Author's response to reviews

Title: Nurses’ preparedness to care for women exposed to Intimate partner violence: a quantitative study in primary health care.

Authors:

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Version: 4 Date: 30 October 2011

Author's response to reviews: see over
Revisions

Comments on the report of reviewer dr. Angela Taft

Version: 3 Date: 30 September 2011
Reviewer: Angela Taft

Reviewer's report:

Minor essential revisions (esp Q3)

Comments:
1. Methods: is now better explained. The sentence about the clinic as a variable can be removed.
   Answer: The sentence “the clinic was not used as a variable in this study” has been removed in the revised manuscript.

Comments:
2. Setting and data collection: Please spell out PHCC at the beginning of this section and then give the abbreviation. The random selection procedures are now better explained.
   Answer: This has now been corrected as suggested. Please refer to page 4.

Comments:
3. Data analysis: ‘P. 7 dependant’ variable – you use depending? And then dependant. This section is unclear – please outline what the question was, which was significant. How did you develop your preparedness index? This forms the basis for table 7? Please clarify if this your question about ‘their understanding of their own preparedness’
   Answer: This paragraph has now been fully revised and reads as follows:
   ‘Are the nurses’ prepared to identify and provide nursing care to women exposed to IPV who attend primary health care? To address this question, a two-step multivariate logistic regression analysis was performed. In step 1, ‘if you suspected that a women was exposed to
IPV, would you confirm it by asking her if it was true?’ was used as the dependent variable, to assess nurses’ ability to identify women exposed to IPV. In step 2, ‘do you believe that you are sufficiently prepared to deal with a woman exposed to IPV?’ was used as the dependent variable to find predictive factors associated with nurses’ preparedness to deal with women exposed to IPV.’ Refer to pages 7 and 8.

Also, please note below that Table 7 is now Table 3 and Table 8 is now Table 4.

Table 3. Multivariate logistic regression with factors associated with nurses’ identification of women exposed to Intimate partner violence (IPV), i.e. stating that they asked women about violence.

|                   | Odds Ratio | P>|z| | [95 % Conf. interval] |
|-------------------|------------|------|----------------------------|
| Not sufficiently prepared to deal with a woman exposed to IPV | 1 (ref)    |      |                            |
| Sufficiently prepared to deal with a woman exposed to IPV | 6.30       | 0.002| 2.02-19.67                |
| Age 20-39         | 1.64       | 0.315| 0.62-4.31                |
| Age 40-60         | 0.89       | 0.854| 0.27-2.93                |
| Age >60           | 1 (ref)    |      |                            |

Table 4. Multivariate logistic regression with factors associated with nurses’ preparedness to meet women exposed to Intimate partner violence (IPV).

|                   | Odds Ratio | P>|z| | [95 % Conf. interval] |
|-------------------|------------|------|----------------------------|
| Yes on the question: ‘Do you believe that you are sufficiently prepared to deal with a woman exposed to IPV?’ | 1 (ref)    |      |                            |
| ‘Did you receive training about dealing with IPV in your vocational training?’ and/or ‘Did you receive training about dealing with IPV in your professional work?’ | 9.07       | 0.01 | 2.82-29.12                |
| ‘Have you obtained knowledge about IPV by own initiative?’ | 0.38       | 0.26 | 0.09-1.50                |
| Age 20-39         | 0.57       | 0.46 | 0.11-2.84                |
| Age >60           | 1 (ref)    |      |                            |

Comments:
4. Results: Much clearer, although I would substitute ‘non-response rate’- for ‘dropout’ on P8, first paragraph.
Answer: The text has now been clarified as suggested to match the revised flowchart better (Figure 1). ‘Questionnaires were distributed to 277 nurses working at the 39 PHCC. The response rate was 70% (n=192) after one reminder. Eighty-three nurses dropped out, 19 of whom did not return the questionnaire whilst 64 did. Of those 64, 48 provided reasons for not wishing to participate (i.e. lack of time, illness, holiday or maternity leave) whilst 16 returned the questionnaire unanswered.’ Please refer to page 8.

Comments:
5. indicate where the flowchart is to be located.
Answer: The flow chart has now been inserted in Results, on page 8.

Comments:
6. The tables are better presented but the confidence intervals only include one
and not both intervals – please correct this. Also please indicate your comparison group in subscript beneath each table. I can only assume it was nurses over 60 for age and those who did not think they were prepared for preparedness.

Answer: The tables have been rewritten and include information about the age of the comparison groups. Please refer to Tables 3 and 4. Also, please note below that Table 7 is now Table 3 and Table 8 is now Table 4.

Table 3. Multivariate logistic regression with factors associated with nurses’ identification of women exposed to Intimate Partner Violence (IPV), i.e. stating that they asked women about violence.

| If you suspected that a woman was exposed to IPV, would you confirm it by asking her if it was true? | Odds Ratio | P>|z| | [95 % Conf. interval] |
|---|---|---|---|
| Not sufficiently prepared to deal with a woman exposed to IPV | 1 (ref) |
| Sufficiently prepared to deal with a woman exposed to IPV | 6.30 | 0.002 | 2.02-19.67 |
| Age 20-39 | 1.64 | 0.315 | 0.62-4.31 |
| Age 40-60 | 0.89 | 0.854 | 0.27-2.93 |
| Age >60 | 1 (ref) |

Table 4. Multivariate logistic regression with factors associated with nurses’ preparedness to meet women exposed to Intimate partner violence (IPV).

| Yes on the question: ‘Do you believe that you are sufficiently prepared to deal with a woman exposed to IPV? | Odds Ratio | P>|z| | [95 % Conf. interval] |
|---|---|---|---|
| ‘Did you receive training about dealing with IPV in your vocational training?’ and/or ‘Did you receive training about dealing with IPV in your professional work?’ | 1 (ref) |
| ‘Have you obtained knowledge about IPV by own initiative?’ | 9.07 | 0.01 | 2.82-29.12 |
| Age 20-39 | 0.38 | 0.26 | 0.09-1.50 |
| Age 40-60 | 0.57 | 0.46 | 0.11-2.84 |
| Age >60 | 1 (ref) |

Comments:
7. Discussion: Summary – these are important findings and I congratulate you for looking at both levels.

P11, L4 – I suggest ‘many had poor knowledge and concerning attitudes similar to those in the community’ instead of ‘distinct attitudes’.

Answer: This sentence has now been changed accordingly and reads as follows; ‘Many had poor knowledge of the issues around IPV and shared attitudes and views similar to those of people in their community’. Please refer to page 12.

P.12 L2, please add a comment about whether you think referral to a doctor is adequate or whether they would have the same shortcomings (no training, community attitudes?)

Answer: This is further explained on page 15 in the revised manuscript.

‘A doctor’s appointment is a necessary intervention but it might also, be a way of ‘passing the buck’ when one is not aware of other nursing interventions, does not have written guidelines, and/or feels uncomfortable encountering someone who has been exposed to IPV.'
It could also mean that nurses believed that doctors were more prepared to intervene in cases of IPV which may also be the case sometimes but not always’s. Please refer to page 15.

I agree with Dr Lo Fo Wong on the limitation of guidelines without organisational mandate, a priority recognised in nursing organisations and government primary health care policies and sustained upskilling.

Answer: The paragraph about guidelines has now been clarified and reads as follows; ‘Although guidelines are meant to facilitate IPV detection and implementation of the appropriate intervention methods, results from several studies are so far inconclusive [17, 32, 33, 35]. At the same time, it is well known that only when guidelines are implemented in the organisation can nurses effectively support women exposed to IPV [36]. When guidelines are, therefore, lacking nurses may have to improvise with uncertain outcomes [37]. In this study, only 5% of the participants stated they were aware of written guidelines. It was not known whether this was due to complete lack of guidelines or lack of knowledge about existing guidelines. Either way, special attention should be paid on the impact lack of guidelines or lack of awareness of existing guidelines has on the nurses’ self-rated preparedness. In this study, nurses considered the lack of guidelines as inhibiting in dealing with women exposed to IPV’. Please refer to pages 13 and 14.

Comments:
8. Re community attitudes, the WHO study confirms that IPV is most common among lower SES groups, but not only there – is this what you meant? It is useful to give your preferred answer in the relevant table.

Answer: Reviewer is right, i.e, IPV is common in all socioeconomic groups and not only in lower SES groups. ‘Preferred answer’ is indicated with ** and relevant subscript has been added beneath Table 2, part 1

Table 2. Questionnaire
Part 1. Nurses’ views on common attitudes toward Intimate Partner Violence (IPV).

<table>
<thead>
<tr>
<th>Attitudes</th>
<th>*Agree to some degree</th>
<th>**Do not agree at all</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and drugs are common reasons for IPV (n=182)</td>
<td>91</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>The perpetrator simply loses control (n=180)</td>
<td>69</td>
<td>25</td>
<td>16</td>
</tr>
<tr>
<td>IPV is most common among the lower socioeconomic groups (n=178)</td>
<td>25</td>
<td>71</td>
<td>4</td>
</tr>
<tr>
<td>Victims of IPV can always leave the perpetrator if they want to (n=181)</td>
<td>22</td>
<td>77</td>
<td>1</td>
</tr>
<tr>
<td>For children’s sake, it is important to keep the family together even when IPV occurs (n=180)</td>
<td>12</td>
<td>86</td>
<td>2</td>
</tr>
<tr>
<td>It is the victim’s fault that she has been abused (n=182)</td>
<td>3</td>
<td>97</td>
<td>1</td>
</tr>
</tbody>
</table>

* These answers include the following alternatives: ‘agree perfectly’, ‘agree somewhat’, ‘agree to some degree’
** The preferred answer to all questions
Corrections:
There are many small grammatical mistakes which should be corrected.
P.3 L4 Swedish legal system
Answer: This has now been corrected; ‘Since 1980s there have been major legal reforms in Sweden.’ Please refer to page 3.
P.4 L8 interventions, since women (remove IPV ...isolation) exposed to violence become isolated....
Answer: This has now been corrected; ‘...since women exposed to IPV often become isolated as a result of the abusers’ controlling behaviour’. Please refer to page 4.
Pls correct ref 21 Bacchus not Bacchu
Answer: This has now corrected in the revised manuscript.

Comments: Quality of written English: Needs some language corrections before being Published
Answer: English language has been thoroughly revised.

Revisions

Comments on the report of reviewer dr. Sylvie Lo Wong

Version: 3 Date: 30 September 2011
Reviewer: Sylvie Lo Wong

Major Compulsory revisions needed.

Comments:
1. Is the question posed by the authors well defined? Yes, although in the methods section the aim has been changed into: ‘...to assess the nurses ability to identify women exposed to IPV’. At the end of the background they mentioned: ‘nurses preparedness to provide nursing care’. This is not the same, identification is only one aspect of preparedness. The authors should adhere to their first aim.
Answer: The aim is now clearly defined; ‘Taking all these into account, the aim of the study was to assess nurses’ preparedness to identify and provide nursing care to women exposed to IPV who attend primary health care’. Please refer to pages 4 and 5.

Comments
2. Are the methods appropriate and well described? Partially. How many questions remained after the first testing round with 6 nurses? 20 of the 27?Ddid the questionnaire changed after the 39 nurses tested it?
Answer: The method paragraphs are now rewritten to clarify the process of developing and testing the questionnaire and reads as follows; ‘A questionnaire that measured nurses’ preparedness in meeting with women exposed to IPV, (i.e. identifying them and provide standard and/or tailor made nursing interventions) was developed, based on a systematic literature review [32] and the authors’ knowledge and experience in this area. A draft was
sent to a professional survey designer at Statistics Sweden who made modifications to it. The amended version consisting of 27 questions (including demographic) was pilot-tested by six nurses working in PHC who were asked to complete the questionnaire and comment on clarity and relevance of each question. Upon evaluating the returned questionnaires, two questions were removed; ‘Do you participate in any kind of collaboration related to IPV?’ and ‘Do you have suggestions on training you think are important to your work with women facing IPV?’ and two new questions were added; ‘Are you a nurse or a district nurse?’ and ‘How many years have you worked as a nurse?’. The improved version of the questionnaire, still consisting of 27 questions (including demographic), was further tested on 39 nurses working in PHC in another county who were asked to comment on content, clarity and relevance. These nurses were not included in this study’. Final evaluation produced the final version of the questionnaire which consisted of 29 questions, nine of which aimed at assembling demographic data and personal experiences of IPV. The remaining 20 questions aimed at assessing the nurses’ knowledge on IPV. Please refer to page 5.

Comments: Explain what is meant by: ‘being sufficiently prepared’ in the methods and not only in the results section. (page 11)
Answer: “Being sufficiently prepared” are explained in the paragraph called “Preparedness to provide nursing care to women exposed to IPV” in the background. It has also been added in the method.’

Background: ‘In the case of meeting women exposed to IPV, sufficient preparedness requires both knowledge and experience to identify victims of IPV and implement the right nursing interventions. Such interventions may include providing the correct information about the resources available and follow ups in the form of routine appointments or telephone calls’. Please refer to page 4.

Method: ‘A questionnaire that measured nurses’ preparedness in meeting with women exposed to IPV, (i.e. identifying them and provide standard and/or tailor made nursing interventions…)’ Please refer to page 5.

Comments:
3. Are the data sound? There are different numbers of questionnaires returned, fully answered and valid. How many had to be excluded? The flowchart does not correspond with the numbers in the results paragraph. (194 – 193 – 190?) Why did they select 20 -20 cards? In the analysis they did not discern between both groups? Is this study part of an intervention study? Please provide information in short.
Answer: As shown in the flowchart 192 questionnaires were returned answered, of them none had to be excluded since all were valid. The number 194 were unfortunately wrong written in the earlier manuscript, it should be 192. The flowchart is reconstructed in order to make it clearer. The different numbers not corresponding with result paragraph depends on internal drop out.
In Stockholm in average there are five nurses working on each PHCC which make 40 PHCC needed (5 x 40 = 200). For transparent reason we chose two colleagues for the draw; ‘For transparency, two colleagues independently drew 20 paper cards each, a total of 40’. Please
refer to page 7. There are no different groups; we count it as one group. The study is not a part of an intervention study.

Comments:
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Partly, now the first paragraph of the results section needs rewriting. Too mixed up with response rate and invalid questionnaires because of missing values. A pity, because it is rich material.
Answer: The first paragraph of the result section is now rewritten in order to clarify the response rate; also the flowchart is reconstructed in order to make it clearer:

‘Questionnaires were distributed to 277 nurses working at the 39 PHC. The response rate was 70% (n=192) after one reminder. Eighty-three nurses dropped out, 19 of whom did not return the questionnaire whilst 64 did. Of those 64, 48 provided reasons for not wishing to participate (i.e. lack of time, illness, holiday or maternity leave) whilst 16 returned the questionnaire unanswered. Generally, the internal dropout was between 0% and 5% except for questions ‘do you ask women if they are exposed to IPV when you suspect it?’ and the question about ‘Nurses’ views on common attitudes toward Intimate Partner Violence’ which showed an internal dropout of 9%’. Please refer to page 8.

Comments:
5. Are the discussion and conclusions well balanced and adequately supported by the data? This section has improved. Check for unnecessary double information and again in the limitations 35 nurses were mentioned for not having provided a reason for not answering. Not same as in the flowchart. Further some explanation on missing values should be provided.
Answer: The 35 nurses mentioned for not having provided a reason for not answering are the 19 nurses who did not return their questionnaires and the 16 who returned it but with no written reason for not answering. This has been clarified in the revised manuscript;

‘Among the 83 nurses who did not answer the questionnaire reasons for this is known for more than half of them since they returned the questionnaire with written comments regarding this. However, the nurses, in total 35, who did not return their questionnaire or returned it but gave no written reasons for not answering, were not further contacted. It is therefore not known if they introduce a selected bias’. Please refer to page 15-16.

Comments:
6. Are limitations of the work clearly stated? Much better now, although more clearness is needed on missing values and response rate, which is very high, making this study valid.
Answer: The missing values have been clarified under ‘study limitations’ in the revised manuscript. ‘The internal dropout was between 0% and 5% except for two questions where it was 9%, even though it must be considered as low. The decision was made to not exclude the questionnaires or the variables with missing values since they occurred randomly and did not affect the outcome of the study’. Please refer to pages 16 and 17.

Comments:
7. Do the authors clearly acknowledge any work upon which they are building,
both published and unpublished?
More recent references are provided but still reference 5, 6 cannot be checked
while for 6 a substitute from Sweden is possible. Stenson, Heimer, e.a. WHI
2008, Prevalence of experiences...
**Answer:** It was found important to build the study also on knowledge about Swedish
circumstances. One of the references was translated into English which now is corrected in
the references.

**Comments:**
8. Do the title and abstract accurately convey what has been found? The title is
shorter but still not accurately. How about: Nurses preparedness to take care of
abused women: a quantitative study in primary health care. (in Sweden: not
really needed. This could have been done everywhere)
**Answer:** Abuse do not reflect the violence we are looking in to so the decision was to
shorten the title and it reads as follows: ‘Nurses’ preparedness to care for women exposed to
Intimate Partner Violence: a quantitative study in primary health care.’

**Comments:**
9. Is the writing acceptable?
The writing still needs improvement, sometimes the meaning of a sentence is not
clear because of wrong wording.
**Answer:** English language has been thoroughly revised.

**Other numbered comments:**

**Comments:**
1. Language editing needed to understand what the authors mean to say.
**Answer:** English language has been thoroughly revised.

**Comments:**
2. Page 3: .. in the Swedish legislation (not legal)
**Answer:** This has now been corrected on page 3 in the revised manuscript.

**Comments:**
3. Page 3: include reference: Ramsay BMJ 2002 a systematic review of
quantitative studies, reports low recognition of healthcare staff (0-3%)
**Answer:** The reference has now been included.

**Comments:**
4. Page 5: many changes needed on the validation procedure of the
questionnaire. Development and testing phase.
**Answer** The method paragraphs are now rewritten to clarify the process of developing and
testing the questionnaire; ‘A questionnaire that measured nurses’ preparedness in meeting
with women exposed to IPV, (i.e. identifying them and provide standard and/or tailor made
nursing interventions) was developed, based on a systematic literature review [32] and the
authors’ knowledge and experiences in this area. A draft was sent to a professional survey
designer at Statistics Sweden who made modifications to it. The amended version consisting of 27 questions (including demographic) was pilot-tested by six nurses working in PHC who were asked to complete the questionnaire and comment on clarity and relevance of each question. Upon evaluating the returned questionnaires, two questions were removed; ‘Do you participate in any kind of collaboration related to IPV?’ and ‘Do you have suggestions on training you think are important to your work with women facing IPV?’ and two new questions were added; ‘Are you a nurse or a district nurse?’ and ‘How many years have you worked as a nurse?’. The improved version of the questionnaire, still consisting of 27 questions (including demographic), was further tested on 39 nurses working in PHC in another county who were asked to comment on content, clarity and relevance. These nurses were not included in this study.

Final evaluation produced the final version of the questionnaire which consisted of 29 questions, nine of which aimed at assembling demographic data and personal experiences of IPV. The remaining 20 questions aimed at assessing the nurses’ knowledge on IPV. Please refer to page 6.

Comments:
5. Page 8: first part has changed however still presented too messy and not corresponding with flowchart.
Answer: The parts is rewritten and clarified and correspond now with the flowchart.

‘Questionnaires were distributed to 277 nurses working at the 39 PHC. The response rate was 70% (n=192) after one reminder. Eighty-three nurses dropped out, 19 of whom did not return the questionnaire whilst 64 did. Of those 64, 48 provided reasons for not wishing to participate (i.e. lack of time, illness, holiday or maternity leave) whilst 16 returned the questionnaire unanswered’. Please refer to page 8 and figure 1.

Comments:
6. Page 9: as the authors present a large number of tables with outcomes, they can easily shorten the text e.g. Table 2: the majority of the respondents did not discuss how to react at the workplace. Etc etc.
Answer: This has been taken under consideration and has been revised.

Comments:
7. Page 10: the last paragraph on children: shorten to avoid double text.
Answer: The text has now been shortened to avoid repetition.

Comments:
8. Page 11: ‘being sufficiently prepared’ comes forward for the first time in the manuscript. The authors should explain in the methods what they mean by ...
Answer: “Being sufficiently prepared” are explained in the paragraph called “Preparedness to provide nursing care to women exposed to IPV “ in the background. It has also been added in the method’.

Background: ‘In the case of meeting women exposed to IPV, sufficient preparedness requires both knowledge and experience to identify victims of IPV and implement the right nursing interventions. Such interventions may include providing the correct information about the
resources available and follow ups in the form of routine appointments or telephone calls’. Please refer to page 4.

Method: ‘A questionnaire that measured nurses’ preparedness in meeting with women exposed to IPV, (i.e. identifying them and provide standard and/or tailor made nursing interventions...’.) Please refer to page 5.

Comments:
9. Page 11: Moreover it seems that elderly nurses are better prepared. Is this correct? The tables are not clear contain too many figures and do not correspond clear enough with the text. Also statistical test is missing beneath table 7-8.
Answer: The tables are now rewritten to correspond clearer with the text. Also, please note below that Table 7 is now Table 3 and Table 8 is now Table 4.

| Table 3. Multivariate logistic regression with factors associated with nurses' identification of women exposed to IPV, i.e. stating that they asked women about violence. |
|--------------------------------------------------|----------|----------|------------------|
| 'If you suspected that a woman was exposed to IPV, would you confirm it by asking her if it was true?' | Odds Ratio | P>|z| [95% Conf. interval] |
| Not sufficiently prepared to deal with a woman exposed to IPV | 1 (ref) |
| Sufficiently prepared to deal with a woman exposed to IPV | 6.30 | 0.002 | 2.02-19.67 |
| Age 20-39 | 1.64 | 0.315 | 0.62-4.31 |
| Age 40-60 | 0.89 | 0.854 | 0.27-2.93 |
| Age >60 | 1 (ref) |

| Table 4. Multivariate logistic regression with factors associated with nurses' preparedness to meet women exposed to IPV. |
|----------------------------------------------------------------------------------------------------------------------------------|----------|----------|------------------|
| Yes on the question: 'Do you believe that you are sufficiently prepared to deal with a woman exposed to IPV? |
| 'Did you receive training about dealing with IPV in your vocational training?' and/or 'Did you receive training about dealing with IPV in your professional work?' | Odds Ratio | P>|z| [95% Conf. interval] |
| 'Have you obtained knowledge about IPV by own initiative?' | 1 (ref) |
| Age 20-39 | 0.38 | 0.26 | 0.09-1.50 |
| Age 40-60 | 0.57 | 0.46 | 0.11-2.84 |
| Age >60 | 1 (ref) |

Comments:
Answer: The sentence about guidelines has now been clarified.
The paragraph about guidelines has now been clarified and reads; ‘Although guidelines are meant to facilitate IPV detection and implementation of the appropriate intervention methods, results from several studies are so far inconclusive [17, 32, 33, 35]. At the same
time, it is well known that only when guidelines are implemented in the organisation can nurses effectively support women exposed to IPV [36]. When guidelines are, therefore, lacking nurses may have to improvise with uncertain outcomes [37]. In this study, only 5% of the participants stated they were aware of written guidelines. It was not known whether this was due to complete lack of guidelines or lack of knowledge about existing guidelines. Either way, special attention should be paid on the impact lack of guidelines or lack of awareness of existing guidelines has on the nurses’ self-rated preparedness. In this study, nurses considered the lack of guidelines as inhibiting in dealing with women exposed to IPV’. Please refer to pages 13 and 14 in the revised manuscript.

Comments:
11. combine tables on questionnaire.
Answer: The tables regarding the questionnaire are now combined in the revised tables. Please see table 2.

Comments:
12. A very nice study but not yet reported sound enough. Major revision needed.

Quality of written English: Needs some language corrections before being Published
Answer: English language has been thoroughly revised.