



Analysing training in gender-based violence for undergraduate nursing students in Spain: A mixed-methods study

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ABSTRACT

Background: Health-care professionals, and nurses especially among them, play an essential role in the health sector's response to gender-based violence. To be able to successfully address this major public health issue they need specific training in the topic.

Objective: To analyse training on gender-based violence that nursing students receive at universities in Spain.

Design: Mixed-methods approach.

Setting: Spain.

Methods: Systematic review of public documents followed by in-depth interviews with university lecturers.

Results: Eighty per cent (92/115) of nursing training programmes included content regarding gender-based violence. There was great variability in the topics included in the training. Health consequences due to gender-based violence exposure and the role of the health sector in addressing these health consequences were the most frequently included topics. Ethical issues and legislation were the least frequent ones, as these were only dealt with in one and 18 training programmes, respectively.

In the qualitative analysis of the interviews, two categories were identified: 'Supportive legislation and supportive lecturers are essential for integrating gender-based violence training' and 'Approach to gender-based violence shapes the contents and the subject in which it is incorporated'. The first category refers to the main drivers for training integration, while the second category refers to how lecturers' perceptions influenced the way in which training was implemented.

Conclusions: As many as 80% of the nursing education programmes included specific training in gender-based violence, although with great variability in the contents among the universities. For this study's participants, enacted legislation, and lecturers interested in the topic and in decision-making positions were key drivers for this extensive implementation. The variability observed across universities might be explained by lecturers' different approaches to gender-based violence and the nursing profession.

1. Introduction

Gender-based violence (GBV) is a major health issue affecting as many as 30% of ever-partnered women worldwide (Devries et al., 2013a; WHO, 2013a). In Spain, according to the most recent data available, 10.7% of ever-partnered women aged 16 and over had experienced physical violence during their lifetime, 26.4% had

experienced psychological violence and 6.6% had experienced sexual violence from an intimate partner or ex-partner (Delegación del Gobierno para la Violencia de Género, 2015).

GBV has a large negative impact on women's morbidity and mortality (WHO, 2013a). Women who have been abused by their partners or ex-partners experience higher risk of health problems, such as injury, chronic pain, gastrointestinal and gynaecological problems, depression,

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suicidal thoughts and post-traumatic stress disorder, among others (Black, 2011; Devries et al., 2013b; Vives-Cases et al., 2011; WHO, 2013a). Consequently, women exposed to GBV make greater use of health-care services (Rivara et al., 2007). Besides providing appropriate care for these negative health consequences, health-care professionals can play an essential role in the prevention and identification of GBV exposure facilitating disclosure, offering emotional support, and establishing links with social services to ease women's access to them (WHO, 2010; WHO, 2013b). Among health-care professionals, nurses are considered to be in a privileged position to deal with GBV because of the longer time they spend with hospitalized patients, and because in many health services such as the emergency units they are the 'first point of contact' for individuals seeking care (Beccaria et al., 2013; Tufts et al., 2009).

To be able to provide this comprehensive response to GBV, health-care professionals need specific training in the topic (WHO, 2010). Evidence shows that training can increase knowledge, improve self-efficacy and help health-care professionals acquire skills to successfully respond to women exposed to GBV (Connor et al., 2013; Murillo et al., 2017). Consequently, the inclusion of training in GBV for both undergraduate students and health-care professionals has been strongly recommended in international literature (Colombini et al., 2013, 2012; Damra et al., 2015; WHO, 2010). In Spain, where this study took place, these recommendations have also been reflected in legislation. A national law enacted in 2004 explicitly stated that GBV prevention, early detection, attention and support to women exposed to this type of violence should be part of all the health professions' undergraduate training. Moreover, another law enacted in 2008 to regulate the nursing grade included as a compulsory competence for new registered nurses the ability to know and be able to identify psychological and physical health consequences of GBV, as well as being able to prevent, detect early, respond and contribute to the rehabilitation of survivors of GBV (Orden CIN 2008).

To the authors' knowledge, there has not been any attempt to extensively explore how these recommendations have been implemented in nursing education programmes at a national level. Therefore, the aim of this paper is to address this lack of knowledge by analysing training on GBV that nursing students receive at university level in Spain.

2. Methods

2.1. Setting: Spanish regulation to become a registered nurse

In Spain, the requisite to become a registered nurse is to obtain a graduate degree in nursing issued by an official university. In practice, this means undergoing a four-year official training programme of 240 European Credit Transfer System (ECTS) approved by the National Ministry in Education, Culture and Sports (Real Decreto 1393/2007). Although universities have a certain autonomy in the design and implementation of the training programmes, the government has enacted different legislative documents with the minimum competences students have to acquire to graduate as nurses. To ensure all training programmes fulfil these minimum requirements, each training programme is periodically assessed by a public external evaluation agency that certifies that students finalizing the study programme are adequately prepared to work as nurses. In order to receive this certification, universities have to develop a public document including all the subjects' 'study guides' comprising the training programme. The study guide contains basic information about the subject, such as the number of credits it is worth, whether it is compulsory or elective, the competences students will acquire, the learning outcomes expected and a description of the subject's contents, i.e. the topics that will be addressed. Competences and learning outcomes stated in the study guides are derived from enacted legislation and, to date, there is no guidance on how detailed the description of the contents should be and it is up to each university whether they give general broad topics or whether they

specify the contents. Provided that all the contents reflected in the study guide are addressed, each lecturer decides the depth with which each topic is studied. Thus, the more detailed the study guide published, the greater the likelihood that those contents are addressed as planned, regardless of the criteria of the lecturers responsible for the subject.

According to the data from the Spanish Ministry of Education, Culture and Sports there are currently 119 nursing training programmes being offered in the country, 94 by public universities and 25 by private universities.

2.2. Research methodology

To address the aim of analysing training in GBV received by undergraduate nursing students, we followed an explanatory sequential mixed-methods approach (Tariq and Woodman, 2013). Through a systematic review of public documents we assessed the extent to which GBV had been included in all the nursing training programmes; then, through qualitative methodology, we tried to understand the reasons behind the patterns identified. Thus, we sought complementarity, using qualitative data to illustrate the results of the systematic review (Tariq and Woodman, 2013).

2.3. Systematic review of public documents

First, by accessing the websites of all universities running a nursing training programme, we systematically explored all the 'study guides' of each subject, searching for the term 'violence'. The broad term 'violence' was used to identify possible different terminology, such as 'violence against women', 'gender-based violence' or 'domestic/family violence'. All these different terminologies were considered under the broad umbrella of gender-based violence. Four programmes' study guides were not accessible, meaning that 115 nursing training programmes with a mean of 30 subjects each were analysed. If any reference to GBV was found, general information – such as the name and characteristics of the subject in which it had been found and whether it was mentioned in the competences, learning outcomes or contents – was retrieved.

Second, the analysis focused exclusively on those training programmes with content in one or more of the subjects related with GBV. To further explore the training in GBV received by future nurses, we reviewed recommendations on how training for health-care professionals should be published by international, national and local institutions. At the international level we chose the World Health Organization's recommendations for their evidence-based focus on the development of recommendations (WHO, 2010; WHO, 2013b). At national level, we reviewed the recommendations from both legislation on GBV and the Ministry of Health, as being the most relevant public institution in health affairs in Spain (Sistema Nacional de Salud – Ministerio de Sanidad, 2010a, 2010b; Spanish Government, 2004). We also reviewed the recommendations derived from an evaluation of the health sector's response to violence against women conducted by a Spanish Women's Affairs Institute named Emakunde (Instituto Vasco de la Mujer, 2008).

All the recommendations found in these publications were analysed and summarized in a list of eight topics that GBV training should address (see Table 1): GBV's effects on women's health, its prevention, detection, the health sector's response, gender and gender inequities, interculturality, legislation and ethics. All the study guides with content in GBV were then assessed for the inclusion of each of these eight items. Recommendations related to training methodology were not included in the analysis because published study guides do not offer enough information on the methodology to be assessed.

Table 1
GBV training recommendations according to international, national and local institutions and compliance criteria.

Topic	Content	Source	Criteria for assessment
T1	GBV's effect on women's health	WHO/SMoH	Mention of physical, psychological or social consequences of exposure to GBV (even if only one was cited it was considered a 'yes') When the study guide mentioned something about care or attention it was taken as a 'yes'
T2	GBV prevention	Legislation	GBV prevention cited in the contents
T3	GBV detection	WHO/Legislation	GBV detection/identification mentioned in the contents
T4	Health-care professionals' responses to GBV	WHO/Legislation/SMoH	Mention of referral systems, organizations and/or reference to attention/care/responses to women exposed to GBV or mention of a health-care protocol for GBV
T5	Gender and gender inequities	WHO/SMH/Emakunde	GBV and contents on gender inequities and/or basic concepts on gender were together in the same subject
T6	Interculturality and GBV	Emakunde	GBV and contents on cultural relevance in health care and/or interculturality were together in the same subject
T7	Legislation in GBV	WHO/Emakunde	References to legislation about GBV in the contents (Legislation overall or the specific law)
T8	Ethical issues in GBV	WHO/SMoH	Reference to ethical considerations related to GBV

WHO: World Health Organization; SMoH: Spanish Ministry of Health; Emakunde: Women's Affairs Institute of the Basque Country. Legislation: Spanish legislation.

2.4. Qualitative interviews

For the qualitative data collection, nine individual interviews were conducted from July 2017 to February 2018. Key informants were university lecturers involved in the process of the 2008 law implementation into nursing training programmes and/or directly involved in the training in GBV given to nursing students from four autonomous regions. In relation to their background, seven were nurses. Five of them also had another qualification, such as anthropology (3), psychology (1) and sociology (1). Two participants had a background in humanities. They were chosen based on their ability to contribute significantly to our research through theoretical sampling.

We aimed at gaining an insight into all levels of incorporation of GBV training, i.e. from no mention of GBV in the training programme to a specific subject about the topic. All of the prospective informants who were chosen agreed to participate. Six of the interviews were conducted face to face, one was a phone interview and two interviews took place through Skype. Interviews lasted from 16 min to 1 h. All but one of the participants were women.

The interviews started with an open question about how the process of integrating GBV training into the curricula at their university had happened. Subsequent questions focused on barriers/facilitators in the training implementation, perceived achievements and the challenges involved in improving the training provided. All the interviews were conducted in Spanish, recorded and transcribed verbatim. Transcripts were imported into the software Atlas.ti for the analytical process. We followed qualitative content analysis as described by Graneheim and Lundman (2004), focusing on manifest content and following an inductive analysis approach. In the analysis we focused on identifying meaning units that referred to reasons, such as drivers, barriers or other elements shaping the GBV training implementation pattern found in the systematic review of public documents. Identified meaning units were condensed and later coded. Afterwards, codes were grouped together to build categories.

The study was approved by the Ethical Committee of the University of the Basque Country. Each participant in the study was asked to provide written informed consent prior to conducting the interviews. All the personal information that could identify the respondents was eliminated to ensure confidentiality.

3. Results

In 12 out of the 115 training programmes reviewed, the term 'violence' was not found in any subject. In another 11 programmes violence was only mentioned in the competences to be acquired by the students

or in learning outcomes, but with no mention to the topic in the subject's contents. The 92 (80%) remaining programmes included content about gender-based violence.

All 92 training programmes with content on GBV were assessed regarding the recommendations listed in Table 1, as explained in the methodology. A high proportion of the programmes (69/92) referred to health consequences due to GBV exposure and most of them explicitly included the role of the health sector in addressing these health consequences, citing, for example, the regional or national health protocols or mentioning referral networks. In addition, 43/92 programmes explicitly included GBV prevention and 31/92 included GBV identification as part of the training in GBV contents (see Fig. 1).

In relation to gender, slightly less than half, 44 out of 92 programmes, linked GBV to gender and health and/or gender inequities. This figure was even lower in the case of interculturality, as only 23/92 programmes linked GBV in the subject with culture or interculturality and health. A minority of the programmes, 18/92, mentioned legislation on GBV as part of the training and only one programme included ethical issues when dealing with GBV as part of the training. When analysing the results by autonomous region, Andalucía is the strongest in both, GBV content incorporation and recommendations fulfilment (Fig. 1).

Fifty out of the 92 training programmes included GBV content in one subject, 31 in two subjects and 10 in three. Only one training programme had included GBV as a cross-cutting issue throughout the four training years. In total, 145 subjects included contents in GBV. From all these 145 subjects only three were a specific subject on the topic named 'Nursing role in GBV'. Otherwise, GBV was a part of subjects mainly related to gender and culture (23%), psychology (20%), public health (20%) and women's health (14%).

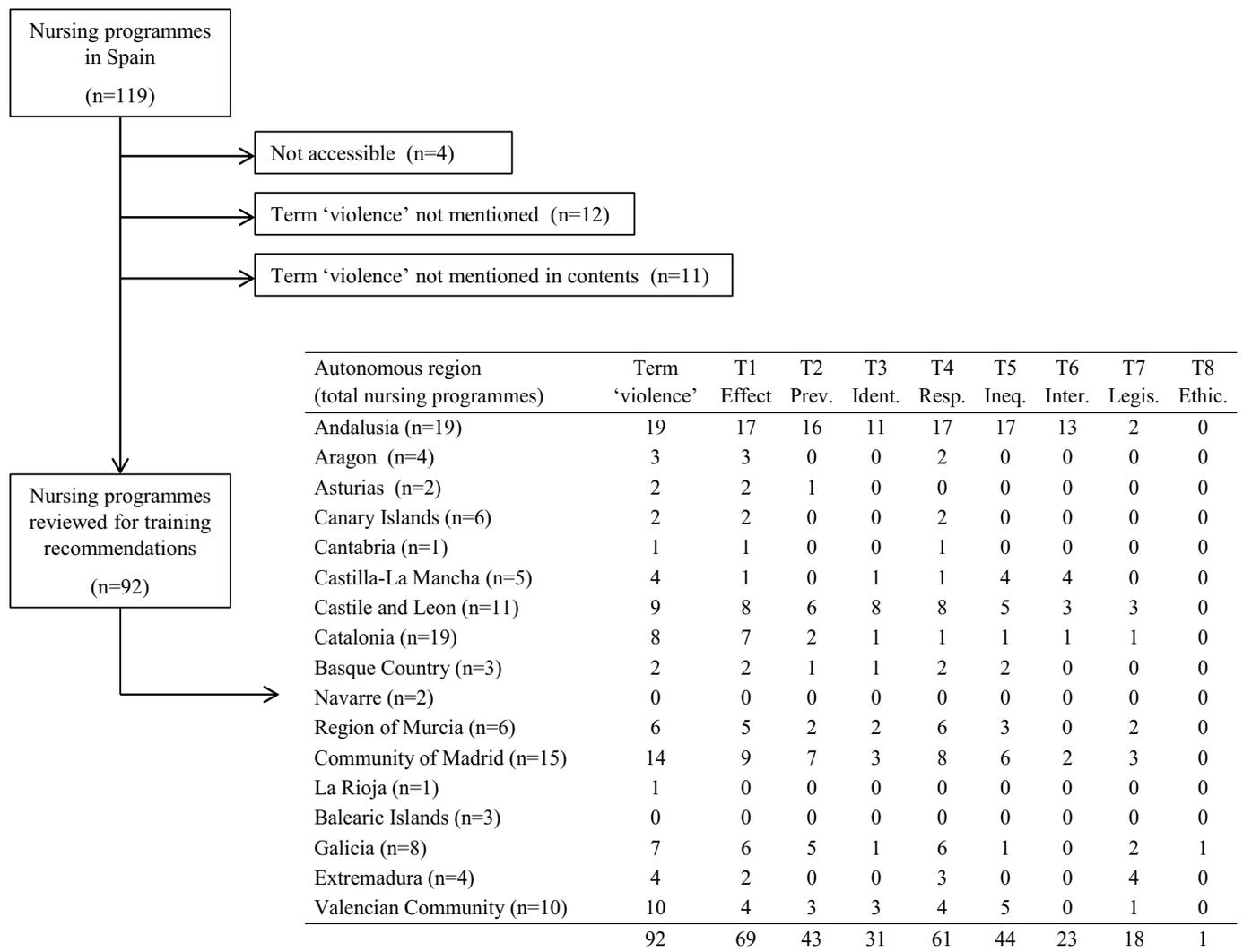
In the qualitative analysis of the interviews, two categories were identified that referred to the relevance of enabling structures to integrate GBV training, 'Supportive legislation and supportive lecturers are essential for integrating GBV training', and to how each lecturers' perceptions influenced the topics addressed in the training as well as in which subject(s) training in GBV should be incorporated 'Approach to GBV shapes the contents and the subject in which it is incorporated'.

Supportive legislation and supportive lecturers are essential for integrating GBV training

For the participants, the enactment of the law that stated nurses had to be able to respond to GBV was a milestone and a key driver to beginning the inclusion of GBV in the nursing training programmes.

... people have said here 'I'm adhering to this law' so, if you are following the law, nobody can say anything to you, you are following the law

Key informant 1



Topics assessed: T1: Effect on women’s health, T2: Prevention, T3: Detection/Identification, T4:Health sector’s responses, T5:Gender and gender inequities, T6: Interculturality, T7: Legislation and T8: Ethical issues.

Fig. 1. Extent of GBV inclusion in the nursing training programmes in Spain.

Although this was the strongest view, the idea that obliging people to include gender issues in nursing studies raises resistance also arose during the interviews.

I think imposition, that no matter what you have to include gender, is negative for these kinds of issues

Key informant 7

Besides legislation, participants identified the presence of groups of lecturers with good knowledge in GBV, with an interest in the topic and who were in decision-making positions at the time the law was passed as being essential for training implementation.

Then there was a legislative framework, support from the university and what happened then? There were many lecturers, women, nurses, with degrees in anthropology, sociology, and with PhDs, doing research in gender (...) and that was the breeding ground that enabled, gender supporters to gain academic respect and be strongly positioned in favour of including training in GBV when the moment came to vote in that meeting,

Key informant 1

I think that if the team of deans has no interest, then maybe, if one lecturer proposes something, they are not going to support it, they are not going to take it seriously

Key informant 5

While knowledge on GBV was seen as a relevant element, previous awareness of GBV was regarded as indispensable. Lack of knowledge was seen as something that could be compensated through training for lecturers, while lack of interest was seen as a difficult barrier to be overcome.

those who choose this subject do it because they feel comfortable with the topic – how are you going to teach something you don't believe in?

Key informant 3

I think that what is missing is more awareness, to truly believe that this (GBV) is a relevant subject in nursing training

Key informant 4

Differently to other topics addressed in the nursing training programme, GBV was described as a non-neutral issue that raises strong

support but also strong resistance. In the settings where there was resistance among some of the lecturers, integrating training in GBV was described as a struggle, firstly to include the topic and secondly to decide how many ECTS credit points or class hours should be spent on this issue.

There was a struggle: there's no micro here, microbiology disappeared, and anatomy's ECTS credit points were reduced. It was... it was a conflict; some of the lecturers don't describe it as a conflict, but it was. There was a conflict and the subject was implemented

Key informant 1

Even in the cases where GBV had been extensively included in nursing training, it was considered to be in jeopardy each time the training programme had to be revised. In defence of the training in GBV, to be in a strong position in the academic environment, i.e. in terms of research, publishing papers, supervising PhD thesis, was seen as a key strategy.

Because those who don't like it (GBV), they don't dare, they don't dare to say anything because they know who they have in front of them

Key informant 2

If it's not perceived as a need by the whole group – and I can tell you it's not – we are the freaks here, but as we have gained a reputation here, they have to respect us

Key informant 3

The existence of other institutions outside of the university addressing GBV was seen as a facilitator, but not a determinant, as the university and therefore professors and lecturers, work very independently.

Communication between health and education sectors is not so easy. (...) Lecturers working full-time at universities work to some extent on their own. Thus, to include this or not into the nursing training programme is not so relevant, whether the regional health system is actively working on this issue or not.

Key informant 6

Approach to GBV shapes the contents and the subject in which it is incorporated

The approach towards and understanding of GBV varied widely among participants. Perceptions of GBV ranged from understanding this as a social issue and the consequence of gender inequities, to understanding GBV as an individual issue mainly linked to personal characteristics of both the perpetrator and the victim. These perceptions strongly influenced what lecturers consider GBV training should include as well as how it should be incorporated into the curricula. For those who understood GBV as being linked to social gender inequities, training should begin with basic knowledge about gender and gender inequities, while those who considered it as being linked to personal characteristics focused on students knowing these individual traits that they considered lead to GBV exposure.

Of course, I begin by explaining the differences between sex and gender, and gender inequities, and that gender-based violence is the heaviest expression of gender inequities.

Key informant 5

Yes, as the basis to understanding gender-based violent behaviour, both from the perpetrator and the victim, because the victim does also have strongly marked personality traits. Then, they have to know what type of personalities we are talking about, submissive people, dependent, so this knowledge will help them when they acquire professional competences for early detection or detection in primary health-care services

Key informant 7

Similarly, when GBV was understood as being linked to gender inequalities, in addition to having a subject where basic concepts and main knowledge were addressed, incorporating gender approach as a

cross-cutting theme throughout the whole training programme was seen as the goal for adequately preparing future nurses. However, when GBV was understood as a more individualized problem, participants thought it should be included in the curricula under subjects related to psychology or similar.

I think the challenge is to incorporate it as a cross-cutting theme. I think the objective is to make GBV not only part of a subject in the first year, but to be a topic that is addressed in other subjects of the training programme, because if it is just something incidental that is not further applied it will not reach them.

Key informant 4

Besides the understanding of GBV, the perception of nursing itself also influenced what lecturers perceive the role of nurses to be in the response to GBV and therefore the knowledge they need. From the perspective of nursing understood as being mainly a part of clinical settings, the role nurses should play in response to GBV was seen as that of detection and derivation. From a wider vision of the nursing profession as being one that is not restricted to only clinical settings, the role nurses could play included prevention, training, and advisory fields.

I think it is very important to incorporate in nursing the communitarian perspective, because in many cases the focus is placed exclusively on the clinical practice in hospital settings, and other approaches are forgotten, and I think that if violence is addressed in our case it is because there are other subjects and other schools of thought, and other ideas and, well, nursing is something other than just clinical nursing

Key informant 6

4. Discussion

A relevant finding of this study is the high percentage of undergraduate nurses training programmes that have included GBV in their curricula, showing a very positive change to previous research findings in the country, where none of the autonomous regions had institutionalized training in GBV (Goicolea et al., 2013). At international level, although no similar studies that allow for comparison have been found, the repeated call for specific training in the topic in many publications (Colombini et al., 2013; Damra et al., 2015; WHO, 2010), reflect that institutionalized training in GBV is scarce. Therefore, the extensive inclusion of GBV training found in this research might be the first step for a turning point in the health-care sector response to GBV in Spain.

However, the findings of the systematic review in relation to the topics addressed in the training programmes show huge variations both between and within autonomous regions in Spain. According to the findings from the qualitative analysis, this heterogeneity found in the review might be partly explained by differences in lecturers' perceptions regarding GBV, which do have a great impact on the contents and approach to the provided training. In this regard, as is done in the other subjects' training design, it is necessary to base GBV training on scientific evidence and guidelines published by experts in the field, such as those of the World Health Organization (WHO, 2010; WHO, 2013b) and for it to be less dependent on the lecturers' approach. To achieve this, greater specification of the topics to be addressed during the training in the study guides would help ensure recommendations are fulfilled.

Furthermore, according to the study participants, the differences in the topics included in the training programmes described in the findings of the systematic review, are not only a consequence of perceptions of GBV, but also how nursing is understood. From a more biomedical approach to nursing, the main role for nurses in responding to GBV was detection and derivation. In a more holistic understanding of nursing, in addition to detection and derivation, prevention, training of other professionals and advisory positions were identified under the scope of nurses' responsibilities and therefore as issues that training should address. This finding coincides with previous studies in the country

(Briones-Vozmediano et al., 2015) that identified how the strong biomedical approach of the Spanish health-care system and training of health-care professionals lead to a 'biomedicalization' of GBV, placing the focus on the diagnosis of the cases and referral and not on a women-centred care as proposed by the WHO guidelines (WHO, 2013b).

Assessing the effect GBV training has on nurses' response to gender-based violence as well as differences in the effect depending on the training programme contents, becomes a challenge for the coming years. To make such an evaluation there are quantitative measurement tools that have already been developed and recently validated in Spanish (Burjalés-Martí et al., 2018; Vives Cases et al., 2015) that could be applied to trained nurses. The new knowledge generated through quantitative and qualitative evaluation could shed light on which of the different strategies identified in this study and discussed by participants, i.e. specific subject or incorporation of GBV as a cross-cutting issue, is the most effective way to prepare nurses to respond to GBV.

4.1. Limitations

The main limitation of this study is that the available documents for the systematic review, i.e. the study guides, varied immensely in the detail and extension of the information provided. Consequently, only a limited quantitative analysis of the common elements could be performed to elaborate a broad picture of the training on GBV being offered for student nurses in Spain.

5. Conclusions

As many as 80% of the nursing education programmes running in Spain have included specific training in gender-based violence in their curricula, although with great variability in the topics addressed among universities. For this study's participants, enacted legislation, the presence of groups of lecturers with good knowledge in GBV, with an interest in the topic and who held decision-making positions at the time the law was passed were key drivers for this extensive implementation. The variability observed in GBV training across universities might be explained by lecturers' approach to GBV and the nursing profession.

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