Name: Nina Achourpour

Programme: Bachelor of Science in Nursing, 180 ECTS, Department of Health Care Sciences
Course: Independent Degree Project, 15 ECTS, VKGT13, Autumn 2022

Level: First cycle

Supervisor: Sophie Gaber

Examiner: Henrik Lerner

Registered nurses' experiences of caring for women in Jamaica who have been exposed to intimate partner violence: a qualitative study

Sjuksköterskors upplevelser av att vårda kvinnor i Jamaica som erfarit våld i nära relation: en kvalitativ studie

Abstract

Background: Violence against women is an issue affecting women worldwide. Due to the high rates of women exposed to intimate partner violence, it is nearly impossible not to meet them in everyday nursing practice. Intimate partner violence is complex since it concerns physical violence as well as emotional, sexual, financial, and material aspects of abuse. Some women go to seek medical attention and herein lies the responsibility of the nurse to respond. Whilst many countries have handbooks or guidelines on how to support women exposed to intimate partner violence, nurses may encounter challenges in supporting these women in practice. This is particularly challenging in Jamaica, where there are reportedly high rates of intimate partner violence, but where various factors including limited resources and social and cultural norms, may limit the opportunities for nurses to support women exposed to intimate partner violence. Due to limited earlier research on the topic in Jamaica, there is a need for increased knowledge and understanding about how nurses in Kingston, Jamaica experienced the care they provide and how it affects them.

Aim: This study aimed to explore registered nurses' experiences of caring for women in Jamaica who have been exposed to intimate partner violence.

Method: Data were collected through semi-structured interviews with five registered nurses. The interviews were then analyzed through qualitative content analysis using an inductive approach.

Results: Three general themes and eight sub-themes emerged during the analysis process. The three general themes were: (1) *registered nurses' professional and personal experiences of challenges in caring for patients exposed to intimate partner violence,* (2) *registered nurses' perceived responsibility in creating a safe and non-judgmental environment for patients who have been exposed to intimate partner violence,* and (3) *registered nurses' self-awareness and strategies for managing their own emotions following encounters with patients exposed to intimate partner violence.*

Discussion: The findings show that the registered nurses' experiences of caring for women in Jamaica who have been exposed to intimate partner violence were shaped by both personal and professional experiences. The registered nurses expressed a lack of awareness about the frequency and brutality of intimate partner violence, especially early in their careers, but also their frustration about the shortcomings in health and social care assistance to support women exposed to intimate partner violence in Jamaica. The results will be discussed in relation to Eriksson's Caritative theory on caring.

Keywords: Caring relationship, intimate partner violence, Jamaica, MFS, minor field study, nurses, the West Indies, violence against women

Sammanfattning

Bakgrund: Våld mot kvinnor är ett problem som påverkar kvinnor globalt. På grund av den höga andelen kvinnor som utsätts för våld i nära relation är det nästan omöjligt att inte möta dem i den vardagliga vårdverksamheten. Våld i nära relation är komplext eftersom det berör fysiskt våld samt känslomässiga, sexuella, ekonomiska och materiella aspekter av övergrepp. En del av dessa våldsutsatta kvinnor uppsöker vård, och här ligger sjuksköterskans ansvar att reagera. Trots rutiner kring våld i nära relation, kan sjuksköterskor stöta på utmaningar vid mötet med dessa kvinnor i praktiken. Detta är särskilt utmanande i Jamaica, där det rapporteras att det förekommer höga siffror av våld i nära relation, men där olika faktorer inklusive begränsade resurser, sociala och kulturella normer kan begränsa möjligheterna för sjuksköterskor att stödja dessa kvinnor. På grund av begränsad tidigare forskning om ämnet i Jamaica finns det ett behov av ökad kunskap och förståelse om hur sjuksköterskor i Kingston, Jamaica upplevde den vård de ger och hur den påverkar dem.

Syfte: Syftet med studien var att utforska sjuksköterskors upplevelser av att vårda kvinnor i Jamaica som erfarit våld i nära relation.

Metod: Studiens data samlas in genom fem intervjuer med sjuksköterskor. Datan analyserades sedan genom kvalitativ innehållsanalys med induktiv ansats.

Resultat: Resultatet blev tre huvudkategorier med åtta underteman. De tre huvudkategorierna som formades under analysprocessen består av: (1) *sjuksköterskors professionella och personligt upplevda utmaningar i omvårdnaden av patienter som blivit utsatta för våld i nära relation,* (2) *sjuksköterskans uppfattning av ansvar i att skapa en trygg och icke-dömande miljö för sina patienter* och (3) *sjuksköterskans självinsikt och strategier för att hantera egna känslor till följd av möten med kvinnor som erfarit våld i nära relation.*

Diskussion: Sjuksköterskor i Jamaica uttryckte att vid första mötet av patienter som erfarit våld i nära relation, var de omedvetna av hur förekommande våld i nära relation är eller hur brutalt det kan utspela sig. Sjuksköterskorna uttryckte frustration gentemot vården och socialtjänstens bristande förmågor. Resultatet diskuterades med hjälp av Katie Erikssons caritativa teori.

Nyckelord: Våld i nära relation, våldsutsatta kvinnor, Jamaica, MFS, minor field study, sjuksköterskor, Västindien

Table of Contents

INTRODUCTION

My motivation for exploring intimate partner violence (IPV) comes from my desire to become a registered nurse (RN) who can promote positive change, health, and wellbeing. In my path to becoming an RN, I have much to learn, and I want to be open-minded towards RNs who have the experience and knowledge I lack. Travelling to do international fieldwork provided an opportunity to broaden my experiences of nursing practice and will hopefully be of help to my future patients.

For 8 weeks from August until October 2022, I traveled to Kingston, Jamaica to conduct my bachelors' thesis as a minor field study (MFS) funded by the Swedish International Development Cooperation Agency (SIDA). Early in my education, I had started thinking about how I would like to conduct my bachelor's thesis and this journey was inspired by my mother, who herself also traveled abroad for her bachelor's thesis.

I chose the topic of IPV against women, as it is an international human rights issue. Therefore, it is relevant in healthcare to recognize women who are exposed to it. It is important to understand RNs' experiences of meeting women exposed to IPV and to identify what type of support RNs can provide. It is also important to explore what kind of responsibility RNs feel towards meeting these women and how the encounter has been experienced by the RNs themselves. The thesis gave me an opportunity to explore these issues.

BACKGROUND

Jamaica is the largest English-speaking island located in the Caribbean, with a population of about 2.9 million and is considered an upper middle-income economy (Pan American Health Organization (PAHO), n.d.a.). In Jamaica, there is another language spoken, Patois, although today, Patois is not an official language (Bryan, 2004). In Jamaica, the Ministry of Health and Wellness and four regional health authorities oversee the public healthcare system, and there are eight nursing schools, as well as two medical schools that offer a 4-year medical degree (Tomblin et al., 2016). The Ministry of Health and Wellness is working on a model, aided by the Pan American Health Organization (PAHO), to help develop healthcare in Jamaica (PAHO, n.d.b.). Currently, healthcare in Jamaica requires more efficient care for patients, such as more efficient systems to support healthcare centers and hospitals to cooperate with each other. The care provided from healthcare centers is limited as there is a shortage of staff, obsolete systems for information, and a poor infrastructure. The topic of IPV in this thesis is complex and involves multiple considerations, namely human rights, IPV in a Jamaican context, nursing in a Jamaican context, and ethical principles and RNs' responsibility in caring for patients who have been exposed to intimate partner violence. The following section will introduce these key considerations.

Human rights

According to the United Nations (n.d.), human rights are about freedom in life, for example freedom from torture and freedom in religious beliefs. All humans are entitled to these human rights, regardless of their sex, age, or ethnicity. In article three of the United Nations' (UN) Declaration on the Elimination of Violence against Women (1994), it is stated that women have the right to safety, freedom of discrimination, to not be exposed to torture, as well as good mental and physical health. The UN's Sustainable Development Goals (SDG) are relevant to this thesis and human rights (UN, 2015). In particular, SDG 3 seeks to ensure healthy lives and promote wellbeing at all ages and SDG 5 calls to achieve gender equality and empower women and girls. RNs have a role in addressing the SDGs and research suggests that human rights are linked to nursing ethics. Therefore, RNs should work in line with human rights, to protect each individual as it is a responsibility for RNs to care for the health and wellbeing of all their patients (Mitchell, 2016).

Intimate partner violence and Jamaica

IPV is a broad concept that includes sexual, financial, psychological, and physical abuse, and it is sometimes referred to as domestic abuse (Laing et al., 2013). IPV can occur in various situations, for example within families, and between partners or ex-partners. Therefore, IPV can affect nearly anybody, including children, women, and men but statistics suggest that it disproportionately affects women (Bott et al., 2019; Watson Williams, 2018; WHO, 2013). IPV can have lethal consequences, a woman who stays in a relationship where IPV is occurring, puts her own life at risk (World health Organization (WHO) & PAHO, 2012). Globally, 35% of all women who have been killed have been killed in connection to IPV (WHO & PAHO, 2012). If there are children involved, they will be affected, even if they only witness IPV (Stiller et al., 2022).

The WHO (2002) report that violence against women is mostly conducted by men and that it is a worldwide issue. In 2002, the WHO estimated that 30% of women worldwide have been exposed to physical and/or sexual violence in non-partner situations or in intimate partner relationships. A newer report written by the WHO in 2013 shows an increase of 5% (WHO, 2013). The report also found that close to 70% of women in some countries have been exposed to sexual or physical violence from a partner. In the Americas, where the Caribbean Islands and Latin American Countries are included, 30% of women have been exposed to IPV (Bott et al., 2019). Bott et al. (2019) found that men who are violent usually have a background of low education, childhood exposure to violence against their mothers, harmful use of alcohol and/or unequal attitudes towards women. Research indicates that violence against women and girls in the Caribbean, not necessarily violence occurring in intimate partner relationships, is the highest in the world (Watson Williams, 2018). It is challenging to identify accurate and up-to-date statistics that are published about healthcare in Jamaica and especially in relation to IPV, but it is estimated that 28% of women in Jamaica have been exposed to physical and/or sexual violence in an intimate partner relationship (Bott et al., 2019).

IPV is complex and in Jamaica there are contradictions between official policies and attitudes, social and cultural norms regarding IPV. In 1984, Jamaica accepted the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which means that Jamaican law commits to protect women and girls from being exposed to any type of violence

(Caribbean UN Women, n.d.). Jamaican law fails to have a clear definition of what IPV involves, although if the violence affects physical and/or mental trauma it is considered as IPV. Smith (2016) describes an existing acceptance regarding IPV within Jamaican culture, but that in recent years, more interest in the subject has emerged and critique has been raised towards the Jamaican government. The critique mostly consists of the government being paralyzed by actions, due to the perceived lack of action directly taken by the Jamaican government. In the Woman's Health Survey, women in Jamaica were asked about their thoughts regarding IPV between a husband and a wife, and the majority agreed that it is a private matter (Watson Williams, 2018). However, in The Jamaica Reproductive Health Survey (2008) women agreed that if a man were to mistreat his partner, other people, such as family members, should intervene. When comparing young women and men of the same age (15-24 years old), young men tended to hold more traditional views on gender standards. One example of this was that 40.4% of the young men believed that the man needs to show his partner who is the boss, and only 13.8% of the young women agreed with this statement.

Nursing

RNs are experts in providing nursing care for the patient and it is the RN's duty to ensure that patients receive adequate care and that medical prescriptions are followed (SACO, n.d.). All nursing work is centered on promoting health and preventing illness. Nursing involves many types of different care, from medication administration, to overall responsibility for care of their patients at any stages in life. RNs can work in various settings, such as hospitals, healthcare facilities, or within educating nursing students. In Sweden, RNs are required by law to work together with other authorities, such as social workers, in their respective fields (Nationellt centrum för kvinnofrid, 2022). When it comes to IPV, cooperation between different fields can have a positive impact. For example, if a person who is exposed to IPV requires assistance from either social services, from healthcare or both, one coordinated individual plan (CIP) must be created. With the CIP, assistance from healthcare and social work can be implemented. This means that if a patient asks for assistance from an RN that concerns both social services and healthcare, the RN is responsible for establishing the CIP (Sandqvist, 2021). Due to the fact that health and social care policy and delivery might vary internationally and nationally, it was essential to comprehend how RNs in Jamaica perceive that they care for patients who have been exposed to IPV in the local context.

Nursing in Jamaica

Upneja (2017) reports that Jamaica has 4,500 RNs, of which 1,000 are specialized RNs, and that Jamaica is suffering from a shortage of specialized RNs. The Nurse Council of Jamaica (n.d.) requires nurses to apply and be registered within the council in order to work as RNs in Jamaica. The Nurse Council of Jamaica offers a system of registration for RNs that are from countries within the Caribbean Community (CARICOM) and RNs who have completed the Regional Examination for Nurse Registration are qualified. Earlier studies show that RNs are required to take on more shifts as many RNs has chosen to emigrate from Jamaica, and this affects care since hospitals are understaffed (Upneja, 2017). The reasons behind the increasing number of emigrating RNs from Jamaica are generally higher salaries (Rolle Sands et al., 2020).

Ethical principles and registered nurses' responsibility

The International Council of Nurses (ICN, 2012) has developed four ethical codes for RNs globally. The first code, *Nurses and People*, refers to human rights and this includes, for example, the ability to create a secure environment. The second ethical code, *Nurses and Practice*, refers to the responsibility that RNs have for the practice of the profession, to maintain their professional competence throughout their careers by continuously learning and RNs' responsibility for their own health. The third ethical code, *Nurses and the Profession*, refers to RNs' active participation in developing and maintaining the value base of nursing. The fourth ethical code, *Nurses and Global Health*, includes the human right to healthcare, and this aligns with the UNs' SDGs to continue to develop global health. Still, it is important to understand that different countries around the world have different views on human rights or laws. This means that for RNs in some countries it may be challenging to implement these ethical codes in everyday practice. The four ethical codes in relation to IPV show the importance of the responsibility an RN carries when caring for a patient who is exposed to IPV. RNs carry the responsibility to consider the environment, human rights, security and to maintain professional practice and responsibility for their patients exposed to IPV.

RNs have an ethical responsibility to acknowledge patients who have been exposed to IPV, or who are at risk of IPV for the sake of the patient's health and safety. Patrick and Jackson's study (2021) demonstrated that women who have been exposed to IPV need a safe

environment and understanding from their healthcare team which includes RNs. If the healthcare team fails to offer these women an empathic and safe environment, or to simply ask about abuse, there is a risk that these women will miss an opportunity to receive help. If the patient is exposed to IPV and has children, the children's health is also at risk. Perizzolo et al. (2022) found that children of mothers suffering from post-traumatic stress disorder (PTSD) caused by IPV, have increased risk of child anger and that these children may experience poor caregiving from their mothers. Despite the risks, Patrick and Jackson (2021) report that many RNs fail to ask about IPV because they feel unsure about how to ask and how to respond to questions about IPV. Patrick and Jackson (2021) found that women exposed to IPV felt neglected when seeking healthcare and wished to be provided with better care in a more empathic environment whilst having their experiences acknowledged and respected.

PROBLEM STATEMENT

IPV is a human rights issue and globally it affects 35% of women. RNs have a responsibility to both encourage and help their patients in achieving their best possible health and wellbeing, but also to prevent illness. RNs have a responsibility to recognize IPV which can be difficult to identify and therefore may be missed. Some affected women have reported that healthcare professionals and services have failed to offer a safe and empathic environment while seeking healthcare due to IPV. This study can contribute with knowledge about RNs' experiences of caring for women who have been exposed to IPV, and this can help to inform and improve the care that RNs provide to women who have been exposed to IPV.

AIM

This study aimed to explore registered nurses' experiences of caring for women in Jamaica who have been exposed to intimate partner violence.

THEORETICAL FRAMEWORK

Eriksson's theory of caritative caring

Katie Eriksson's Caritative theory on caring was chosen for the purposes of this thesis since it emphasizes caring more than other nursing theories and it provides guidance regarding care to achieve the goal of *alleviating suffering* (Eriksson, 1994). *Caritas* means love, to love your

patient with human love and to not expect anything in return. The theory of caritative caring challenges RNs to invest more time and effort into caring, and to show human love and *compassion,* to alleviate suffering.

The theory of caritative caring refers to the RN's ability to create a *healing* environment for his or her patient, and it is important for RNs to reflect upon the type of energy they are bringing to the meeting with their patient (Eriksson, 1994). Creating a *healing* environment for the patient generates a safe environment, which supports the patient into a more harmonious state of mind and provides a place to alleviate suffering. This is especially important for patients exposed to IPV who may feel unsafe.

Compassion is what inspires the RN's actions toward his or her patient and can alleviate suffering (Eriksson, 1994). Compassion can, for example, be shown through *caring care,* a term Eriksson uses to explain that giving care to your patient does not mean that you necessarily care about the patient (Eriksson, 1987). If the focus of care is only on the treatment itself, such as medication or wound dressing, then the focus of the care is not towards the patient as a whole. Instead, a caring care approach is holistic and focuses on the patient as a complex human being with rights and needs and relationships which may affect their health and wellbeing. However, healthcare professionals, including RNs, should respect the individual as it is their right to decide for themselves about their own lives. Suffering is the struggle the patient is experiencing in the absence of caritative care, and it is a direct violation against the *dignity* of the patient, as a human being (Eriksson, 1994). Thus, alleviating suffering helps to support the patient to their best possible health. The author chose the theory of caritative caring as it focuses on empathy towards the patient and the patients' suffering and this is relevant for RNs caring for patients exposed to IPV. Since this study draws on the theory of caritative caring, the author will use the term *to alleviate suffering* in the study findings, along with the terms *healing* and *compassion*.

METHOD

Study design

The study used a descriptive, qualitative design and data were collected through semi-structured interviews with RNs (Henricson & Billhult, 2017). The reasoning for using a qualitative design and semi-structure interview was to enable the participants to share their

experiences, to help the author to develop her interviewing skills, and to gain a deeper understanding about the topic.

Participants

Participants were RNs in Kingston, Jamaica. The inclusion criteria were that the participants were RNs and with experiences in caring for women who have been exposed to IPV. The exclusion criteria were RNs who do not want to be recorded or to participate in this study.

Five RNs consented to participate in the study. Participants were females who live and work in Kingston, Jamaica, and they were aged between 34 and 51 years. Three of the RNs are working in educating nursing students, while the other two participants are still working clinically. The participants have between 10 and 28 years of experience of clinical work, which is an average of 19 years. The RNs have experience in working in midwifery, general healthcare facilities, and in emergency care.

Data collection

The author contacted different hospitals in Kingston, Jamaica by email and provided the project plan, the information letter to care units (Appendix 1) and the information letter to participants (Appendix 2) but no contact was made. The author then contacted the School of Nursing at the University of the West Indies (UWI) by email and shared the project plan, the information letter to participants (Appendix 2), and the interview questions (Appendix 3). Contact was made with a nursing researcher who lectures in the field of gender-based violence and a meeting was scheduled. The author presented her thesis and asked for help to find RNs who met the inclusion criteria. Nursing researchers at UWI helped to find RNs who matched the inclusion criteria. To assist recruitment, the author gave the researchers at UWI a copy of the information letter to participants (Appendix 2) and showed them the interview questions (Appendix 3). When the researchers identified potential participants, they asked for permission to share the contact details with the author who then contacted the potential participant to explain what the study was about, what it would involve, and that participation was voluntary. Based on advice from the nursing researcher who supported recruitment, the participating RNs were sent photographs of the information letter (Appendix 2) and interview questions (Appendix 3) by phone, prior to the interviews.

Before each interview recording started, the author showed the information letter to participants (Appendix 2) as well as the interview questions (Appendix 3) again, to help orientate the participant to the focus of the interview. Participants were verbally reminded of the information by the author, to ensure that participants were aware of what the study involved, how data/recordings would be securely stored, and that they could withdraw from the study without needing to give any reasons, and that there would be no negative consequences for withdrawing from the study. Due to the sensitive topic to be discussed, it was important to inform participants that they could take a break or rearrange the interview if it became distressing. The interview recording began with the author asking for the participant's informed consent to be recorded.

Data were collected through one-to-one and in-person, semi-structured interviews. Interviews took place at the university, or another location chosen by the participant. The duration of the interviews ranged between 18 and 33 minutes. Interviews were recorded using a recording application (app) on a password-protected phone and then transcribed soon after each interview by the author. The recording app provides cloud storage which ensures back-up files in case of lost original recordings. The reason for choosing semi-structured interviews was to maintain a balance of flexibility in conversation, and a sense of structure to help guide the focus of the interviews (Danielson, 2017). Using open-ended questions gave the participants the options to answer the questions based on their own lived experiences (Dalen, 2015).

Data analysis

The interviews were analyzed through qualitative content analysis using an inductive approach. The author used an inductive qualitative approach to analyze the data based on the content of the interviews, and this differs from a deductive qualitative approach which applies a theory or theoretical model to the data. Henricson and Billhult (2017) explain that by using an inductive approach, researchers build their findings on the participants' experiences of a phenomenon. Since this study is built on RNs' experiences of caring for women who have been exposed to IPV, an inductive form of qualitative content analysis was appropriate to analyze the phenomenon according to the RNs' experiences.

The recorded interview data were transcribed word-by-word (verbatim). Applying inductive qualitative content analysis to the interviews provided the opportunity to understand and

describe the significance of the collected data (Danielson, 2017). The first step of using the qualitative content analysis was to read and re-read the transcripts to review and reflect upon the collected data, which could then be used to identify categories (Fejes & Thorberg, 2019). The next step was to start coding the data (the sentences from the participants) which was done by finding characteristics that were relevant to the aim of the study. After recognizing similarities, the raw data was put into tables and the next step was to re-write the data into shorter text to highlight the content. Thereafter, the summaries were interpreted and developed into sub-themes. The core of the sub-themes were analyzed to find similarities and molded into general themes. Throughout the analysis process, regular supervisions were used to discuss and reflect on the emerging findings and the raw data from the interview transcripts was summarized (see Appendix 4).

RESEARCH ETHICAL CONSIDERATIONS

Throughout this study, the author referred to Kjellström's (2017) three main ethical principles to ensure the safety, comfort, and rights for every participant in a study. Firstly, Kjellström (2017) expresses the importance of ensuring that participants give informed consent and that each participant is participating voluntarily, to maintain respect for every person's autonomy and integrity. To address this first point, participants were sent the information letter (Appendix 2) before taking part in the study and given the opportunity to withdraw at any time. Each interview started with the participants giving their informed consent for their participation to be recorded. Withdrawing participation would mean deleting the participant's recording and thus their data would not be used. The data were collected and stored according to the ethic's application, and guidelines such as the Helsinki Declaration for working with human participants (World Medical Association, 2022). The Research Ethics Committee at the Department of Health Care Sciences at Marie Cederschiöld University College, Stockholm, Sweden, approved the study on 30th of May 2022.

Secondly, Kjellström (2017) explains the *do not harm principle* in which participants must not be subjected to any form of distress. This relates to the risk analysis of weighing up what benefits or risks may arise from participating in the study. There was a risk of upsetting the participants, when reflecting upon experiences of patients who had been exposed to IPV, or even based on the RNs' own experiences of IPV. However, the author sought to avoid making

participants feel inferior and instead the intention of the study was to help the participants to reflect about how they experienced caring for patients who had been exposed to IPV.

Lastly, Kjellström (2017) emphasizes the principle of justice to ensure that researchers act fairly towards participants, to ensure integrity in the consideration of participants and this inspired the use of reflexivity throughout the study. Reflexivity refers to knowledge and understanding of the researcher's role in the research process (Priebe & Landström, 2017). The author reflected upon the choices of method and considered any potential biases during the study process. To understand potential biases of the study, the author sought to first reflect on her own opinions regarding IPV and attempted to adopt a more neutral role in interviews to avoid being judgmental or moralistic. To be more reflexive, the author regularly reflected on issues related to the data collection and analysis together with her supervisor, including aspects of positionality, intersectionality, and power dynamics in research since it is possible that being a female may have helped the author to facilitate the interviews and to make the female participants to feel more comfortable speaking about IPV, which is still considered a gendered issue in Jamaica and other countries. Furthermore, the author tried to ensure that the findings emerged directly from the participants' data, and statements were supported by scientific research, to reduce biases, stigma, generalizations, or misinformation related to the topic of IPV.

RESULTS

The findings are presented according to the three themes that emerged during the analysis process. An overview of the themes and sub-themes are presented in Appendix 4. The three themes are as follows: (1) *registered nurses' professional and personal experiences of challenges in caring for patients exposed to intimate partner violence,* (2) *registered nurses' perceived responsibility in creating a safe and non-judgmental environment for patients who have been exposed to intimate partner violence,* (3) *registered nurses' self-awareness and strategies for managing their own emotions following encounters with patients exposed to intimate partner violence.* The themes summarize the responsibilities that the RNs felt towards their patients, their reflections about the care they provided, their mindsets when caring for patients exposed to IPV, and especially the balance between personal and professional experiences. Abbreviations have been used throughout the thesis, however, to

preserve the meaning of the themes and sub-themes these are written in full in the following results section.

Registered nurses' professional and personal experiences of challenges in caring for patients exposed to intimate partner violence

Within the first general theme, four sub-themes emerged, the four sub-themes are as follow: (1) *registered nurses' increased awareness and understanding about the reality of intimate partner violence,* (2) *consequences and effects intimate partner violence have on a human being, and experienced limitations by some women caused by intimate partner violence*, (3) *registered nurses' experienced frustration and challenges about health- and social care systems in Jamaica which limit care for women exposed to intimate partner violence*, (4) *registered nurses' gratefulness for their own non-abusive relationships and their struggles to comprehend the complexities of intimate partner violence.*

Registered nurses' increased awareness and understanding about the reality of intimate partner violence

The RNs' own experience in caring for women exposed to IPV was a mixed but reoccurring consideration, and they did not realize how frequent IPV is in society. For some of the RNs, it was shocking to see how IPV could affect their patients. Overall, the RNs described that throughout their careers their awareness and understanding increased about the reality of IPV and how common it is. When discussing about IPV, RNs referred to their professional and their personal experiences. Based on the RNs' responses, there seemed to be a delicate balance between which experiences were either professional or personal. Two RNs expressed a fear for relationships, after meeting with patients who have been exposed to IPV, since there is a risk as women themselves to be exposed to IPV. The following quote illustrates one RN's first experience with a patient exposed to IPV:

"The first experience I had I was still in nursing school and the woman who came in was severely beaten and injured and stabbed by her husband... I mean you've heard that people may beat their wives or hit their wives but I never expected that intense, so it made me actually very weary of men at that time." (Participant 1)

Another RN also expressed that her experiences with IPV were “mind-boggling”, as she did not realize how common IPV was or how it could affect people. The RN continued to explain her feelings about IPV and personal relationships:

“It really... made me feel really fearful... it kind of opened my eyes, to watch other person go through (abuse)... and I don't think it's a good thing on my part, because I'm very terrified of it.” (Participant 4)

Consequences and effects intimate partner violence have on a human being, and experienced limitations by some women caused by intimate partner violence

The RNs reflected that there can be long-term consequences and effects of IPV because it can prevent a woman from being productive or living her life as she desires. One RN explained that while women are dealing with IPV, they are unable to focus on other important things, as personal growth. The following quote illustrates an RN’s sense of sadness and reflection about the effects of IPV:

> *“When you look at the effects of violence and an individual, which is a very traumatic event, it affects you mentally, physically, some women gynecologically...” (Participant 5)*

Another RN shared her experiences that she could tell if her patient was in a relationship where IPV is occurring, by the way the woman cries during childbirth. The RN explained that the cry was more emotional, which was making the childbirth more of an emotional and challenging experience:

> *“There are patients who tend to go through... emotional and physical abuse they tend to have a different cry, when it comes to labor, it’s more emotional...” (Participant 4)*

Registered nurses' experienced frustration and challenges about health- and social care systems in Jamaica which limit care for women exposed to intimate partner violence

The RNs described that they experienced different challenges when caring for patients who had been exposed to IPV, compared to other types of patients. Some of the challenges were related to not being able to do more than care for wounds for example, when they would have preferred helping the patients into a better living situation. The RNs expressed a general frustration about not being able to do more for their patients. One RN explained that other than caring for the patient's immediate needs and referring them to counseling, there was not much else to do. In the following quote, an RN explained the challenges she experienced:

> *"We need more policies; we need more help... women they don't necessarily want to leave and for those who want to leave, they don't have the support. Our social service in Jamaica lacking, so a woman walks away... but that man was the only one caring for her, what is she going to do? I mean, because we are so short in social service, so when you turn up with six children, they say "well why did you stay and have so many?" ... because they don't have that to help you with, so the woman going weigh the balance, "should I stay, I take the beating until the children grow up, finish school before I go?" (Participant 5)*

This RN expressed her multifaceted understanding for women who are exposed to IPV, that it is a complex and ever-changing situation. The RN explained that the complexity of an IPV situation is not only about making decisions whether to leave or to stay, but also complex because there is a lack of resources within Jamaican society. The RN emphasized the challenge of not victim-blaming the woman exposed to IPV because it is not always easy or possible to leave an IPV situation. Another RN expressed her frustration with not being able to help her patients into a next step, that whether to leave the abusive relationship is for the patients to decide:

> *"They get abused and yes, we treat them... that is just that, there's no next step... if they're in an abusive relationship... with someone that (they) live with it is just left to them to decide whether not they want to leave... there's nothing there to help them..." (Participant 3)*

Registered nurses' gratefulness for their own non-abusive relationships and their struggles to comprehend the complexities of intimate partner violence

One RN reflected on a personal level, that she felt blessed in her own private relationship as she had seen what her patients had been through in their relationships involving IPV. The RN explained that the stories of patients she had in her care who have been exposed to IPV could sometimes be "heartbreaking" to hear:

> *"When you hear their stories... they can be really heartbreaking... it makes you wonder... you sometimes can imagine what persons are really going through... It... gives you the opportunity to do some reflection, and see how blessed you are... to be privileged with healthy relationships..." (Participant 2)*

Similar to the quote above, another RN expressed that it was challenging to understand how a person in a relationship could be abusive to their partner. The RN expressed her thoughts and beliefs about how relationships should be, which did not include IPV, so for her it was challenging to understand:

> *"To be honest from me it was it was hard for me to wrap my head around someone doing that to someone that they said they loved" (Participant 1)*

Registered nurses' perceived responsibility in creating a safe and non-judgmental environment for patients who have been exposed to intimate partner violence

Within the second general theme, two sub-themes emerged, the two sub-themes are as follow: (1) *registered nurses' responsibility and ability in providing safety, comfort, and a peaceful environment for their patients,* (2) *registered nurse's ability to maintain professional attitudes despite their own emotions or thoughts.*

Registered nurses' responsibility and ability in providing safety, comfort, and a peaceful environment for their patients

The RNs recounted their approaches and strategies to make their patients, who had been exposed to IPV, feel safe and comfortable while in their care. Depending on which hospital or clinic the patient was admitted to, the care and policies could be different due to the different number of resources. For instance, the RNs explained that there were differences in the time that RNs were able to give each patient, or what level of IPV-training the RNs had. One strategy was to admit the patient under a false name, that way if anybody, perhaps the person who caused the violence, would try to locate the patient, would not have been possible. An RN explained that the false name was intended as a strategy to make the patient feel a sense of security and comfort and to believe that they were in a safer environment:

> *"Once there is especially attempt on someone's life, typically we don't take them under their name in the hospital. So that in case anyone comes looking... we don't have that person there... I think what I found being helpful for them is knowing that they're not they're under their name in hospital, so it gives them a little sense of security." (Participant 1)*

Once the healthcare team recognizes the signs of IPV, they would provide and ensure a safe space for the patient, an RN described that doing so would give the patient a chance to speak freely about what had happened. An RN described the importance of thinking about the environment and questions when meeting a patient exposed to IPV:

> *"When I'm on the labor ward, and I see those behaviors, I can allow the lady to have some peace from him, I say "could you please wait on the outside" (Participant 4)*

The approach described above was intended to help the patient in the labor ward to get a feeling of quiet and peace as it added to their comfort, privacy, and security. This RN had developed her own strategies on how to handle the issue, to ensure her patient's comfort while in her care.

Another strategy described by an RN, was to consider what questions would be asked of the patient and where. When patients are admitted they are also interviewed, some of the RNs did

the admission interview in a more private location, as there could be other interviews going on at the same time or the hospital facility could be more open. An RN explained that the RNs would consider where the admission interview took place, to give their patients an opportunity to speak freely about what they had been exposed to:

> *"Once we know that it's a situation like where the client would have experienced abuse, especially with sexual abuse, we try to get... interview them in a private area, because at the hospital where I work it was open, so we might having three interviews going on at the same time..." (Participant 3)*

Registered nurse's ability to maintain professional attitudes despite their own emotions or thoughts

Many of the RNs who had met patients in a relationship where IPV is occurring expressed that there were challenges in trying to understand women who did not want to leave their relationship. One RN explained that when colleagues were judgmental of patients in an IPV relationship, it would affect the patient negatively, as they might not return for the care that they need since they feel judged. Being non-judgmental was challenging but necessary as it may ensure that women receive the care that they need. Similarly, one RN expressed that some women might even protect the person causing abuse to them, which made the RN understand that IPV relationships are complex. Another RN explained how her mindset changed as she gained more experience as an RN and a person. Initially, the RN's first experiences made her question the women who would stay in a relationship where IPV is occurring. However, as both her professional and personal experiences grew, she understood that it was not her place to know why as an RN, but instead to support and care for the women without judgement, as shown in the following quote:

> *"As I got... more experienced in the area and in nursing and older, I realized that it wasn't for us to understand why it was a for us understanding how to help… the shift in focus came from... me, to just trying to support them." (Participant 1)*

Another RN understood that her colleagues were being judgmental but stressed the importance of non-judgmental nursing. The RN continued to explain that the patient is living their own life and RNs should not apply their moral values, thoughts, and beliefs to their patients' situations. The RN pointed out that the patient is only capable of making decisions that they are able to make at that point in time. The following quote illustrates her thoughts and the effects of judgmental mindsets while caring for patients exposed to IPV:

> *"It's easy to be judgmental of them because they choose to stay in that situation.... I've seen colleagues be judgmental towards persons like that, and it resulted in them not seeking care when they needed care... these people are not living your life, so you need to know that whatever decision they are making is what... where they are at that point in time, and our job is to give them the care that they need, so that they can get to that next stage if it's possible." (Participant 3)*

Many of the RNs explained their struggles with understanding the complexities of IPV. One RN expressed that some women might even protect the person causing the violence. The RN shared experiences where the partner who caused the violence within the relationship could place the blame on the patient who was exposed to it. Sometimes, even the person causing the violence did not recognize his or her own behaviors as abusive:

> *"The tendencies that I find that these women have, at some point they will even try to protect... even though they're being abused, they still trying to protect the abuser. So it's a complex issue... and at some time... the partner won't think that they are being abusive, you notice just "yuh mek mi haffi gwaan da way here* [patois translation: you make me have to act like this] *... and blame it on them..." (Participant 4)*

Registered nurses' self-awareness and strategies for managing their own emotions following encounters with patients exposed to intimate partner violence

Within the third general theme, two sub-themes emerged, the two sub-themes are as follow: (1) *registered nurses' self-awareness about their own limitations and strategies for managing their emotions when caring for patients exposed to intimate partner violence,* (2) *registered*

nurses' empathy towards colleagues who do not have the ability to treat patients exposed to intimate partner violence and healing one's own trauma before helping others.

Registered nurses' self-awareness about their own limitations and strategies for managing their emotions when caring for patients exposed to intimate partner violence

The RNs expressed that caring for women who have been exposed to IPV, was an especially hard task and emotionally challenging. And because of that, two RNs expressed that if you are not capable of managing that patient or the situation, you should remove yourself and let another RN who can manage it take over the care for the patient. This self-awareness, to look within and reflect upon own limitations and resources is helpful to both the patient and the RN. An RN described the importance of having strategies to deal with own emotions and boundaries without affecting the patient, as RNs cannot take on too much either:

> *"If you don't think you can handle it, don't be there…I mean, that could make situation worse if you're being insensitive and if... you can put your feelings aside, after that you don't know everything and give the patient your empathy, to accept them in your care..." (Participant 4)*

Another RN expressed that caring for patients exposed to IPV can sometimes feel overwhelming and underlined the need to separate private emotions from the role as an RN. This RN also emphasized the significance of caring for oneself and one's personal relationships as well:

> *"It can be very... challenging emotionally, especially when we are interacting with patients for a while... But then as nurses we have to learn how to de-attach, to separate the emotions, can't take on too much of that. At the end of the day, you have your own self and family to look after..." (Participant 2)*

Registered nurses' empathy towards colleagues who do not have the ability to treat patients exposed to intimate partner violence and healing one's own trauma before helping others

An RN had her first experience with a patient exposed to IPV while in nursing school and she did not know that she was able to switch patients. The RN did not feel ready at the time to care for the patient and explained that it was affecting her mentally for a couple of weeks. The RN said that new colleagues should know that there is counseling and support for them if needed after caring for a patient exposed to IPV. The RN explained that she encourages new RNs to learn more about IPV, but to ensure that they make time for reflection and to debrief:

> *"We need to let new colleagues know, that if there is a situation that they are not mentally ready, to step away... and if it is something that... they're conflicted with but they think they have an interest in it… do so cautiously... Learn from the situation but debrief, like make sure that you go and speak to a counselor... so you can understand it better and you can understand your emotions about it better..." (Participant 1)*

Another RN expressed that Jamaica has a history of colonization, that the abuse has been inherited and rooted within the culture. The RN continued to explain that IPV is common and other RNs probably have experienced it themselves, and should primarily heal their own emotions and trauma before caring for patients who have been exposed to IPV:

> *"We are coming from a legacy of colonization, where a lot of abuse took place, and then it's reached into the family, so even the nurse who is caring for this woman, probably would have (been) exposed to intimate partner violence, whether growing up or she herself have seen it in her community and that can be very traumatic, so we are a traumatized set of people. I think we have to attend our own emotional needs and attend to our trauma, before we want to help others, you know, like when you're on the plane and say put on your mask first before you help other people?..." (Participant 5)*

DISCUSSION

The discussion section is separated into two sections, whereas the first section will discuss the methods that has been applied for this study and the second section which will discusses the study results.

METHODOLOGICAL CONSIDERATIONS

Choosing a qualitative approach enables an author to explore, understand and analyze lived experiences (Olsson & Sörensen, 2021). A quantitative method would not have allowed such freedom as to explore the RNs' experiences, since quantitative research focuses on more concrete and measurable data, including figures and statistics. Therefore, the author chose to proceed with a qualitative method as the study explored RNs' experiences which cannot be quantified or measured, since the experiences are complex and fluid.

Ross & Bibler Zaidi (2019) describes that limitations within a study are identified weaknesses which may have an impact on the studies outcome, therefore, it is significant to consider what impact the identified limitations in this research holds. The author identified four relevant limitations to consider. Firstly, the RN working in education assisted in recruitment of participants, therefore the author did not have insight into how the participants were chosen but all participants were RNs who fulfilled the inclusion criteria. This is a potential limitation because it is not possible for the author to know if the RNs participated based on their own willingness. However, the participating RNs were informed that participation is voluntary and about the possibility to withdraw their participation at any time.

Secondly, another potential limitation regarding recruitment was that not all of the RNs were still working clinically, despite them having many years of experience in clinical practice (i.e., an average of 19 years). This would mean that their experienced challenges may have been different due to modernized treatment or methods when caring for patients exposed to IPV. Future research would benefit from repeating this study with a larger sample of RNs from across different areas of clinical practice to gain a broader insight of current approaches to caring for patients exposed to IPV in different settings and specialisms in Jamaica.

Thirdly, the interviews were held in different places. Due to the sensitivity of the topic, the location of each interview was chosen to ensure that the participants could express themselves freely without having others listening. The RNs may have felt less comfortable, and their answers could have been affected if the interviews had been held in a place that was

surrounded by other people who could listen. The author adopted a flexible approach and had the freedom to change the location of interviews if there would have been other factors that could have affected the interviews, such as disturbing sounds, but this was not needed.

Finally, during some of the interviews, some expressions were in patois, a language spoken in Jamaica. The author checked with the RNs who used expressions in patois to ensure that her interpretations were accurate. There is an example of patois in one of the quotes, which was kept to preserve the authenticity and meaning of the discussions, but an accompanying English translation is also presented.

Before the interviews, each participant was sent an information letter to participants (Appendix 2) and interview questions (Appendix 3). Providing participants with the study aim gave them time for reflection (Kvale & Brinkmann, 2014). This meant that the participants had the opportunity to read the interview questions beforehand and could therefore know what would be asked. Most of the RNs did say before each interview that they did not read the documents which the author sent, and the author repeated the information regarding the study and their participation before starting the interview.

A strength of this study is that reflexivity was interwoven throughout all stages. It was important for the author to understand her own feelings and beliefs in relation to IPV since her personal feelings could influence the research. The author has reflected during the research process and believes that the thesis is supported by literature, scientific articles, or the participating RNs' statements, and not her own emotions or assumptions. It was important to support the author's reflexivity to gain a deeper understanding of the Jamaican context and culture through conversations with locals, speaking with individuals at volunteer organizations working with IPV, through art, literature, and cultural expressions on the topic (Allen-Agostini, 2021). Due to the complexity of IPV, a solely medical approach cannot address the various interconnected concerns relating to attitudes, social norms, and cultural practices that RNs encounter in their everyday patient encounters. The use of participant quotes enhances the trustworthiness of the findings because the reader can see some of the raw data from which the themes and sub-themes were developed. However, as the findings suggest it can be unrealistic to ignore our lived experiences and the participating RNs described both their personal and professional experiences in the interviews.

RESULT DISCUSSION

This study aimed to explore RNs' experiences of caring for women in Jamaica who have been exposed to IPV. The results showed that RNs experienced challenges both professionally and personally regarding the topic of IPV. Most of the RNs did not know how frequent IPV was in society, and they found meeting patients exposed to IPV surprising. As an RN expressed, to witness the sheer brutality in person because of IPV was shocking. An RN explained that while women are dealing with IPV, "we" could have been focusing on other things such as personal growth. The RN wanted to use "we" to refer to herself, the patient, and the author as a sense of solidarity as they are all women and therefore, at risk of being exposed to IPV. Globally, 35% of women will experience IPV within their lifetime, which would mean one in three women – all of the five participating RNs are women and the author herself is a woman (WHO, 2013). Although the RNs used the terms *patient* and *women* interchangeably, they were speaking almost exclusively about women who had been exposed to IPV.

Overall, the RNs expressed frustration since they felt that they wanted to do more for their patients who were exposed to IPV, but they could not. Depending on what resources were available within each healthcare facility, it would affect the type of care that the patient received. The frustration of having insufficient resources to support their patients, which could be a more specialized teams to treat these patients, more counseling and improved social services in Jamaica. Unequal access to services and care for patients exposed to IPV seems to contradict the UNs' SDG 3 which seeks to ensure healthy lives and promote well-being for all at all ages (UN, 2015). The RNs discussed that currently, social services in Jamaica do not adequately provide women with the support they might need financially to leave an abusive situation. This results in some women staying in their relationship to ensure that their children get an education and for themselves to survive. Since there is a lack in social services, women are left with the decision of what is best for them, to endure the abuse or to leave and risk not affording necessities, such as school fees or even food. This could mean that there is a risk to become homeless since IPV and associated physical and mental health issues can affect women's ability to work (Arscotts-Mills, 2001). Children who witness IPV at home may have negative effects on their lives, changes in their physical functioning and affect their emotional, social, cognitive abilities and behavior (Berg et al. 2022; Stiller et al. 2022). In Sweden, a parent who is violent can be sentenced to up to two years in prison if a child has witnessed IPV because of the effect it has on a child in the long-term (Polisen, 2021), but this is not yet the case in Jamaica.

Earlier research regarding IPV and the consequences of violence, injuries and symptoms of the person exposed to IPV are often presented (Laing et al., 2013; Patrick & Jackson, 2021). However, the generational impact of violence and trauma is overlooked. An RN expressed that IPV in Jamaica is an inherited trauma which comes from the days of colonization and still affects people. Studies have shown that trauma can be inherited as it can affect genetics and future generations and this supports the RN's statement (Longman-Mills et al., 2019; Youssef et al., 2018). The RN also expressed the importance of healing one's own traumas before helping others, which aligns with the second ICN ethical code about RNs' responsibility for their own health. The second ICN ethical code also refers to the responsibility that RNs have for the practice of the profession, and to maintain their professional competence throughout their careers by continuously learning (ICN, 2012). Thus, RNs have a responsibility for their own health which includes the physical but also other aspects, such as mental health. As some RNs expressed, going to counseling themselves is important to help deal with challenging experiences, as caring for women exposed to IPV.

One of the main findings related to being judgmental when caring for patients exposed to IPV. An RN disagreed with seeing her colleagues being judgmental towards patients as it was not therapeutic and might make the patients not seek the care that they need. This RN's statement supports the third ICN ethical code, which refers to maintaining the value base of nursing where judgmental nursing is not included, as the value base focuses on compassion (ICN, 2012). According to Eriksson (1994), compassion is the foundation of caring and the guiding force for caring activities, this requires bravery to bear responsibility for patients. Judgment towards patients might add to their experienced suffering, while the goal is to alleviate suffering and support the patient to their best possible health (ICN, 2012; SACO, n.d.). The RNs expressed a responsibility to create an environment for their patients to feel safe and comfortable and this relates to the first ICN ethical code which refers to the ability to create a secure environment (ICN, 2012). Creating a safe and comfortable environment for the patient not only makes their stay at the hospital feel more relaxed, but it may also help their recovery for example (Lepp, 2019).

Some RNs suggested that RNs should remove themselves from the patients' care, if feeling unable to handle the care for a patient exposed to IPV. This relates to creating and maintaining a healing environment as it is important for RNs to recognize what energy they are bringing to their patients and the caring relationship (Eriksson, 1994). Furthermore, the

finding supports earlier research that one's own emotions could influence the care that RNs provide since it can impact the interaction with their patients (Jiménez-Herrera et al., 2020). Therefore, it is important for RNs to understand their own feelings about IPV, to identify how they can help their patients exposed to IPV, for some it might not be possible to care for these patients at all and they should consider changing patients and asking for assistance from their colleagues (Van der Wath et al., 2016).

Throughout the findings, the RNs' spoke about not realizing the frequency of IPV in Jamaica or how some patients were normalizing IPV in their relationships. Newer research shows that violence against women and girls is the highest in the Caribbean which strengthens the argument to educate nursing students and other professions about IPV (Watson Williams, 2018). Research shows that nursing students who have received IPV training have increased their experience of being prepared to meet patients exposed to IPV than those who did not have IPV training (Connor et al., 2013). An RN did express that she was shielded from knowing about IPV growing up and that during her education, IPV was not in the curriculum. After their first experiences with patients exposed to IPV, the RNs realized that they had limited knowledge of IPV, its frequency and brutality. It is important to raise awareness about IPV, in addition to better training and resources for RNs, to address the normalization of IPV by some in Jamaica (Smith, 2016).

CLINICAL IMPLICATIONS

The findings of this study show why it is important to raise awareness about the topic of IPV in nursing practice. Even if IPV-training is implemented in nursing education in Jamaica today, when meeting a patient exposed to IPV, the reactions may differ. In society, many are unaware of the responsibilities and capabilities of RNs in the care of patients exposed to IPV. Regardless of whether the patients need assistance, or just someone that will listen, they can approach RNs for support. Essentially, RNs need to know how to deal with patients exposed to IPV due to the high rates of IPV, this includes how to offer patients exposed to IPV the best possible care, even if it would mean the RNs remove themselves from the situation and to change patients. It is crucial not to ignore IPV, when signs would appear, since patients exposed to IPV have been missed. IPV is a difficult and challenging topic, both individually and professionally. Therefore, it is important to talk about, and to desensitize, the topics when

educating and training RNs, to better prepare the RNs for meeting these patients and managing the emotions of the patients and their own emotions. The findings of this study are intended to help raise awareness about the topic and the valuable role that RNs can play in providing a caring relationship to patients exposed to IPV in Jamaica and elsewhere.

PROPOSALS FOR CONTINUED RESEARCH

When researching information regarding IPV in Jamaica, it was challenging to identify accurate and up-to-date publications about how the situation is today, and this thesis contributes to the knowledge on the topic. Researching about IPV helps interdisciplinary professionals within healthcare, law enforcement, social workers, politicians, educators, students, and individuals to understand the magnitude and effect IPV has. More knowledge about IPV could lead to changes in culture or attitudes, more equality and human rights for women, and new generations of children who do not have to witness or be traumatized by IPV. Research and increased knowledge are needed not only for the treatment and care of patients exposed to IPV but also as a preventative measure, also considering aspects of generational trauma related to Jamaica's unique history and culture, including the effects of colonialism.

CONCLUSION

The findings show how the RNs' professional responsibility and personal beliefs frequently interact. Although RNs are taught to set aside their own beliefs and opinions. This demonstrates how crucial it is for RNs in Jamaica, and elsewhere, to comprehend their thoughts about IPV because personal opinions might influence the care that patients receive. The RNs in Jamaica expressed a desire to accomplish more and learn more to support their patients exposed to IPV. The RNs are passionate about the topic, and their experiences have inspired them to want to do more to improve the current situation in both healthcare and society. However, there is need for improved tools and resources, including adequate guidelines, policies, and health- and social care services which enable RNs to implement their enthusiasm and experience to benefit their patients who are exposed to IPV in a Jamaican context.

REFERENCES

Allen-Agostini, L. (2021). *The Bread the Devil Knead*. Myriad.

Arscotts-Mills, S. (2001). Intimate Partner Violence in Jamaica: A Descriptive Study of Women Who Access the Services of the Women's Crisis Centre in Kingston. *Violence Against Women, 7*(11), 1284–1302. https://doi.org/10.1177/10778010122183865

Berg, K. A., Evans, K. E., Powers, G., Moore, S. E., Steigerwald, S., Bender, A. E., Holmes, M. R., Yaffe, A., & Connell, A. M. (2022). Exposure to Intimate Partner Violence and Children's Physiological Functioning: A Systematic Review of the Literature. *Journal of Family Violence*, *37*(8), 1321–1335. https://doi-org.esh.idm.oclc.org/10.1007/s10896-022-00370-0

Bott, S., Guedes, A., Ruiz-Celis, P. A., & Mendoza, A. J. (2019). Intimate partner violence in the Americas: a systematic review and reanalysis of national prevalence estimates. *IRIS PAHO 43*(26). https://doi.org/10.26633/RPSP.2019.26

Bryan, B. (2004). Jamaican Creole: In the process of becoming. *Ethnic & Racial Studies, 27*(4), 641–659. https://doi-org.esh.idm.oclc.org/10.1080/0141987042000216753

Caribbean UN Women. (n.d.). *GBV Country Resources.* Retrieved 29th April, 2022, from https://caribbean.unwomen.org/en/caribbean-gender-portal/caribbean-gbv-law-portal/gbv-country-resources/jamaica

Connor, P. D., Nouer, S. S., Speck, P. M., Mackey, S. N., & Tipton, N. G. (2013). Nursing students and intimate partner violence education: improving and integrating knowledge into health care curricula. *Journal of professional nursing: official journal of the American Association of Colleges of Nursing, 29*(4), 233–239. https://doi.org/10.1016/j.profnurs.2012.05.011

Dalen, M. (2015). *Intervju som metod* (2nd ed.). Gleerups.

Danielson, E. (2017). Kvalitativ innehållsanalys. In M. Henricson (Ed.), *Vetenskaplig teori och metod: från idé till examination inom omvårdnad* (2nd ed., pp. 285-297). Studentlitteratur.

Eriksson K. (1987). *Vårdandets idé.* Almqvist & Wiksell.

Eriksson, K. (1994). *Den lidande människan*. Liber.

Fejes, A., & Thorberg, R. (2019). Kvalitativ forskning och kvalitativ analys. In R. Thornberg (Ed.), *Handbok i kvalitativ analys* (3nd ed., pp 16-41). Liber.

Henricson, M., & Billhult, A. (2017). Kvalitativ metod. In M. Henricson (Ed.), *Vetenskaplig teori och metod: från idé till examination inom omvårdnad* (2nd ed., pp. 111-117). Studentlitteratur.

International Council of Nurses (ICN). (2012). *The ICN code of ethics for nurses*. Geneva: International Council of Nurses. https://www.icn.ch/sites/default/files/inline-files/2012_ICN_Codeofethicsfornurses_%20eng.pdf

Jiménez-Herrera, M.F., Llauradó-Serra, M., Acebedo-Urdiales, S., Bazo-Hernández, L., Font-Jiménez, I., & Axelsson, C. (2020). Emotions and feelings in critical and emergency caring situations: a qualitative study. *BMC Nursing, 19*(60). https://doi.org/10.1186/s12912-020-00438-6

Kjellström, S. (2017). Forskningsetik. In M. Henricson (Ed.), *Vetenskaplig teori och metod: från idé till examination inom omvårdnad* (2nd ed., pp. 57-77). Studentlitteratur.

Kvale, S., & Brinkmann, S. (2014). *Den kvalitativa forskningsintervjun* (3rd ed.). Studentlitteratur.

Laing, L., Humphreys, C., & Cavanagh, K. (2013). *Social work and domestic violence: developing critical and reflective practice.* SAGE.

Lepp, M. (2019). Kreativitet. In F. Friberg & J. Öhlén (Eds.), *Omvårdnadens grunder: perspektiv och förhållningssätt* (3rd ed., pp. 625-647). Studentlitteratur.

Longman-Mills, S., Mitchell, C., & Abel, W. (2019). The Psychological Trauma of Slavery: The Jamaican Case Study. *Social and Economic Studies 68*(3-4). https://go.gale.com/ps/i.do?p=AONE&u=googlescholar&id=GALE|A644229065&v=2.1&it=r&sid=googleScholar&asid=dd1b2b44

Ministry of Health & Wellness Jamaica. (n.d.). Kingston School of Nursing. Retrieved 24th April, 2022, from https://www.moh.gov.jm/divisions-agencies/divisions/technical-services-division/office-of-the-chief-nurse/kingston-school-of-nursing/

Mitchell, H., P. (2016). Nurse ethics and social justice. *International Nursing Review, 63*(1), pp.1-2. https://doi-org.esh.idm.oclc.org/10.1111/inr.12251

Nationellt centrum för kvinnofrid. (2022, 17th November). Att arbeta mot våld. Nationell centrum för kvinnofrid. https://www.nck.uu.se/digitalAssets/1034/c_1034910-l_3-k_nck---att-arbeta-mot-va-ld_tillganglighetsanpassad.pdf

Nationellt centrum för kvinnofrid. (n.d.) Ämnesguider om hälso- och sjukvårdens ansvar. Retrieved 8th November, 2022, from https://nck.uu.se/kunskapsbanken/amnesguider/halso-och-sjukvardens-ansvar/

Nurse Council of Jamaica. (n.d.). Home. Retrieved 27th October, 2022, from http://ncj.org.jm/

Olsson, H., & Sörensen, S. (2021). *Forskningsprocessen: kvalitativa och kvantitativa perspektiv* (4th ed.). Liber.

Pan American Health Organization (PAHO). (n.d.a.). *Jamaica*. Retrieved 12th January, 2023, https://www.paho.org/en/jamaica

Pan American Health Organization (PAHO). (n.d.b.). *Strengthening Health Systems & Services in Jamaica.* Retrieved 12th January, 2023, from https://www.paho.org/en/stories/strengthening-health-systems-services-jamaica

Patrick, L. & Jackson, L. (2021). The role of nurses in recognising and responding to violence against women. *Journal of Clinical Nursing, 31*(7-8), E8-E10. https://doi-org.esh.idm.oclc.org/10.1111/jocn.16147

Perizzolo, V. C. P., Glaus, J., Stein, C. R., Willheim, E., Vital, M., Arnautovic, E., Kaleka, K., Serpa, S. R., Pons, F., Moser, D. A., & Schechter, D. S. (2022). Impact of mothers' IPV-PTSD on their capacity to predict their child's emotional comprehension and its relationship to their child's psychopathology. *European Journal of Psychotraumatology, 13*(1). https://doi-org.esh.idm.oclc.org/10.1080/20008198.2021.2008152

Polisen. (2021). Ny lag stärker barnens ställning. Retrieved 7th November, 2022, from https://polisen.se/aktuellt/nyheter/2021/juni/ny-lag-starker-barnens-stallning/

Priebe, G., & Landström, C. (2017). Den vetenskapliga kunskapens möjligheter och begränsningar - grundläggande vetenskapsteori. In M. Henricson (Ed.), *Vetenskaplig teori och metod: från idé till examination inom omvårdnad* (2nd ed., pp. 25-40). Studentlitteratur.

Rolle Sands, S., Ingraham, K., & Salami, B. O. (2020). Caribbean nurse migration-a scoping review. *Human resources for health, 18*(1), pp. 1-10. https://doi.org/10.1186/s12960-020-00466-y

Ross, P. T., & Bibler Zaidi, N. L. (2019). Limited by our limitations. *Perspectives on medical education, 8*(4), 261–264. https://doi.org/10.1007/s40037-019-00530-x

SACO. (n.d.). *Sjuksköterska*. Retrieved 27th October, 2022, from https://www.saco.se/studieval/yrken-a-o/sjukskoterskeyrken/

Sandqvist, M. (2021, 16th April). *Samordnad Individuell Plan (SIP)*. Vårdhandboken. https://www.vardhandboken.se/arbetssatt-och-ansvar/samverkan-och-kommunikation/vardsamverkan/samordnad-individuell-plan-sip/

Smith, E., D. (2016). Prevalence of intimate partner violence in Jamaica: implications for prevention and intervention. *International Journal of Child, Youth and Family Studies 7*(3/4), 343-363. http://dx.doi.org/10.18357/ijcyfs73-4201616089

Stiller, A., Neubert, C., & Krieg, Y. (2022). Witnessing Intimate Partner Violence as a Child and Associated Consequences. *Journal of Interpersonal Violence, 37*(21/22), NP20898-NP20927. https://doi-org.esh.idm.oclc.org/10.1177/08862605211055147

The Jamaica Reproductive Health Survey. (2008). *Reproductive Health: Jamaica, 2008*. Retrieved 28th October, 2022, from https://evaw-global-database.unwomen.org/en/countries/americas/jamaica/2008/reproductive-health-survey-jamaica-2008

Tomblin Murphy, G., MacKenzie, A., Waysome, B., Guy-Walker, J., Palmer, R., Elliott Rose, A., Rigby, J., Labonté, R., & Bourgeault, I. L. (2016). A mixed-methods study of health worker migration from Jamaica. *Human resources for health, 14*(1), 89-144. https://doi.org/10.1186/s12960-016-0125-8

United Nations. (n.d.). *Global Issues: Human Rights.* Retrieved 22nd March, 2022, from https://www.un.org/en/global-issues/human-rights

United Nations. (2015). *The 17 Goals*. Retrieved 22nd November, 2022, from https://sdgs.un.org/goals

United Nations. (1994). *Declaration on the elimination of violence against women.* Retrieved 22nd November, 2022, from https://www.un.org/en/genocideprevention/documents/atrocitycrimes/Doc.21_declaration%20elimination%20vaw.pdf

Upneja, A. (2017, 7th February). Jamaica's nursing problem. *The Yale: Global Health Overview*. https://yaleglobalhealthreview.com/2017/02/07/jamaicas-nursing-problem/

Van der Wath, A., Van Wyk, N. & Van Rensburg, E. J. (2016). Emergency nurses' ways of coping influence their ability to empower women to move beyond the oppression of intimate partner violence. *African Journal of Primary Health Care & Family Medicine, 8*(2). https://doi.org/10.4102/phcfm.v8i2.957

Watson Williams, C. (2018). Women's Health Survey 2016: Jamaica: Final Report. *Inter-American Development Bank.* http://dx.doi.org/10.18235/0001170

Wiklund Gustin, L., & Lindwall, L. (2012). *Omvårdnadsteorier i klinisk praxis*. Natur & kultur.

World Health Organization (WHO). (2002). *World report on violence and health: Summary*. Geneva: World Health Organization.

World Health Organization (WHO) & Pan American Health Organization (PAHO). (2012). *Understanding and addressing violence against women: intimate partner violence.* World Health Organization.

World Health Organization (WHO). (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.* Geneva: World Health Organization.

World Medical Association. (2022). *WMA declaration of Helsinki – Ethical principles from medical research involving human subjects.* Retrieved 27th October, 2022, from https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/

Youssef, A. N., Lockwood, L., Su, S., Hao, G., & Rutten, PF. B. (2018). The Effects of Trauma, with or without PTSD, on the Transgenerational DNA Methylation Alterations in Human Offsprings. *Brain Sciences 8*(5). https://doi.org/10.3390/brainsci8050083

APPENDIX 1. (Information letter to care units)

To whom it may concern,

My name is Nina Achourpour and I am a nurse student from Stockholm, Sweden. I am writing my bachelors thesis regarding nurses' experiences of caring for women who suffer from violence in intimate partner relationships.

I am contacting your health care facilities to get in touch with nurses who may want to participate in an interview as a part of this study for my bachelor thesis. The interview consists of five questions with follow up questions, regarding the nurses' experiences of caring for women who suffer from violence in intimate partner relationships. Interviews are expected to take 30-45 minutes. Interviews will be recorded and a consent will be collected from the participant at the start of each interview. Participating nurses' identity remains confidential throughout research. The nurses can withdraw their participation in the study at any time and recorded interviews will then be deleted and not used.

Inclusion criteria are:

- Working registered nurses
- Nurses who have experiences of caring for women who suffer from violence in intimate partner relationships

Exclusion criteria are:

- Nurses who do not have experiences in this field

If you have any questions about the study, please contact Nina Achourpour by calling or e-mailing. You can also contact the supervisor, with any questions related to this study for my bachelor thesis.

Contact information:

APPENDIX 2. (Information letter to participants)

Jamaican nurses' experiences of caring for women who have been exposed to intimate partner violence: a qualitative study

I

Human rights belong to each person around the world and their purpose is protection from suffering and liberty in life. Whereas violence in intimate partner relationships is a human rights issue. This research will only include the physical abuse women suffer from in intimate relationships. Nurses have a responsibility to help their patient in both health and wellbeing. The aim of my bachelor thesis is to research nurses experience of caring for women who have been exposed to intimate partner violence.

II

You are invited to participate in this study because you are a registered nurse with working experience. To be a candidate for this study, you must have experience in caring for women who have been exposed to intimate partner violence.

III

This study is part of a Bachelor of Nursing degree (independent project 15 ECTS). If you agree to participate in this study, the following will occur:

Five to ten structured interview questions

Questions are regarding experience of caring for women who have been exposed to IPV

The interview will be recorded and later transcribed word by word into a document

Interviewing time will be about 30-45 minutes

IV

Data collected in this study will be confidential. No individual identities will be used in any reports or publications resulting from the study. All data including recordings and participants will be given codes and stored separately from any names or other direct identification of participants. Data will be kept in locked files at all times. Only persons involved in the study will have access to the files and recordings. After the study is completed all collected recordings and data will be destroyed.

V

Your decision whether or not to participate in this study is voluntary. If you choose to participate, later you can withdraw your consent and discontinue participation at any time without explanation. If a recording has been made it will be deleted.

VI

The Research Ethics Committee at the Department of Health Care Sciences at Marie Cederschiöld University College, Stockholm, Sweden, has approved the study 30th of May 2022 and Dnr 22_01-A 22_01-A. If you have any questions about the study, please contact Nina Achourpour by calling or e-mailing. You can also contact the supervisor, with any questions related to this study.

APPENDIX 3. (Interview guide)

1. **How has your experience been in caring for women who have been exposed to intimate partner violence?**
– *Can you tell more?*
– *How did you feel?*
2. **Can you give an example of your experience of caring for one specific patient?**
– *Can you tell me more?*
– *Is there any routine?*
– *How did you feel?*
3. **What type of treatment was used?**
– *How did you care for the patient?*
– *How did you feel about the treatment?*
– *What has been helpful for these women?*
– *What did you find is helpful for these women?*
– *What was challenging?*
4. **Did this have an impact on your role professionally as nurse and/or as a person?**
– *Can you tell me more?*
5. **Based on your experience – which advice would you give to a new colleague? If you had a new colleague facing this type of situation, which advice would you give?**
– *What would you teach this colleague?*
– *Can you tell me more?*

Do you feel that we discussed all or is there something else you would like to add? Some thoughts that came up before/during interview?

APPENDIX 4. (Example of analysis process)

SUMMARY OF RAW DATA	INTERPRETATION	SUB-THEME	THEME
RNs' own fear of relationships when realizing the frequency of IPV. RNs' feelings of confusion about the complex feelings of their patients towards the person committing abuse and the extent of the abuse.	Coming to terms with and understanding the actual existence of IPV and how it affects patients. Own fear towards relationships with men because of these experiences.	Registered nurses' increased awareness and understanding about the reality of intimate partner violence	Registered nurses' professional and personal experiences of challenges in caring for patients exposed to intimate partner violence
RNs experienced seeing how IPV affected their patients' mental and physical health but also socially, the work ability, therefore finances, and that patients who have been exposed to IPV tend to cry differently during labor. Without IPV women maybe could have more impact and productivity in their lives/society.	Consequences and effects of IPV are upsetting since they effect the whole human being. Reflections upon what impact women could have had in the world without IPV.	Consequences and effects intimate partner violence have on a human being, and experienced limitations by some women caused by intimate partner violence	
RNs experienced challenge is that they cannot do more than to treat the patient. There is no help to get them out of the situation, or help to change their relationship, due to lack of resources within health and social care. Social care is lacking since the means to support the women to get out of an IPV situation are not in place. Some women might want to leave their situation but financially cannot, which RNs should consider in order to avoid victim blaming.	RNs' frustration that they can only "treat" the immediate effects of the patient exposed to IPV, but they want to do more to support the patient by helping to improve the living situation and relationship in the long term. Some patients stay in abusive relationships which they want to leave but feel that they cannot for reasons, such as insufficient finances to support themselves and their children.	Registered nurses' experienced frustration and challenges about health- and social care systems in Jamaica which limit care for women exposed to intimate partner violence	
RNs' experiences with patients exposed to IPV is expressed as both good and challenging, as the stories of the patients can be heartbreaking to hear and difficult to understand. Seeing others and how their relationships might be, when there is IPV present makes nurse feel blessed in how their relationships are. But it is also very challenging meeting these patients.	RNs' first experiences while caring for patients exposed to IPV were about struggling to understand the dynamics of IPV in their patients' relationships, later developing into empathic feelings for the patients' experiences with IPV and gratitude in their own non-abusive relationships.	Registered nurses' gratefulness for their own non-abusive relationships and their struggles to comprehend the complexities of intimate partner violence	
RNs' ability to find their own ways to provide safety for their patients beyond following routines. Once the RNs recognize that the patient is experiencing abuse, RNs	RNs' ability in providing patients with safety to feel comfortable and to be able to speak about their situation without fearing	Registered nurses' responsibility and ability in providing safety, comfort,	Registered nurses' perceived responsibility in

provide and ensure a safe space for the patient, so the patient feels able and safe to speak about what had happened.	that others might hear about their experiences.	and a peaceful environment for their patients	creating a safe and non-judgmental environment for patients who have been exposed to intimate partner violence
RNs' shock about the complexity in a relationship where IPV is present, that some women tend to protect the person who committed the abuse, or choose not to leave the relationship, but over time understanding that RNs are not there to judge or need to understand what and why, but to offer care and support that the patient needs. Judging patients may result in them not seeking the care they need.	Understanding that IPV within a relationship is a complex issue and offering women the care they need without judgment, as it is not a RN's place to have a say in the patient's own private life and relationships. Seeing that judgmental nursing is not helpful to their patients' health and well-being.	Registered nurses' ability to maintain professional attitudes despite their own emotions or thoughts	
If RNs do not think they can manage caring for a patient exposed to IPV, do not enter the room, and instead switch patients. But if they do provide care for the patient, they need to remember to put aside their own thoughts and emotions and be empathic. Treating patients who have been exposed to IPV is challenging emotionally and it is important to know how to detach as we have our private lives to attend to.	The ability to look within and acknowledge one's own limitations as a nurse, for the sake of the patient and evolving methods to manage one's own emotions.	Registered nurses' self-awareness about their own limitations and strategies for managing their emotions when caring for patients exposed to intimate partner violence	Registered nurses' self-awareness and strategies for managing their own emotions following encounters with patients exposed to intimate partner violence
New colleagues should know that they are not forced into this type of situation, there is help and support for them too. If new colleagues find IPV interesting, they should educate themselves on the topic but do so carefully. Due to the history of Jamaica regarding colonization, abuse is inherited and has made its way into family lives. RNs should therefore also attend to their own experiences with IPV to heal their own emotions and trauma before helping others.	Understanding that meeting a patient who is exposed to IPV can be challenging and RNs should not feel pressured to care for a patient if they do not feel like they can handle it. RNs should also attend to their own emotions and trauma before helping others.	Registered nurses' empathy towards colleagues who do not have the ability to treat patients exposed to intimate partner violence and healing one's own trauma before helping others	