Empathy Development Among Undergraduate Nursing Students Through Intimate Partner Violence Simulation

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Empathy Development Among Undergraduate Nursing Students
Through Intimate Partner Violence Simulation

Jennifer R. Benson

A project submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of
Master of Science

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ABSTRACT

Empathy Development Among Undergraduate Nursing Students Through Intimate Partner Violence Simulation

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The purpose of this Intimate Partner Violence (IPV) education quality improvement project was to evaluate the effectiveness of an undergraduate Community Health Nursing course, IPV simulation and learning activities. This experiential learning activity offered participants an opportunity to temporarily view life from the perspective of actual IPV victims/survivors, and review and discuss IPV statistics, at-risk populations, and warning signs.

The quality improvement project was developed using a mixed-methods quality improvement design. A convenience sample of 35 participants allowed matched-sample statistical analysis of the Jefferson Scale of Empathy Health Professions student version (JSE-HPS version) scores. Pre-to-post JSE-HPS version empathy survey scores increased (p < 0.001). Participant-guided reflective writing responses were reviewed for common themes. Guided reflective writings’ themes indicated enhanced understanding and increased empathy for a victim/survivor’s complex situation.

Breaching barriers to undergraduate nursing students IPV education, faculty prioritized IPV education in the curriculum and Community Health Nursing students embraced the opportunity to learn. Based upon the positive results of the IPV quality improvement project, the IPV simulation and learning activities were shown to be engaging methods for promoting awareness of, and empathy for, IPV victims/survivors among nursing students.

Keywords: undergraduate, nursing, student, empathy, Jefferson Scale of Empathy, In Her Shoes, intimate partner violence, domestic violence, education
ACKNOWLEDGEMENTS

I would like to thank Peggy Anderson for her tireless guidance during this project and writing process. Her patience surpassed all expectations. Thank you to my project committee for their invaluable insights into improving my writing and evaluation of our results. Finally, I deeply thank my husband and children (my zoom buddies) who have supported me through this entire program. Each family member has taken over various responsibilities when I am not able. I could not do this without them. You’re the best and I love you!
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Empathy Development Among Undergraduate Nursing Students

Through Intimate Partner Violence Simulation

Intimate partner violence (IPV) is a significant global problem. Consequently, nurses often encounter patients who are victims/survivors of its effects. The World Health Organization (2013) defines IPV as abuse by an intimate partner, including psychological, physical, mental, and sexual, which causes harm to the victims/survivors. In the United States, it is estimated that one in four women and one in ten men experience some form of IPV during their lifetime, with one in five women and one in seven men experiencing severe physical violence (Centers for Disease Control and Prevention, 2020).

The Future of Nursing 2020-2030 report (National Academies of Sciences, Engineering, and Medicine, 2021) notes that the COVID-19 pandemic has drawn attention to nurses feeling underprepared to provide equitable healthcare to individuals impacted by negative social determinants of health. Negative social determinants of health aspects may include social health influences such as poverty or lack of healthcare access. Recommendations in this report include strengthening the capacity of nurses to care for patients from a wide variety of cultural, social, and economic backgrounds.

Additionally, Piquero et al. (2021) found that domestic violence increased by 7.9% worldwide after the COVID-19 mandated lockdowns. In the United States specifically, domestic violence increased by 8.1% during the pandemic, providing further evidence that IPV is an ongoing problem (Piquero et al., 2021). Well-trained nurses in IPV victim care are needed to offer effective intervention and promote health and well-being.

The World Health Organization (2013) and Centers for Disease Control and Prevention (Nilon et al., 2017) have called for better training of healthcare providers, including nurses, to
identify and treat IPV. Training can begin at the university level; however, a recent review of the literature indicates nursing faculty may not clearly define or recognize undergraduate IPV education as a priority in the program curriculum (Collins et al., 2021; Hutchinson et al., 2020; Lovi et al., 2018a; Lovi et al., 2018b).

**Review of the Literature**

**Search Strategy**

A literature search was completed using CINAHL Complete, MEDLINE, Academic Search Ultimate, Family & Society Studies Worldwide, APA PsycInfo, Social Work Abstracts, Women’s Studies International and Scopus. Multiple combinations of the following search terms were used: *intimate partner violence, domestic violence, partner abuse, nurse, student, education, nursing, nursing education, undergrad, and baccalaureate*. The literature sources included clinical trials, systematic reviews, meta-analyses, and guidelines, in addition to educational information about intimate partner violence, domestic violence, and undergraduate nursing student simulation. The internet was also searched for guidelines related to IPV and healthcare response. Articles selected for literature review inclusion were based on the quality of research methods and relevance to the quality improvement project. Additional articles, books, and websites were included as further support for theory and instrumentation.

**Theoretical Framework**

*Jean Watson’s Theory of Caring*

The IPV quality improvement project is grounded in Jean Watson’s Theory of Caring. According to Watson, “carative” is defined as a framework of beliefs and practices in which the nurse places greater emphasis on health prevention and holistic care of the mind, body, and soul.
In contrast, the traditional, curative model of medicine focuses on relief of physical symptoms and disease (Tomey & Alligood, 1998).

Watson’s Theory of Caring suggests that nurse caring attitudes are fostered by exploring emotions that allow more sensitive interaction with patients. This provides opportunity for a carative approach with patients, promoting growth and a caring environment (Tomey & Alligood, 1998). Awareness of feelings also provides a basis for nurse and patient relationships of trust and understanding of behaviors (Petiprin, 2020). Watson’s Theory of Caring has been clinically validated and is applicable to undergraduate nursing student development of self-reflection, personal growth, and caring behaviors (Tomey & Alligood, 1998).

**NLN Jeffries Simulation Theory**

The NLN Jeffries Simulation Theory describes the simulation experience within a nursing curriculum context. Components of simulation design include learning objectives, participant and observer roles, learning activities and debriefing strategies, resources such as time and equipment, and resource allocation. The learning experience is influenced by facilitator characteristics such as preparation and level of comfort, and participant attributes such as age, experience, and level of anxiety (Jeffries, 2005; Jeffries et al., 2015).

During simulation, a dynamic, collaborative, and interactive environment is promoted with facilitators and participants sharing responsibility for learning and engagement. Simulation research focuses on participant learning experience satisfaction; knowledge, skills, and attitude changes; and clinical environment learning transfer and retention (Jeffries, 2005; Jeffries et al., 2015). Undergraduate nursing education via simulation has been shown to be an effective teaching modality that may help knowledge and compassion transfer to clinical practice (Cant & Cooper, 2017; Miles, 2018; Olson et al., 2018).
Background

Nurses frequently care for IPV victims/survivors, perpetrators, and witnesses. They are uniquely positioned to screen, identify, treat, and find resources for victims/survivors of IPV. Multiple organizations such as the World Health Organization (2013), Centers for Disease Control (2020), American Nurses Association (2000), and American Association of Colleges of Nursing (1999) recommend training regarding the identification and treatment of IPV survivors. The American Association of Colleges of Nursing (1999) stated, “faculty in educational institutions preparing nurses in baccalaureate and higher-degree programs ensure that the curricula contain opportunities for all students to gain factual information and clinical experience regarding domestic violence” (para. 2). In the literature reviewed, key themes pertaining to the nursing role with IPV include readiness to care for victims/survivors, IPV education, and empathy for IPV victims/survivors.

Healthcare Provider Readiness

Families experiencing IPV frequently visit healthcare facilities, yet the healthcare system has generally been slow to respond. Healthcare providers frequently lack needed skills and experience to respond appropriately. Hegarty et al. (2020) studied what health practitioners need to enhance IPV victim/survivor care. Results indicated practitioner readiness and response to IPV is directly influenced by personal commitment and advocacy approach, provider/client trust relationship, team collaboration, and health system support. Critical to healthcare provider readiness is ongoing IPV training, facility protocols, and supportive leadership (Hegarty et al., 2020).

Educating pre-licensure nursing students is essential to improving readiness to appropriately respond to IPV victims/survivors in future practice. Researchers discovered areas
that pose barriers to educating undergraduate nursing students about IPV. Results from two studies show faculty and students were hesitant to classify care of IPV victims/survivors as a nursing role versus a social work role (Lovi et al., 2018a; Lovi et al., 2018b). Lovi et al. (2018a) found that faculty felt undergraduate programs were already content heavy and adding IPV education was of lower priority.

Doran and Hutchinson (2016) and Vil et al. (2021) surveyed nursing students about IPV attitudes. Their results suggested that, depending on cultural influences, some forms of IPV may be considered an acceptable behavior. For example, some respondents agreed that physical force was sometimes warranted when a partner or spouse was uncooperative (Doran & Hutchinson, 2016). Doran & Hutchinson (2016) found that approximately 17.3% of respondents agreed that denying money to a partner was not considered IPV. Maquibar et al. (2018) found nursing students believed violence by men is more visible but not more frequent than abuse by women, thus not concerning. Lastly, although IPV education was included in nursing programs, students still did not feel prepared to care for IPV victims/survivors (Crombie et al., 2017; Hutchinson et al., 2020; Maquibar et al., 2018). For instance, Hutchinson et al. (2020) found that few hours of IPV instruction left students feeling unprepared and desiring additional IPV education. Collins et al., (2021) surveyed nursing students from their accelerated program and students through level four of their traditional program and found that nursing students’ knowledge scores improved with each level, respectively.

**Healthcare Provider Education**

Simulation can be an effective method of presenting IPV education, provides learning in a safe environment, and has more influence on student IPV understanding and knowledge than lecture alone (Blumling et al., 2018; Johnson & Montgomery, 2017; Wood, 2016). Although
there is evidence to support simulation as an effective mode of teaching, there is a dearth of published research regarding undergraduate nursing student learning from the patient’s perspective. A comprehensive simulation experience, *In Her Shoes*, was developed by the Washington State Coalition Against Domestic Violence (2000) and provides an opportunity for students to learn about IPV from the patient’s perspective. A formalized review of this simulation indicated it could be an effective teaching method for nursing students to gain experience, support, and training in caring for victims/survivors of IPV (Adelman et al., 2016).

**Healthcare Provider Empathy**

Empathy is an important element of nursing care and professionalism. It is defined as understanding victim/survivor situations, communicating effectively, and a desire to improve the situation (Hojat, 2016). Research indicates that empathetic communication between healthcare providers and patients/clients may result in decreased patient anxiety, reduced levels of depression, improved patient compliance, and positive healthcare outcomes. For the healthcare provider, empathetic skills may provide a buffer against burnout and various health-related outcomes (Fields et al., 2011; Giménez-Espert & Prado-Gascó, 2020).

**Purpose**

The undergraduate Community Health Nursing course provides a comprehensive IPV simulation and learning experience. This experiential learning activity offers participants an opportunity to (a) temporarily view life from the perspective of actual IPV victims/survivors, and (b) review and discuss IPV statistics, populations at risk for IPV, and IPV warning signs. The purpose of the IPV education quality improvement project was to evaluate the effectiveness of the simulation and learning activities via pre- and post- survey measurements of empathy and guided reflective writing responses to assist in future curriculum development.
Methods

Design

The IPV quality improvement project was developed using a mixed-methods quality improvement design. A combination of pre- and post-simulation surveys and guided reflective writing responses were used to determine if nursing students’ IPV awareness, understanding, and empathy increased.

Sample and Setting

The IPV simulation learning activity took place February 2021. The project and consent forms were reviewed by the Institutional Review Board and deemed exempt. A convenience sample of participants was recruited from second-semester undergraduate nursing students enrolled in the required Community Health Nursing course. There were no other eligibility criteria.

Participation in the IPV learning activity was a required course assignment; however, students had the option of not participating in the in-class simulation and completing an equivalent assignment. Of the 63 students notified about the project, 58 volunteered to participate and completed the pre-survey, 39 completed the post-survey, and 35 completed both the pre- and post-survey, allowing for matched sampling.

During the second semester of the nursing program, students are introduced to nursing fundamentals, care of elderly patients, communication, and community health principles. Due to the COVID-19 pandemic, the winter 2021 second semester undergraduate nursing students were introduced to the healthcare clinical setting via simulation only. Participating students were novice with limited clinical experience.
Procedure and Data Collection

The Jefferson Scale of Empathy Health Professions student version (JSE-HPS version) was used to evaluate student empathy scores both pre- and post- simulation and learning activities. A survey code specific to the project was created and survey web link provided.

Students were notified of the IPV simulation and learning strategy during the first Community Health Nursing class session. One week prior to the IPV quality improvement project, the primary investigator approached students about participation during regularly scheduled class time. The IPV simulation, associated assignments, and project participation requirements were reviewed. Recruits were informed that project participation was voluntary and would not affect course status, grade, or undergraduate program success. Informed consent was obtained, and participants were asked to create a unique, nine-character, alphanumeric ID code of their choice. Names were used only to obtain consent, assuring confidentiality of participant survey responses.

Prior to the IPV simulation and learning activities, participants accessed the JSE-HPS version website, logged in with their unique ID code, and completed the online survey. The survey took approximately 10-20 minutes to complete and included demographic information about age, gender, program, and year of study. During their regularly scheduled two-hour class time, students attended the simulation, discussion, and debriefing. One week after the simulation, IPV project participants were given a second JSE-HPS version survey web link and asked to complete the post-survey using the same pre-survey ID. Reminder emails regarding survey completion were sent to all course students one week prior, and one week and two weeks following the IPV simulation and learning activities.
Jefferson Scale of Empathy scores were reported by the nine-character, alphanumeric ID code. The pre- and post- survey scores were matched by ID and analyzed for statistically significant differences. The Center for Research in Medical Education and Health Care at Thomas Jefferson University processed the data and provided a standard report to project investigators.

One week after the simulation learning experience, participants submitted reflective writing assignment responses. The assignment was multi-purpose: (a) provide a safe way for students to individually debrief and process emotions that may have been triggered by distressing occurrences of the past; (b) facilitate an opportunity for personal insight and reflection allowing students to tell their own story, describe the simulation experience in reflective detail, ponder positive and negative emotions; and, (c) model a method to help prevent burnout (Borkin, 2014; Koshy et al., 2017).

Guided reflective writings were reviewed individually by two IPV project investigators for common themes. Quotes with in-depth content were selected, copied, and pasted into separate Excel files. A total of 193 quotes were identified by the primary investigator and 213 quotes were identified by the co-investigator. An average of three quotes were selected from each reflective writing, with an overall range of one to five quotes per project participant. Selected quotes were compared and discussed, and common themes agreed upon for inclusion in this report.

Curriculum Content

Pre-simulation preparation for all students in the Community Health Nursing course included reading IPV fact sheets, state-specific health care provider clinical guidelines for domestic violence assessment, and referral and viewing a domestic violence related YouTube
video. At the beginning of the IPV simulation/learning activity class session students were welcomed, and the class agenda and goals explained. Students then viewed a brief, forensic-nurse prepared video describing sexual abuse and domestic violence outcomes, and nursing responsibilities.

The primary investigator led a class discussion regarding IPV-related definitions; current local and national statistics; class learning outcomes; and simulation goals, expectations, and instructions. Students then participated in the simulation. Following a brief break, students returned to debrief. The primary investigator-led debriefing session included discussion regarding how students felt about their experience, what insights and moments of clarity were experienced, what was surprising, and what was most frustrating about the experience. This was followed by an instructor-led review of nursing responsibilities, ethical commitments, and IPV resources.

The IPV simulation and learning activity was concluded by a presentation from a local police department victims/survivors advocate. The advocate provided information about personal experiences with victims/survivors of intimate partner violence, legal aspects, victims/survivors available resources, IPV red flags, rationale for why people stay in an abusive relationship, and how to best support a victim/survivor, neighbor, or friend. The presentation ended with a question-and-answer session.

**In-Her-Shoes Simulation**

The twenty-minute *In Her Shoes* training simulation provided an experiential learning opportunity for students to temporarily “stand” in the shoes of actual domestic violence victims/survivors. Each student received a true-life case scenario outlining the experiences of an IPV victim/survivor and followed instructions to interact with simulated, common social
resources. Students applied an adhesive bandage each time their victim/survivor was abused and wore a black ribbon if their victim/survivor died.

One concern for implementing the *In Her Shoes* simulation was that it might trigger adverse emotional responses in some students. Students were observed for signs of distress by project investigators throughout the simulation and debriefing. Many resources were available to help a student cope with distress if needed. Students experiencing distress could debrief immediately with an extra faculty member who escorted the student directly to the campus counseling center if necessary. Campus counseling services are available 24-hours per day and accessible to all current students. The simulation provided a safe place to gain understanding, knowledge and skills regarding IPV and its victims/survivors.

**Instrumentation**

*Jefferson Scale of Empathy*

The JSE-HPS version survey was used to measure pre- and post- simulation and learning activity empathy (Hojat, 2016). The scale was originally created to evaluate medical student development of empathy skills. In recent years the scale has been modified and validated for administration to healthcare students in other settings (Fields et al., 2011; Giménez-Espert & Prado-Gascó, 2020). The JSE-HPS version evaluates student empathy in the following areas: perspective-taking, compassionate care, and thinking as the patient.

The JSE-HPS version is a 20-item instrument developed by Mohammadreza Hojat, PhD and his colleagues at the Asano-Gonnella Center for Research in Medical Education & Health Care. All items are scored on a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). This instrument has demonstrated acceptable levels of reliability and validity (Ward et al., 2009; Fields et al., 2011).
In a 2009 study, the Jefferson Scale of Empathy was administered to 333 nursing students. Three constructs evolved from the factor analysis of the scale: "Perspective Taking," Compassionate Care," and "Standing in the Patient's Shoes." The Cronbach's alpha score was 0.77. The study concluded that the Jefferson Scale of Empathy is a psychometrically sound instrument for measuring undergraduate nursing student empathy (Ward et al., 2009).

In a 2011 study of baccalaureate nursing students, correlational analyses, t-test, and analysis of variance were used to examine Jefferson Scale of Empathy internal relationships and group differences. Study results indicated a statistically significant median item-total score correlation (0.42) and a Cronbach's alpha score of 0.78. Test-retest reliability coefficients were 0.58 (within 3 months interval) and 0.69 (within 6 months interval) (Fields et al., 2011).

**Reflective Writings**

Community Health Nursing students were asked to complete a guided reflective writing assignment describing feelings during and after the simulation, change of attitude, and personal impact for nursing career. The primary investigator provided names of project participants to course instructors. Per participant consent, course instructors removed names and/or other identifying comments from reflective writings prior to sharing student responses with co-investigators. De-identified student writings were scanned and saved securely in encrypted Microsoft Box files. Only project investigators had access to the consents and de-identified reflective writings. All project investigators, including the graduate student investigator were Family Educational Rights and Privacy Act certified. Guided reflective writing questions included:

1. Please describe your feelings/thoughts regarding Intimate Partner Violence prior to participation in the simulation.
2. Describe your feelings as you participated with the simulated scenario.

3. Evaluate how your professional and spiritual attitudes may have changed post-simulation. Please describe these changes.

4. Did any biases arise that surprised you? Will this new realization change your future practice? Why or why not?

5. Please describe why you believe caring for IPV victims is or is not a nursing role.

Results

A standard report regarding change in empathy levels and inferential statistical analyses for the JSE-HPS version matched sample was provided by the Thomas Jefferson University Center for Research in Medical Education and Health Care. The standard scoring report included: initial survey results, empathy score for each respondent (reported by respondent ID), descriptive statistics of scores including mean, standard deviation, range, mode and quartiles for the participant group, a histogram showing distribution of empathy scores for the group, and a matrix of raw data and individual scores. Descriptive statistics and results of repeated measures t-test for the pre-survey and post-survey in the matched sample were provided.

Sample

Pre- and post-surveys were completed by 35 participants allowing for matched sample analyses. Table 1 shows demographics for the project sample. Pre-survey participants consisted of 89.66% females and 8.62% males. Post-survey gender distribution shifted slightly to be 87.18% female and 12.82% male (see Table 1).
Table 1

Demographics

<table>
<thead>
<tr>
<th></th>
<th>Pre-survey</th>
<th>Post-survey</th>
<th>Matched sample</th>
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<tr>
<td><strong>Age</strong></td>
<td></td>
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<tr>
<td>&lt;22 years</td>
<td>51.72%</td>
<td>46.15%</td>
<td></td>
</tr>
<tr>
<td>22-24 years</td>
<td>46.55%</td>
<td>53.85%</td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>89.66%</td>
<td>87.18%</td>
<td>89%</td>
</tr>
<tr>
<td>Male</td>
<td>8.62%</td>
<td>12.82%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Note. IPV Quality Improvement Project Demographics

Jefferson Scale of Empathy Scores

Descriptive statistics are shown in Table 2. Statistical analysis was performed using a repeated measures t-test to determine changes in empathy scores from pre-survey to post-survey in the matched sample. Results indicate participants’ empathy scores increased (p < 0.001). The effect size estimate of the practical (clinical) significance of this difference was moderate to large (Cohen’s d = 0.78).

Table 2

Summary Results of Jefferson Scale of Empathy-Analysis Examining Change in Empathy Scores

<table>
<thead>
<tr>
<th></th>
<th>Pre-survey</th>
<th>Post-survey</th>
<th>t(34)</th>
<th>p</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>M (SD)</td>
<td>M (SD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>117.7 (8.9)</td>
<td>124.6 (6.7)</td>
<td>6.20</td>
<td>p&lt;0.0001</td>
<td>0.78</td>
</tr>
</tbody>
</table>

Note. IPV quality improvement project empathy score results.
Reflective Writing Results

Participants guided reflective writing comments were reviewed for common themes. The most prevalent reflective writing theme was improved understanding of victim/survivor circumstances and empathy for a victim/survivor’s complex situation. Other themes, in order of impact, included (a) surprise at IPV prevalence; (b) acknowledgement and increased awareness of personal bias; (c) implications for future practice including increased training, better response, listening/advocacy, and screening; and (d) need for improved resources for victims/survivors.

Representative student reflective writings include:

Improved Understanding and Empathy

I have completely changed my view on this and now I know that leaving is not always the best answer. I didn’t realize how hard it was for victims to leave the situation, especially since their abuser has most likely isolated them from the world. I was shocked to find out that it is actually safer for victims to stay in their homes rather than to leave.

IPV Prevalence

I was still very naïve on the subject. I didn’t know how prevalent it actually is, or what it takes to escape it. I thought that it was a lot easier to get away from the partner, and that it really wasn’t very common.

Acknowledgement of Personal Bias

Another bias that I had was thinking that the abuser in any domestic violence instance would be male. By thinking this way, I invalidate the stories and experiences of those where this was not the case. The abuser can be male or female and they can be old or young. There is not one single stereotype that fits, and it is important that I always believe the victim stories and help them to get help.
Future Practice

More than anything, this experience taught me that I need to be much more aware of what is happening in the lives of those I care for as a nurse. I have a responsibility to not only be an advocate for their physical wellbeing, but for their mental and emotional wellbeing. I need to let those that I care for know that they can talk to me when they are ready to do so. All I want is to be able to help my patients be happy, and as uncomfortable and hard as it may be to ask about abuse, I will be my patients advocates in getting the help that they need, whatever it may be.

Improved IPV Victim/Survivor Resources

I now realize how important it is that healthcare professionals are trained to recognize Intimate Partner Abuse and how to report it. I also now hope to be an advocate for victims/survivors professionally to ensure that systems are in place to support them.

Discussion

Lessons

IPV education is an important component of nursing education and encouraged by national and world organizations. This quality improvement project evaluated whether the In Her Shoes simulation and learning activities are effective teaching methods for improving nursing student awareness and empathy about IPV. Jefferson Scale of Empathy scores indicated improved empathy among the quality improvement project participants. Reflective writings showed increased awareness and improved understanding of IPV, and a desire to identify, advocate, and appropriately care for victim/survivors. This increased awareness and understanding may improve the identification of IPV victims/survivors and the care of IPV survivors by project participants in the future.
The quality improvement project addressed undergraduate nursing student IPV understanding, education, and readiness to respond to IPV victims/survivors. Faculty prioritized IPV education in the curriculum, encouraged appropriate interventions and attitudes, and students embraced the opportunity to learn.

**Limitations**

Although the sample was appropriate for this quality improvement project, limitations included sample size and lack of participant diversity. Age parameters were narrow, ranging from <22 to 24 years as shown in Table 1. Demographic information such as race, ethnicity, marital status, religious affiliation, income, and employment were not collected.

**Future Directions**

In Her Shoes simulation and associated learning activities proved to be effective in developing empathy and increased awareness of IPV in undergraduate nursing students. Jefferson Scale of Empathy scores and reflective writings are being used to guide future IPV learning activities. The Community Health Nursing course instructors plan to continue using the simulation and reflective writings with future cohorts of undergraduate nursing students.

**Conclusion**

Intimate partner violence has adverse effects on individuals, families, and communities. Nurses should recognize and respond appropriately to victims/survivors of IPV. Appropriate responses and care for victim/survivors require vigilance on the part of every member of the healthcare team. Although efforts have been made to educate healthcare providers about IPV, further research and data collection are needed to overcome the challenges associated with identification, advocacy, and care for victim/survivors. The use of IPV simulation as an
educational method to improve undergraduate nursing student self-confidence, knowledge, skills, and attitudes, and learning transfer to the clinical setting are supported by the literature.

The IPV quality improvement project was developed to evaluate whether the current undergraduate nursing program IPV education curriculum was effective. Using the Jefferson Scale of Empathy survey and reflective writing evaluation, project investigators evaluated changes in undergraduate nursing students’ empathy and understanding. The long-term effects of improvement in empathy and advocacy are not easily measured. However, based upon the positive results of the IPV quality improvement project, the IPV simulation and learning activities were shown to be engaging methods for promoting awareness of and empathy for IPV victims/survivors among nursing students. Empathy scores and student reflections will be used to guide future IPV experiential learning.
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