as a request to withdraw from the study.

Variables and measurement instruments

The main study variables were as follows:

- *Sociodemographic and academic variables* included sex (female/male), age (year), and area of clinical practice (gerontological nursing, child health nursing, mental health nursing, and sexual and reproductive health nursing).
- *The variables related to the experience of IPV* were as follows: in a university academic context (yes/no/cannot remember), in a clinical practice context (yes/no/cannot remember), in a work-related context (yes/no/cannot remember), and in a personal context (yes/no/cannot remember).
- *Variables related to the perception of IPV in nursing students* were measured by the *Perception of Intimate Partner Violence in Nursing Students Scale* (PIPV-NS) by Burjales-Martí (2014).

The original version of the scale was developed at the University of Southern Queensland (Australia) by Beccaria et al. (2013). The original instrument was translated into Spanish for the cultural adaptation process (Burjalés-Martí, 2014; Burjalés-Martí et al, 2018). The psychometric properties assessed in the Spanish version confirmed the validity and reliability of the 32-item scale with four subscales, with good content validity, acceptable internal consistency and adequate construct validity. Reliability was assessed using Cronbach's alpha coefficient. The reliability analysis showed adequate internal consistency for each subscale of the instrument: Education (0.83); "Victim" Identification (0.72); "Agressor" Identification (0.66) and Roles and Values of Nursing (0.78).

Each item was scored on a 5-point scale ranging from "strongly disagree" (1 point) to "strongly agree" (5 points):

  - *Education* assessed students' perceptions of their theoretical and practical knowledge of IPV (10 items). The higher the score, the greater the perceived knowledge. The score ranges from 10 to 50.
  - *"Victim" identification* assessed the students' perceptions of the characteristics of the women victims of IPV (7 items). The higher the score, the greater the perceived identification of the characteristics of women who are or have been victims. The score ranges from 7 to 35.
  - *"Aggressor" identification* included items on the students' perceptions of the characteristics of the men who are or have been aggressors (5 items). The higher the score, the greater the perceived identification of the characteristics of men who are or have been aggressors. The score ranges from 5 to 55.
  - *Roles and values of nursing* assessed students' perceptions of the nurse's role in providing information, care and referrals to support services for people experiencing IPV (10 items). The higher the score, the greater the perception of the role of nursing in IPV. The score ranges from 10 to 50.
- *Variables related to students' empathy,* understood as the set of constructs that includes the processes of putting oneself in another's position and affective and nonaffective reactions, measured by the *Interpersonal Reactivity Index* (IRI) (Davis, 1983; Mestre-Escrivá et al., 2004), include 28 items with a Likert-type scale ranging from 1 to 5, where 1 "does not describe me well" and 5 "describes me very well".

  - It was adapted to the Spanish population. It comprises 4 dimensions, each with 7 items; the higher the score, the more empathetic the person. The score ranges from 7 to 35 for each dimension. Cronbach's alpha was between 0.63 and 0.71 for the 4 factors (Moreno-Poyato, 2016):
  - *Perspective taking* measures the person's spontaneous attempts to put themselves in the other person's position.
  - *Fantasy* measures the person's tendency to identify with and empathise with fictional characters from film, literature, etc., and assesses the person's imagination.
  - *Empathic concern* measures a person's response in terms of feelings of shame and concern for others, especially when faced with difficulties.
  - *Personal distress* assesses the feelings of anxiety and discomfort that a person experiences when observing the negative experiences of others.

- *Variables related to the degree of satisfaction with the educational activity*, by means of an *ad hoc* survey completed after the educational activity, with a Likert scale from 1 to 10, where 1 is 'not at all satisfied' and 10 is "very satisfied".

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Seven questions were asked about the content covered, the methodology used and its usefulness in developing professional competences:

1. Evaluate the usefulness of the case study methodology using videos of simulated situations for learning.
2. Evaluate the teaching methodology used in the clinical situation presented in the video according to the clinical training area.
3. Evaluate the usefulness of working in small groups for the learning process.
4. Evaluate the usefulness of discussion as a teaching method in accordance with the clinical training area.
5. Evaluate the clinical situation in the emergency department using a video visualisation system.
6. Evaluate the usefulness of the discussion created in the emergency department for the learning process.
7. Evaluate the usefulness of the training for the development of professional competencies (knowledge, skills and attitudes) in IPV recognition and intervention.

Data collection

The research team provided an information document that included the aim of the study, the methodology and individual online access to participate via a QR code. After written informed consent was obtained from all the participants, they completed the socioacademic questionnaire, the PIPV-NS and the IRI questionnaire prior to the training described in the previous section. The questionnaires took approximately 20 minutes to complete.

One week after the end of the training program, the PIPV-NS, the IRI and the satisfaction questionnaire were given to the students to evaluate the training activity.

The data were collected between March and July 2023.

Training program

The specific aims of the training activity were as follows:

- Develop critical and reflective skills regarding IPV in clinical education.
- Identify indicators of suspected IPV.
- Identify interventions to be implemented in cases of IPV that do not lead to revictimization or institutional violence.
- Identify communication and decision-making skills for recognising and managing IPV in health care settings.
- Identify the protocols, procedures and resources available in the event of IPV.
- Address IPV through a team approach.

In the project, students contributed a reflective diary as a tool to assess critical and reflective capacity for intimate partner violence and the team approach to intimate partner violence care. However, this study only reports the results of the quantitative methodological framework used to assess the learning outcomes of this project.

The training was delivered via an interactive approach. The training was facilitated by experts in intimate partner violence in a face-to-face format. Four 4-hour sessions were held with different groups of trainees. The training included aspects related to screening, women-centred care and first-line support, and the provision of available resources and referrals.

The development of the educational intervention with the students was as follows:

- Depending on the area of clinical practice, geriatrics, child health, mental health, and sexual and reproductive health (2 h 30'):
  - Video viewing of simulated clinical situations related to IPV in specific clinical practices. The scenarios for the videos were designed by academic facilitators and experienced IPV professionals from different clinical practice areas (geriatrics, child health, mental health, sexual and reproductive health and emergency area). The recording of each video on a simulation of an IPV situation involved a professional and an actress playing the role of the victim. The videos were edited by the university's audiovisual service and were intended for teaching and scientific dissemination only.
  - In subgroups of 4-5 people, "critical" questions were used for the initial analysis. The purpose of a critical question was to formulate a question and to check whether the search for answers was leading to the learning objectives. Critical questions were asked in each case.
  - Analysis, based on the student's responses, of the strengths and weaknesses of professional practice, discussion and critical reflection of cases in a participatory student/teacher session, first in subgroups of 4-5 peers and then with the whole group according to the clinical practice area, with an academic and clinical facilitator who are experts in IPV.
- In the emergency area (1 h 30'):
  - Video viewing of a clinical situation of IPV in a hospital emergency department.
  - Analysis, discussion and reflection on professional practice in relation to IPV with all students and an expert facilitator.

Ethical considerations

The project arose from the need to provide continuity to a research project on an educational intervention on IPV for students of the Practicum course, which was conducted in 2020 and approved by the Bioethics Commission of the University of Barcelona. This study was approved by the Teaching Innovation Assessment Commission of the University of Barcelona. The ethical principles of the Declaration of Helsinki and the Belmont Report (1978) of respect for persons, compassion and justice were followed. Written informed consent was obtained from all participants.

Students were provided with information about the study, including ethical considerations and what participation would entail. Participation was voluntary. They completed the questionnaires anonymously via a virtual application on a mobile device and in person. Individual online access allows the privacy of the participants to be carefully maintained by providing an appropriate environment for answering more personal questions. Students were anonymised using an identifier containing the last four digits of the student's ID number.

The data are located on a website with a European server that complies with the General Data Protection Regulation of the European Union 2016/679, applicable in Spain since May 2018 and the Organic Law 3/2018, of 5 December, on the Protection of Personal Data and the Guarantee of Digital Rights.

Data analysis

Qualitative variables are presented as absolute frequencies and percentages. Quantitative variables are described as the means, standard deviations and medians.

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Differences between baseline and postgroup assessment scores were estimated via parametric tests (Student's t test for paired data).

For all tests, p values <0.05 were considered statistically significant. IBM SPSS Statistics v27.0.1.0 was used for analysis.

Results

Pretraining participant characteristics

Initially, 299 responses were received from a total of 328 people who participated in the training activity (91%), with an average age of 23.31 years (SD 4.55), being female 88.6% (n=265) vs male 11.4% (n=34). After the training activity, 184 responses were received (56%). 115 students (38.5%) were lost to follow-up. There was no difference in the socio-demographic characteristics of those lost to follow-up compared to the sample retained at follow-up. No data were collected on nonrespondents.

Those who participated in the training activities were undertaking clinical training in 4 health areas: gerontology 22.7% (n=68), child health 26.8% (n=80), mental health 25.1% (n=75) and sexual and reproductive health 25.4% (n=76).

Although there were no significant differences between females and males, 65.5% of the respondents (n=196) reported previous experience with IPV in a personal context (n=179 female vs n=17 male), 39.8% (n=119) in a clinical practice context (n=109 female vs n=10 male), 29.1% (n=87) in a work context (n=74 female vs n=13 male) and 9% (n=27) in a university academic context (n=22 female vs n=5 male).

Among those who had experienced IPV, the dimension of empathic response that scored highest was empathic concern in an academic (27.33±3.4), work (28.17±3.8), clinical practice (27.82± 3.5), and personal (28.39±3.5) context.

In terms of perceived theoretical and practical knowledge of IPV prior to the training activity, males scored higher (33.29±7.6) than female (30.83±6.2). Females scored higher on empathic response, especially on the dimension related to fantasy (24.1± 5.2 vs 22± 4.9) and empathic concern (28.07±3.6 vs 25.68±3.4) (Table 1).

Those with higher scores on identifying men who are aggressors or who have been aggressors have higher scores on the fantasy dimension (r=0.220; $p < 0.001$), greater mobilisation of empathy (r=0.209; $p < 0.001$), and less discomfort (r=0.149; $p = 0.01$). In contrast, the higher the score on the caring role and values dimension, the greater the perspective taking (r=0.277; $p < 0.001$) and empathic concern (r=0.237; $p < 0.001$), although these correlations are weakly observed (Table 2).

Pre- and post-training levels of IPV perception and empathic response

Table 3 shows the differences in IPV perception and empathic response scores before and after the training activity. Significant differences were observed in all dimensions except fantasy (23.47±5.2 pre-training activity vs 23.52±5.2 post-training activity) and personal discomfort (16.75±4.2 pre-training activity vs 16.7±4.4 post-training activity). The overall mean score for education was 31.14 ±6.5 pretraining activity vs 39.05±6.1 post-training activity, with a statistically significant relationship (p<0.001). At the same time, statistical significance was observed for "aggressor" identification (19.09±2.9 vs 19.98±3.1).

Degree of satisfaction with the training activity

Fig. 1 shows the results of the satisfaction survey conducted after the training activity. The highest score was given to the methodology presented by a video with simulated clinical cases according to the clinical training area, with a mean score of 8.57 ±1.5 out of 10. On the other hand, the discussion based on an emergency department case received the lowest score, with a mean of 7.96 ±1.9 out of 10.

Table 1
Perception of violence and empathic response by sex before the intervention.

	Sex	n	Mean	SD[1]	p-value[2]
Perception of violence					
Education	Female	265	30,83	6,2	0.037
	Male	34	33,29	7,6	
"Victim" identification	Female	265	20,76	5,8	0.451
	Male	34	21,56	5,6	
"Aggressor" identification	Female	265	19,23	3,1	0.436
	Male	34	18,79	2,7	
Roles and values of nursing	Female	265	40,6	5,4	0.463
	Male	34	41,32	4,9	
Empathic response					
Perspective taking	Female	265	27,23	4,0	0,349
	Male	34	26,53	3,8	
Fantasy	Female	265	24,1	5,2	0,028
	Male	34	22	4,9	
Empathic concern	Female	265	28,07	3,6	<.001
	Male	34	25,68	3,4	
Personal distress	Female	265	16,81	4,2	0,171
	Male	34	15,76	3,9	

[1] SD: standard deviation.
[2] ANOVA test.

For all the items, males reported higher levels of satisfaction. Significant differences in satisfaction between males and females were observed in questions 5 (8.62 vs 7.88) and 6 (8.52 vs 7.71) regarding the usefulness of learning from the clinical case presented in the emergency department and the subsequent discussion.

The usefulness of the educational activity in developing professional competencies was rated at a mean of 8.19 ±1.6.

Discussion

The aim of this study was to determine the impact of an educational intervention on IPV on the level of perception of violence and empathic response in nursing students in clinical practice at a Spanish university. The results indicate that the IPV training was received mainly by women with previous experience with IPV in personal and clinical practice. Authors such as Hegarty et al. (2020) have argued that professionals' willingness to address IPV is influenced by their personal belief systems, which may be determined by their personal experiences or by feminism, human rights or the best interests of child welfare ideological frameworks. With one in three women experiencing IPV, this is likely to include a proportion of health professionals, and training should recognise the impact of personal experience, including where to access support. A multidisciplinary approach to responding to IPV is essential (Kirk & Bezzant, 2020).

As indicated by Gómez-Fernández et al. (2017), there are students in the present study with close personal experiences with IPV. 65.5% of the respondents reported previous experience of IPV in a personal context, 39.8% in a clinical practice context, 29.1% in a workplace context and 9% in an academic context. A personal experience of IPV prior to training was associated with higher scores on empathic concern.

Although no significant gender differences were found, males scored higher on perceived theoretical and practical knowledge of IPV prior to the training activity (33.29±7.6 vs 30.83±6.2), whereas females scored higher on empathic concern (28.07±3.6 vs 25.68± 3.4). Foster and Yaseen (2019) stated that self-reported empathy varies by gender, with women consistently reporting greater empathy than men. While acknowledging that there are no conclusive studies in nursing, differences in empathy appear to be observed in different work settings. Empathic communication occurs through verbal response, body posture, mirroring, active listening, perception

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Table 2
Relationship between the perception of violence and empathic response before the intervention.

		Perspective taking	Fantasy	Empathic concern	Personal distress
Education	Pearson Correlation	0,09	-0,028	-0,021	-0,059
	Sig.	0,12	0,626	0,719	0,311
"Victim" identification	Pearson Correlation	-0,002	0,086	0,029	0,055
	Sig.	0,968	0,138	0,614	0,344
"Aggressor" identification	Pearson Correlation	0,097	,220	,209	,149
	Sig.	0,094	<.001	<.001	0,01
Roles and values of Nursing	Pearson Correlation	,277	0,072	,237	-,128
	Sig.	<.001	0,212	<.001	0,026

checking, validation and self-disclosure. Empathic relationships create greater trust between health care professionals and patients and enhance their psychological well-being (Foster & Yaseen, 2019).

Previous studies also show experiences of IPV among nursing students, and authors such as Öztürk (2021) state that personal experiences can influence attitudes towards violence. A study by Casillas Santana et al. (2023) reported that 14.3% of fourth-year students experienced some form of violence, and 33.3% reported witnessing violence against a family member. According to Sutherland and Hutchinson (2018), up to 40% of health school students have experienced physical, sexual, verbal or controlling abuse from a partner. In Shaqiqi and Innab's study (2023), which was conducted at 14 universities in Saudi Arabia, 13% reported experiencing VAW, which was more prevalent among women. The majority of the students did not tolerate or justify VAW and did not understand their professional role in supporting victims. However, Öztürk's (2021) study in Turkey reported that approximately one-fifth had experienced domestic violence and that half had experienced psychological violence, noting that male students had a more traditional attitudes towards violence and their professional role, which may be explained by social and cultural influences. Yilmaz and Yüksel (2020) reported that students who had witnessed VAW and been exposed to violence had more conservative attitudes towards VAW and continued to normalise and justify violence against women in certain contexts. Tekkas Kerman and Ozturk (2022) concluded that people who are exposed to violent behaviour may socially accept this behaviour and internalise it as justified.

Consistent with studies on personal experience of IPV, in a study of nursing students in Australia, Doran and Hutchinson (2017) suggested that given the gender of nurses, the curriculum may need to address students' own experiences of violence to ensure that supportive attitudes towards women experiencing violence are consistent with their role as health professionals and that it is important to highlight the role of nurses and address stereotypes in IPV.

In addition, among our participants we observed that the higher the score for identifying men who are aggressors or who have been aggressors, the greater the degree of empathy and the lower the degree of discomfort. The higher the score on the role and values of caregiving, the greater the degree of perspective taking and empathic concern.

As noted by Alshammari et al. (2018), in most studies, participants expressed positive attitudes towards the need for nurses to receive IPV training during their undergraduate studies. Nurses often need appropriate strategies and skills to respond to IPV and provide optimal care. Identifying women who are or have been victims is considered as a criterion for appropriate care and treatment. Disclosure of IPV is more likely to occur when women are asked without prejudice or empathy, in a private setting, confidentially, and where the person feels safe. University programmes should address the importance of nurse's role in relation to IPV. A lack of training leads to feelings of a lack of professional competence and confidence (Kirk and Bezzant, 2020).

As reported by other authors, we consider that education of health care professionals on IPV is an essential intervention to improve knowledge, attitudes and clinical practice and, consequently, IPV care (Kalra et al., 2021). Previous studies conducted with nursing students in Spain highlighted the lack of training on IPV perceived by students and professionals (Rigol-Cuadra et al., 2015; Gorman et al., 2016; Maquibar et al., 2018; Brigidi and Birosta, 2020; Ruiz-Fernández et al., 2022; García-Díaz et al., 2020; Berbegal-Bolsas et al., 2022; Casillas Santana et al., 2023).

A study by Rigol-Cuadra et al. (2015) revealed that the majority of students stated they had not acquired sufficient theoretical and practical knowledge of IPV during their training, and, as a result, they did not feel prepared at the end of their studies. The participants did not consider caring for and supporting women who are or have been victims to be a nursing competency. They expressed a lack of training in IPV, were unaware of interview guidelines and protocols for action, and did not integrate prevention, recognition or management as part of the professional nursing role from a holistic and ecological perspective. Gorman et al. (2016) explored and compared the perceptions, attitudes and knowledge of Australian and Spanish nursing students about IPV and reported that both groups felt that the skills needed to address and respond to IPV included empathy,

Table 3
Perception of violence and empathic response before and after the training activity.

	Preintervention measure Mean (SD[1])	Postintervention measure Mean (SD)	p- Value[2]	IC 95%
Education	31.14 (6.5)	39.05 (6.1)	<0.001	-1.312 a -0.942
"Victim" identification	20.8 (5.7)	19.98 (3.1)	0.041	0.006 a 0.297
"Aggressor" identification	19.09 (2.9)	19.98 (3.1)	<0.001	-0.437 a -0.142
Roles and values of Nursing	40.35 (5.4)	41.67 (6.0)	0.003	-0.371 a -0.078
Perspective taking	27.24 (4.1)	27.79 (4.3)	0.039	-0.299 a -0.008
Fantasy	23.47 (5.2)	23.52 (5.2)	0.86	-0.157 a 0.131
Empathic concern	27.79 (3.8)	27.04 (3.8)	0.002	0.089 a 0.382
Personal distress	16.75 (4.2)	16.7 (4.4)	0.856	-0.131 a 0.158

[1] SD: standard deviation.
[2] Student's t test for paired data.

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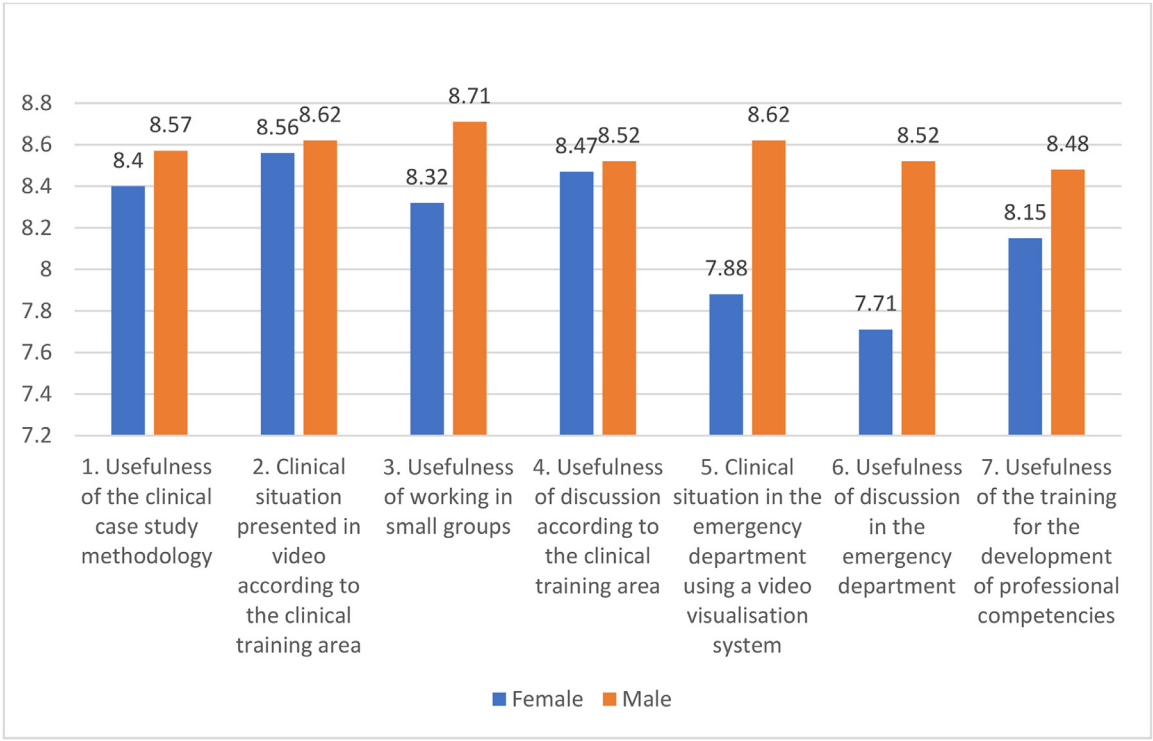

Fig. 1. Degree of satisfaction with the training activity.

compassion, communication skills and nonjudgmentalism, but were unsure about the professional role of nurses. Maquibar et al. (2018) also identified a gap between Spanish nursing students' knowledge and perceived confidence in identifying IPV cases and their subsequent management. After receiving IPV training, awareness and recognition as a health issue, knowledge and confidence in identifying cases increased. As in the study by Brigidi and Birosta (2020), students expressed greater sensitivity to their future professional role in IPV care after the training activity, as well as greater personal sensitiviy.

In addition, studies involving students from different disciplines, such as García-Díaz et al. (2020), recommend improving the approach to IPV in the university training of future health professionals. Berbegal-Bolsas et al. (2022), also reported that a high percentage of students perceived a need for training on issues related to feminism and VAW. Although the study participants felt that training on these issues was available, 70% felt it was inadequate.

In the present study, a positive post-training impact was observed on most of the dimensions assessed regarding perceptions of IPV and empathic responses. There was a high level of satisfaction with the experiential methodology used with experts, with small group discussions among peers more highly valued. After the training activity, the students were highly satisfied with the usefulness of the activity for developing professional competencies.

Previous studies, such as that by Casillas Santana et al. (2023), showed how students highlighted the importance of incorporating real clinical cases related to clinical practice, whereas in the study by Jiménez-Rodríguez et al. (2020), where high-fidelity simulation sessions were conducted, students gained a realistic view of their role in IPV care, improving the acquisition of nontechnical skills such as active listening, communication skills, empathy and confidence building. Studies suggest that training with a more experiential approach, focusing on aspects of the practitioner's response, may be an effective way to train health workers, although further studies are needed to understand the most effective type of training approach, content, duration and intensity. Training should be accompanied by broader systemic changes and be ongoing (Kalra et al., 2021).

The purpose of this training activity was not to reinforce the knowledge, skills and competences acquired. The students retain the skills, as the results indicate (significant differences were observed in all dimensions except fantasy and personal discomfort). However, it is not possible to assess whether they retain these skills in the long term, as students do not always encounter a situation of IPV in their clinical practice. We believe that there are opportunities for reinforcement in future training.

Limitations

There are a number of limitations to this study. There was no control group, as no students were excluded from the training activity, which would have been unethical. The intervention was carried out at a single university, so the results cannot be generalised. However, given the limitations of the design, we believe it was appropriate at this stage.

The self-administered questionnaires were completed anonymously online, although it is possible that participants may have responded in a socially desirable way, influencing the results to some extent. The positive aspect is that a validated instrument was used to collect data in the Spanish population, although no studies were found using both questionnaires with nursing students. In addition, the educational intervention was prepared by the research and teaching team with the participation of experts.

Future research would also benefit from follow-up assessments to measure long-term retention of skills.

Conclusion

The implementation of active learning strategies in IPV training, such as group dynamics, peer-learning, and reflective analysis

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through case study methodology incorporating videos of simulated situations, has been shown to significantly enhance student nurses' perception of violence and empathic response (education, "victim" identification, "aggressor" identification, roles and values of nursing, perspective taking and empathic concern). Significant differences were observed in all dimensions except fantasy and personal distress. This is an optimal strategy for training nursing students to develop skills in identifying and addressing intimate partner violence.

It is necessary to ensure training in dealing with IPV experienced by women using an intersectional approach and ensuring support and mentoring programmes for professionals involved in care.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Supplementary materials

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