PREPAREDNESS OF PROFESSIONAL NURSES TO RECOGNISE AND RESPOND TO GENDER-BASED VIOLENCE IN HIGHER EDUCATION INSTITUTIONS IN THE CITY OF CAPE TOWN, SOUTH AFRICA

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Thesis submitted in fulfilment of the academic requirements for the Doctor of Nursing in the Faculty of Health Sciences at the Durban University of Technology.

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Date : 15 April 2026

DECLARATION

This is to certify that the work is entirely my own and not that of any other person unless explicitly acknowledged (including citations of published and unpublished sources). This work has not previously been submitted to the Durban University of Technology or any other institution for assessment or any other purpose.

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Abstract

Background: Gender-based violence (GBV) is a widespread problem worldwide, deeply affecting public health and touching people in many areas, including healthcare and universities. In South Africa, GBV rates are exceptionally high, and universities face these challenges too. Nurses working in campus health clinics are vital in identifying and addressing GBV, which makes proper training and readiness essential.

Aim: This study focused on evaluating how well professional nurses at certain higher education institutions are prepared to identify and respond to gender-based violence, exploring nursing lecturers' recommendations for enhancing nursing curricula to effectively address GBV, and developing guidelines for integrating comprehensive GBV management into nursing education.

Methodology: The study used a qualitative case study approach, conducting semi-structured interviews with professional nurses and nurse lecturers from two higher education institutions in Cape Town, South Africa, along with reviewing relevant curriculum documents. Data was collected until saturation was reached, and thematic analysis was used to identify key themes and patterns.

Findings: The study identified significant gaps in the preparedness of professional nurses to address GBV, including insufficient knowledge, skills, and resources, as well as limited GBV-related content in existing nursing curricula. Based on these gaps, this study proposes guidelines for HEIs that include integrating formal GBV education, establishing dedicated GBV modules, incorporating ethical and human rights considerations, promoting interdisciplinary teaching, and implementing practical training and simulation exercises. The guidelines also emphasise the need for accurate documentation protocols, regular in-service training, innovative teaching methods, and continuous curriculum review.

Conclusion: This study underscores the importance of integrating comprehensive GBV education into nursing curricula and provides practical guidelines for curriculum planners, policymakers, and administrators to enhance the preparedness of nursing

professionals in addressing GBV effectively and ensuring empathetic and competent care for survivors.

Keywords: Gender-Based Violence, Nursing Education, Curriculum Development and Higher Education Institutions

DEDICATION

As an expression of my deepest gratitude and appreciation to LOML, I dedicate this work to my loving wife, to whom I remain forever indebted for the love, patience, support, tolerance, and encouragement that inspired and sustained me throughout this research. MaQwabe ngiyabonga.

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Glossary of terms

- **Co-curricula:** Co-curricular activities are hands-on learning experiences outside the classroom. They are informal education rooted in personal experience, designed to enhance the standard curriculum (Roslan and Hamid 2020a: 162). For this study, we define co-curricular experiential learning, based on the University of Toronto (2022), as structured activities that complement academic coursework but are not mandatory for a degree (University of Toronto 2022).
- **Curricula** refer to the planned courses of study and encompass all courses offered or those within a specific discipline. By contrast, curricular experiential learning is directly integrated into academic programs. As defined by the University of Toronto (2022), these opportunities, such as projects, partnerships, and placements, enable students to apply their knowledge to real-world scenarios. This definition guides the approach of this study.
- **Experience:** Experience means personally observing, encountering, or going through something (Dictionary 2012). This study looks into the experiences of nurses caring for victims of gender-based violence, and this definition guides our analysis.
- **Gender-based violence (GBV)** is a serious violation of human rights that seriously endangers health and safety. According to the World Health Organisation (WHO) (2019a), GBV includes physical, sexual, or psychological violence such as rape, sexual abuse, human trafficking, and forced prostitution. This study adopts that definition.
- **Guidelines** are instructions on how something should be done or what actions to take in certain situations (Dictionary 2008). This definition was applied in the study.
- **Nurse Educator or Nurse Lecturer:** Registered with the South African Nursing Council under Section 31 of the Nursing Act 2002 (Act 33 of 2005), and holding an additional qualification in Nursing Education (Nursing Act 2005), nurse educators in this study are defined as those teaching the social science module or related subjects within the context of GBV.
- **Nurse:** According to the Nursing Act No. 33 of 2005, a nurse is a person registered in a category under Section 31(1) to practice nursing or midwifery (Nursing Act 2005). These categories included professional nurses, registered nurses, and registered auxiliary nurses.

- **Nursing:** Practices grounded in personal and professional knowledge, guided by values of holistic beneficence and patient empowerment (Finfgeld-Connett 2008: 527).
- **Professional Nurse:** A person registered under Section 31 of the Nursing Act 2002 (Act 33 of 2005), with the South African Nursing Council. In this study, professional nurses are those holding only an undergraduate qualification.
- **Trauma**: covers sudden injuries, recent HIV diagnoses, car accidents, rape, kidnapping, abuse, and natural disasters (Costello Erkali, Fairbank and Angold 2002: 101). In this study, trauma refers specifically to the effects of violent acts experienced by victims. This definition was applied throughout the study.
- **Victim:** The National Policy Guidelines for Victims (1997) define a victim as a person who has experienced harm, including physical or mental injury and emotional distress. In this study, a victim refers to someone in the City of Cape Town who has endured physical violence.

List of acronyms

Acronym	Full word
CSCD	Centre for Student Counseling and Development
DHET	Department of Higher Education and Training
GBV	Gender-Based Violence
GBVF NSP	Gender-Based Violence and Femicide National Strategic Plan
ICPD	International Conference on Population and Development
IGBVF-SC	Interim Gender-based Violence and Femicide Steering Committee
IPV	Intimate Partner Violence
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer etc.
MDG	Millennium Development Goal
NSP	National Strategic Plan
PACK	Practical Approach to Care Kit
SAMRC	South African Medical Research Council
SANC	South African Nursing Council
SDGs	Sustainable Developmental Goals
TCCs	Thuthuzela Care Centres
TFGBV	Technology-Facilitated Gender-Based Violence
UN	United Nations
UN	United Nation
WHO	World Health Organisation

CHAPTER ONE
OVERVIEW OF THE STUDY

1.1. INTRODUCTION: BACKGROUND TO THE STUDY

Gender-based violence (GBV) is a global issue that cuts across all regions, backgrounds, and income levels no one is immune. The United Nations defines GBV as any act causing, or potentially causing, physical, sexual, or psychological harm due to someone's gender. Beyond being a human rights concern, it's a significant public health crisis (United Nations (UN) 2020). GBV also creates unique challenges in healthcare and higher education, influencing policies, patient care, and teaching approaches (United Nations (UN) Women 2021).

Around the world, about one in three women will face physical or sexual violence at some point in their lives, with severe impacts on their health, financial stability, and communities (World Health Organisation (WHO) 2022a). South Africa's GBV rates are especially concerning, with over half of the women experiencing it at some point (Statistics South Africa 2024: 4). Unfortunately, colleges, universities, and healthcare settings are not shielded from this reality; they often mirror broader societal issues within their walls (Department of Higher Education and Training 2019: 6).

The effects of GBV reach far beyond the initial physical injuries, leading to lasting psychological trauma and ongoing social and economic challenges. Victims often face barriers to accessing education and healthcare and further entrenching cycles of poverty and marginalisation (Heise *et al.*, Ellsberg and Gottmoeller 2019: 6). The societal costs are equally profound, as communities bear the burden of lost productivity, increased healthcare costs, and strained social services (Ellsberg, Arango, Morton, Gennari, Kiplesund, Contreras and Watts 2015: 7).

Health care professionals, particularly nurses, play a critical role in recognising and responding to GBV. Their position in HEIs provides a unique opportunity to educate future generations of healthcare providers and to influence institutional policies and practices. By enhancing nurses' preparedness to address GBV, one can improve outcomes for survivors and contribute to broader societal change (Garcia-Moreno, Hegarty, d'Oliveira, Koziol-McLain, Colombini and Feder 2015: 8).

This research sought to understand how well-prepared Professional Nurses in specific HEIs are to handle GBV, focusing on their knowledge, skills, and available resources. It also explored their ideas for improving nursing programs to prepare future nurses to deal with GBV effectively. The study also explored nursing lecturers' recommendations for improving nursing curricula to equip future Professional Nurses with the knowledge, skills, and attitudes needed to identify and respond to GBV effectively. Ultimately, by proposing guidelines for integrating comprehensive GBV management into nursing education, this study aimed to help reduce the impact of GBV in education and healthcare.

1.1.1 Overview of Gender-Based Violence (GBV)

Gender-based violence (GBV) is a significant public health challenge worldwide, affecting both men and women. It includes a wide range of harmful acts aimed at people because of their gender (Olson, Garcia-Moreno, and Colombini 2020a: 2). Those who have experienced GBV frequently utilise healthcare services more than individuals without such histories, presenting opportunities for healthcare professionals to address and mitigate the negative health consequences of GBV (Olson, Garcia-Moreno, and Colombini 2020b: 2). A recent study investigated the preparedness of Professional Nurses in Campus Health Clinics at selected Higher Education Institutions (HEIs), focusing on their knowledge, skills, and resources related to GBV recognition and response (Tomas and Rupare 2022: 2). It also explored recommendations for developing nursing curricula that equip future nurses with the competencies necessary to address GBV effectively. GBV manifests in many ways, including physical, sexual, psychological, and economic violence, all of which deeply impact the health and well-being of individuals and their communities.

1.1.2 Different Types of Gender-Based Violence

Understanding the complexity and diversity of gender-based violence (GBV) is crucial for addressing its pervasive impact on individuals and communities. This section delves into the various forms of GBV, highlighting the profound consequences that they impose on victims. This underscores the importance of recognising these forms in general societal contexts and within specific environments, such as healthcare and educational institutions.

Physical violence is perhaps the most visible form of GBV, manifesting through acts such as hitting, slapping, or the use of weapons. These acts inflict bodily harm and often necessitate medical interventions (Stöckl *et al.*, Watts and Mbwambo 2012, p.25). Sexual violence, characterised by coerced or forced sexual acts, remains a significant concern in healthcare settings, where survivors frequently seek support (Olson *et al.* 2020a: 78).

The psychological dimension of GBV, which involves emotional abuse and controlling behaviour, leads to severe mental health issues in victims. This necessitates psychological support to address the resulting depression, anxiety, and diminished self-worth (Kgatla 2020b: 112). Economic violence further restricts individuals' access to financial resources and employment opportunities, undermining their independence (Lambrechts 2022b: 45).

Cultural and harmful traditional practices, including female genital mutilation and forced marriage, are entrenched in societal traditions yet constitute clear violations of human rights (UNICEF 2023). These practices highlight the cultural dimensions of GBV that require sensitive and informed interventions.

In healthcare settings, GBV often presents with physical injuries or psychological trauma, creating critical opportunities for healthcare professionals to offer support and interventions (Olson *et al.* 2020b). Educational settings, notably higher education institutions (HEIs), are not immune. The power dynamics and institutional cultures of these environments can perpetuate violence, necessitating proactive measures to ensure safety and equality (Fawole*,* van Wyk, Balogun, Akinsola and Adejimi 2019: 1487).

This exploration of GBV types emphasises the need for comprehensive strategies across various sectors to effectively combat and prevent violence, ensuring a safer and more equitable society.

1.1.3 Gender-Based Violence (GBV) in Higher Education Institutions (HEIs)

South African HEIs have seen numerous instances of gender-based violence (GBV), underscoring key risk factors and the need for institutions to act. These risk factors

include power dynamics between staff and students, a lack of awareness, and poor reporting systems (Grosser and Tyler 2022b: 35).

Sexual harassment and assault are common, but many incidents go unreported because victims fear stigmatisation or retaliation (Tomas and Rupare 2022: 15). The institutions responded differently. Some have implemented comprehensive policies and support systems, while others have struggled to address the problem effectively.

The South African 2020 Policy Framework on Gender-based Violence in the Post-School Education and Training System aims to create a supportive environment for dealing with GBV in HEIs. It stresses the importance of prevention, awareness, and support services to protect students and staff (Department of Health 2019: 48).
Current efforts to combat GBV in HEIs include awareness campaigns, training programs for staff and students, and the creation of specialised support services for survivors. These initiatives aim to promote a safer, more welcoming educational setting (Department of Higher Education and Training 2019: 39).

1.1.4 The Role of Nurses in GBV Management

In South Africa, nurses often serve as the first contact for survivors of gender-based violence (GBV), playing a crucial role in healthcare. They bear significant responsibilities in recognising signs of GBV, providing immediate care, and ensuring proper referrals to support services (Oparinde and Matsha 2021: 73). Effective management of GBV cases requires nurses to possess a comprehensive understanding of survivors' physical, emotional, and psychological needs (Klazinga, Artz, and Müller 2020: 15).

Training is crucial for nurses to manage GBV cases sensitively and effectively. The World Health Organisation (WHO) underscores the necessity for all healthcare practitioners to receive focused clinical care training for GBV survivors (World Health Organisation (WHO) 2019b). Unfortunately, there is a global deficit in nursing curricula regarding domestic abuse, which hinders effective GBV management (Alshammari *et al.* 2018, p.44).

Integrating GBV education into nursing programs is essential to address this gap. This integration prepares nurses to provide appropriate care and referrals, ultimately improving survivors' outcomes (Filmalter *et al.*, Heyns and Ferreira 2018: 30). In South Africa, equipping nurses with skills in forensic evidence collection and survivor education is vital (Sepeng, Makhado, and Sehularo 2022a: 127). Nurses can better recognise and respond to GBV by reforming nursing curricula to include these competencies and enhancing the overall healthcare response to this pervasive issue.

1.1.5 Existing Training and Gaps in Nursing Education in South Africa

In South Africa, the Bachelor of Nursing program accredited by the South African Nursing Council (SANC) requires students to complete a minimum of 480 credits. However, the Social Science module, which is essential for understanding how individual and group behaviours are influenced, only accounts for 14 of these credits (South African Nursing Council 2020: 1). This module aims to teach students about normal and abnormal growth and development as well as the impact of social factors on mental and physical health (South African Nursing Council 2020a: 1). Despite its significance, it does not include a practical component, which means that students are not assessed for any real-world skills or abilities related to this area.

The curriculum includes theoretical courses and work-integrated learning experiences, totalling 297 and 183 credits, respectively (South African Nursing Council 2020: 4). However, the absence of practical training in the social sciences module has raised concerns, particularly regarding gender-based violence (GBV) in South Africa. Academic research highlighted by Sepeng, Makhado, and Sehularo (2022b: 127) suggests that nurses need skills to support GBV survivors effectively. These skills include collecting forensic evidence, educating survivors on reporting GBV, and helping them navigate the criminal justice system.

Curricula generally include all courses offered in a study area and often incorporate experiential learning opportunities. These opportunities enable students to apply their disciplinary knowledge to projects and partnerships. Co-curricular activities, while not required for graduation, complement the formal curriculum and offer additional experiential learning opportunities (University of Toronto 2022,45; Roslan and Hamid

2020b, 162). These components enhance students' academic backgrounds by providing practical applications for their learned competencies.

A review of the current nursing curricula reveals significant gaps in GBV-related content. While theoretical knowledge is emphasised, there is a lack of practical, skill-based training that could better prepare nursing graduates for real-world challenges. Integrating more valuable components, especially in social sciences, could better equip future nurses to meet these challenges. As highlighted by Sepeng, Makhado and Sehularo (2022: 129), nurses must be equipped with competencies such as collecting and documenting forensic evidence, educating GBV survivors on reporting mechanisms, and assisting them in navigating the criminal justice system. Including practical, skill-based learning aligned with real-world challenges is essential to bridge this gap, ensuring that nursing graduates are theoretically informed and practically competent in managing GBV effectively.

1.1.6 Challenges Faced by Professional Nurses:

Despite the theoretical components of their training, professional nurses face several barriers to effectively managing GBV. These include lacking specific training in GBV management, inadequate resources, pervasive stigma, and systemic constraints (Mathews and Abrahams 2020: 2). The absence of comprehensive GBV training hinders nurses' ability to provide adequate care and support to survivors. Inadequate resources further limit healthcare facilities' capacity to respond effectively to GBV cases. Moreover, stigma associated with GBV, both within healthcare settings and in the broader community, often discourages survivors from seeking help. Systemic constraints, such as bureaucratic hurdles and policy gaps, also impede the effective management of GBV (Mathews and Abrahams 2020: 2).

Therefore, integrating work-integrated learning opportunities and co-curricular activities focused on GBV management within the curriculum is imperative for nurturing well-rounded nursing professionals capable of providing quality care to crime and violence survivors in South Africa.

1.1.7 Gap in Knowledge and Training:

The absence of standardised Gender-Based Violence (GBV) training in nursing curricula presents a significant gap in the preparedness of nurses to manage such cases effectively. Current guidelines and frameworks, as outlined by the South African Nursing Council, do not explicitly incorporate GBV into the curriculum for Bachelor of Nursing programs. This overview is evident from several key documents.

Curriculum Submission Template: This document emphasises the general structure, resources, and compliance with nursing education standards, but does not include GBV as a required component (South African Nursing Council 2021b: 1-25). While it mandates work-integrated learning (WIL) and the assessment of clinical competence, it fails to address the inclusion of GBV management within these frameworks. The lack of specific content areas, such as GBV, indicates that nursing curricula could be improved to prepare nurses for real-world challenges.

Nursing Education and Training Standards: These standards highlight the importance of addressing healthcare needs and priorities (South African Nursing Council 2021c: 1-125) but do not mention GBV. This omission underscores a critical gap in ensuring that future nurses recognise and respond to GBV, a prevalent issue in healthcare settings.

Bachelor's Degree in Nursing and Midwifery Qualification Framework: Although the framework emphasises comprehensive nursing care, ethics, and professionalism (South African Nursing Council 2021a: 1-10), it does not consider GBV as a necessary component of the curriculum. The description of WIL focuses on the practical application of theory without integrating GBV management, further illustrating the training gap.

Relationship between the Scopes of Practice, Practice Standards, and Competencies: This document outlines the scope of nursing practice and competencies (South African Nursing Council 2021d: 1-4) but does not detail the specific curriculum content related to GBV. The absence of GBV-specific guidelines underscores the need to enhance curricula to adequately prepare nurses for GBV management.

The absence of clear guidelines for GBV training in these documents reveals a significant shortfall in nursing education. Closing this gap is vital to make sure nursing graduates have the skills and knowledge needed to handle GBV effectively in their work. The goals of this research can be key in pushing for GBV content to be included in nursing curricula, helping future nurses be better prepared to address this urgent challenge.

1.2 RESEARCH PROBLEM

The widespread silence around gender-based violence (GBV), slow legal processes, and the lack of regular screening in many healthcare settings make it crucial to protect those most at risk and support potential victims (Onanubi, Olumide and Owoaje 2017: 1). In South Africa, GBV is a major social and public health issue, made worse by cultural norms that often silence victims. The World Health Organisation (WHO) (2019b) emphasises that all health professionals, nurses included, require education and training to effectively assist survivors of violence. Those who provide education and training play a critical role in strengthening the healthcare system’s response to violence against women (WHO 2019b). Since nurses are key players in healthcare, they must receive proper training to handle GBV cases with care and competence.

The United Nations (UN) Sustainable Development Goals (SDGs) aim to end all forms of violence against women worldwide by 2030, acknowledging the deep-rooted practices and impacts of GBV (Muluneh, Stulz, Francis and Agho 2020: 2). While countries like India and Australia have included GBV education in their nursing programs to ensure a consistent healthcare response, the situation in South Africa is less clear (World Health Organisation (WHO) 2022b). This is especially concerning because nurses are often the first victims of violence to turn to, placing them in a crucial position to identify, prevent, and respond to GBV. Research indicates that nurses often have a basic understanding of GBV and a limited knowledge of effective management strategies (AlHalal 2020: 265).

South Africa's unique sociocultural and healthcare system challenges, such as deeply ingrained gender inequalities and limited resources for GBV training, further complicate nurses' abilities to provide adequate care. Nurses frequently encounter

challenges when providing medicolegal care to GBV survivors, often lacking specialised education and training. With the right training, professional nurses are well equipped to handle GBV cases effectively, since they often serve as the first point of contact for victims seeking medical care (World Health Organisation (WHO) 2019b). The WHO (2019b) highlights the need to include GBV-related skills in undergraduate nursing programs to improve early detection, intervention, and referral processes.

This research study is timely and necessary and aims to develop guidelines for integrating comprehensive GBV management into the Social Sciences module or other related modules within the nursing undergraduate curriculum. Addressing GBV as a public health priority within South Africa's context is crucial for strengthening nursing education, fostering sustained GBV response practices, and improving the healthcare system's ability to support survivors.

Despite the critical role of professional nurses in recognising and managing GBV, there remains a significant gap in their preparedness due to insufficient integration of GBV-specific training in nursing curricula. This gap limits nurses' ability to provide effective care and underscores the urgent need for curriculum reform to better equip nurses to respond to GBV within South African higher education institutions.

1.2.1 Integration of Curriculum Limitations into the Research Design

Recognising the significant gaps in nursing curricula regarding GBV education informed the conceptual foundation of this study. The known limitations, such as insufficient practical training and a lack of standardised GBV content, shaped the research design, particularly the focus on exploring both Professional Nurses' preparedness and nursing lecturers' perspectives. This dual focus enabled a comprehensive examination of existing curriculum content and the practical challenges faced in clinical settings. Furthermore, the inclusion of curriculum document review alongside qualitative interviews was deliberately chosen to triangulate data and deepen understanding of how curriculum limitations impact GBV management readiness. Addressing these curriculum gaps early on ensures that the study's findings and subsequent guidelines are grounded in both theoretical and practical realities of nursing education in South Africa.

1.3 AIM OF THE STUDY

The aims of the proposed study were threefold as follows:

The study's first aim was to assess the current state of preparedness among Professional Nurses employed in student and staff Campus Health Clinics in HEIs. This included evaluating their knowledge, skills, and available resources related to GBV recognition and response, including knowledge, skills, and resources utilised by the Professional Nurse related to GBV recognition and response.

The second aim was to explore the recommendations of nursing lecturers on enhancing nursing curricula that can equip future Professional Nurses with the knowledge, skills, and attitudes necessary to recognise and respond effectively to GBV.

The ultimate aim was to develop guidelines for integrating comprehensive GBV management into nursing-related modules within undergraduate nursing curricula and co-curricula, ensuring a more structured and practical approach to addressing GBV in healthcare settings.

1.4 OBJECTIVES OF STUDY WERE

The objectives of this study are to:

1. Assess the preparedness of Professional Nurses employed at HEIs' Campus Health Clinics in recognising and responding to gender-based violence.
2. Identify challenges encountered by these nurses in managing GBV cases within academic settings.
3. Examine the extent and manner in which GBV content is included in current nursing curricula.
4. Determine gaps in nursing education related to GBV from the perspectives of both nurses and lecturers.
5. Explore nursing lecturers' recommendations for improving GBV-related education within nursing programs.
6. Develop guidelines to inform the integration of comprehensive GBV management into undergraduate nursing curricula and co-curricular activities.

1.5 RESEARCH QUESTIONS

The research questions for this study were divided into two datasets related to the topic of enquiry as follows:

1.5.1 The following research questions relate to professional nurses employed at HEIs' student and staff Campus Health Clinics.

1. How do professional nurses perceive and describe their knowledge and awareness regarding various forms of GBV within HEIs?
2. In what ways do professional nurses demonstrate clinical competencies when managing the physical and psychological signs of GBV?
3. How do professional nurses navigate the challenges they encounter when responding to GBV cases in HEIs?
4. How is collaboration between professional nurses and other experts (counsellors, social workers) experienced in the management of GBV?
5. How do institutional policies, resources, and support systems shape the professional nurses' response to GBV incidents?

1.5.2 The following research questions relate to Nurse Lecturers employed at the HEIs.

1. How do nurse lecturers perceive the significance of GBV education in the nursing curriculum?
2. How do nurse lecturers experience and address the pedagogical and systemic challenges of integrating GBV content into the curriculum?
3. To what extent and in what manner is GBV content currently integrated into the nursing curriculum?
4. How do nurse lecturers evaluate student awareness, knowledge, and skills regarding GBV?
5. How does interdisciplinary collaboration with experts (social workers, psychologists) influence the delivery of GBV education?
6. What strategies and content do nurse lecturers recommend for effectively equipping future nurses to manage GBV?

1.5.3 Alignment of Study Objectives to Research Questions

Table 1.1: Alignment of objectives and research questions

Objectives	Research Questions
1. Assess the preparedness of Professional Nurses employed at HEIs' Campus Health Clinics in recognising and responding to gender-based violence.	• How do professional nurses perceive and describe their knowledge and awareness regarding various forms of GBV within HEIs? • In what ways do professional nurses demonstrate clinical competencies when managing the physical and psychological signs of GBV?
2. Identify challenges encountered by these nurses in managing GBV cases within academic settings.	• How do professional nurses navigate the challenges they encounter when responding to GBV cases in HEIs?
3. Examine the extent and manner in which GBV content is included in current nursing curricula.	• How is collaboration between professional nurses and other experts (counsellors, social workers) experienced in the management of GBV? • How do nurse lecturers evaluate student awareness, knowledge, and skills regarding GBV?
4. Determine gaps in nursing education related to GBV from the perspectives of both nurses and lecturers.	• How do institutional policies, resources, and support systems shape the professional nurses' response to GBV incidents?

	• How do nurse lecturers evaluate student awareness, knowledge, and skills regarding GBV?
5. Explore nursing lecturers' recommendations for improving GBV-related education within nursing programs.	• How do nurse lecturers perceive the significance of GBV education in the nursing curriculum? • How do nurse lecturers experience and address the pedagogical and systemic challenges of integrating GBV content into the curriculum? • How does interdisciplinary collaboration with experts (social workers, psychologists) influence the delivery of GBV education?
6. Develop guidelines to inform the integration of comprehensive GBV management into undergraduate nursing curricula and co-curricular activities.	• To what extent and in what manner is GBV content currently integrated into the nursing curriculum? • What strategies and content do nurse lecturers recommend for effectively equipping future nurses to manage GBV?

1.6 SIGNIFICANCE OF THE STUDY

To effectively address gender-based violence (GBV) in academic settings, it is crucial to focus on several key areas. First, there is a significant need for enhanced knowledge and training among Higher Education Institutions (HEIs) Campus Health Clinics Professional Nurses. These nurses must be equipped with skills to recognise and respond to GBV incidents involving both staff and students. Second, understanding the challenges that nurses face in identifying and managing GBV cases is essential.

These challenges include institutional barriers, lack of resources, and insufficient training, which can hinder effective interventions. Finally, examining and improving existing nursing curricula is essential to ensure the comprehensive inclusion of GBV-related content. Strengthening curricula will better prepare future nurses to proactively and effectively address GBV within their professional roles. The findings provide evidence that higher learning institutions offering undergraduate nursing curricula adequately train healthcare practitioners responsible for teaching and training GBV as a module.

Professional Nurses who receive comprehensive training in GBV management can significantly enhance care and support provided to survivors. Such training can lead to improved GBV detection rates, enabling nurses to identify signs of abuse more effectively and intervene early. This proactive approach ensures that survivors receive timely support that is crucial for their physical and emotional recovery. Furthermore, well-trained nurses can serve as vigorous advocates for GBV survivors, guiding them through legal and healthcare systems, and ensuring that their voices are heard and their rights protected. This research study provides valuable insights for curriculum planners, policymakers, and administrators at learning institutions by highlighting the need for systematic improvements in GBV education within nursing curricula. It is envisaged that these crucial stakeholders could benefit from the following findings.

Curriculum planners

Curriculum planners are critical in designing, structuring, and updating nursing education programs to ensure that they remain relevant and responsive to societal challenges, including GBV. The study will help them assess the current gaps in GBV education and develop ways to integrate it effectively into nursing modules. By incorporating scenario-based learning and simulation exercises, curriculum planners can provide students with practical experience in recognising and managing GBV. Additionally, aligning curricula with international best practices and accreditation standards can enhance the overall quality of nursing education.

Policymakers

These individuals are responsible for developing regulations and guidelines that shape nursing education and will benefit from this research by providing evidence to support policy reforms. This study highlights nurses' current preparedness and gaps in GBV training, enabling the development of effective policies that mandate GBV education in undergraduate nursing programs. Furthermore, the findings can influence the legal and regulatory frameworks related to nursing education, professional licensing, and continuing education requirements. By advocating for resource allocation, policymakers can ensure adequate funding for faculty development, student training initiatives, and the integration of GBV-related content into nursing curricula.

Administrators at learning institutions

This category of stakeholders includes university leaders and nursing school directors and will also find the research findings valuable in enhancing student learning experiences and institutional engagement in GBV education. By implementing experiential learning opportunities such as simulations, case studies, and partnerships with GBV organisations, institutions can effectively equip nursing graduates with the necessary skills to respond to GBV. Strengthening faculty training programs will ensure that educators are well prepared to teach GBV-related content using survivor-centred and trauma-informed approaches. Establishing partnerships with hospitals, shelters, and law enforcement agencies can further enhance clinical training opportunities for students, allowing them to gain real-world experience in managing GBV cases.

Healthcare practitioners

The findings of this study will allow for enhanced training in GBV management for healthcare practitioners and equip them with skills to identify and respond to GBV more effectively. By receiving comprehensive education on GBV, practitioners can provide better care and support to survivors, which may lead to improved health outcomes and increased trust in health care services.

Nursing Students

Including GBV-related content in the nursing curriculum will enhance students' preparedness for real-world scenarios that they might face in their professional careers. Practical knowledge and skills in handling GBV cases can make nursing students more competent and confident in their roles, thus improving their employability and effectiveness in healthcare settings.

GBV Survivors

The findings of this study will also provide GBV survivors access to healthcare professionals trained in GBV sensitivity and management, ensuring that survivors receive empathetic and appropriate care. Properly trained nurses can act as advocates, helping survivors navigate healthcare and legal systems, and ultimately fostering a supportive environment for recovery and empowerment.

Public health organisations

Public health organisations such as community clinics will have more healthcare professionals equipped and empowered to handle GBV and implement more effective community programmes and interventions. These organisations can leverage the increased capacity within healthcare settings to address GBV and promote overall community health and safety.

Community Leaders and Organisations

Empowered by the data and insights from the study, community leaders can tailor educational campaigns, outreach programs, and support networks to prevent and address GBV. Community involvement and other efforts are key to shifting societal norms and lowering GBV rates, which makes informed leadership vital.

Legal and Law Enforcement Agencies

Collaboration with health care professionals trained in GBV can improve the legal response to GBV cases, ensuring that survivors receive justice. Proper documentation

and reporting by trained nurses can enhance the quality of evidence collected for legal and forensic proceedings, thus supporting more successful prosecutions.

Considering these additional stakeholders, this study can have a broader and more profound impact, fostering a comprehensive approach to tackling GBV in educational and healthcare settings. This holistic perspective enhances the effectiveness of health care responses and contributes to societal change through education and collaboration. Overall, this research emphasises the importance of integrating GBV education into nursing curricula through evidence-based strategies that benefit curriculum planners, policymakers, and administrators. By taking proactive steps to strengthen GBV education, learning institutions can produce well-prepared nurses who can contribute to improved patient outcomes, enhanced institutional credibility, and a stronger national response to GBV.

1.7 RESEARCH DESIGN

1.7.1 Data collection

This study used a qualitative, exploratory, and descriptive research design. Qualitative methods focus on the perspectives of participants, highlighting their subjective meanings, behaviours, and situations. As Creswell and Creswell (2018: 206) note, qualitative data is usually collected through individual interviews, focus groups, and observations. This approach enabled the researcher to gather detailed data by following all necessary steps and procedures, which are explained under specific sections. Both qualitative research and case study methods were employed to collect data that addressed the research questions and fulfilled the study's objectives.

The study included two groups: Professional Nurses and Nurse Lecturers, using purposive sampling. Brink, Van der Walt and Van Rensburg (2022: 126) explain purposive sampling as selecting participants based on particular traits. This method is chosen because the researcher wants to discover, understand, and gain insight, so they pick a sample that offers the most valuable information.

Data was collected from Professional Nurses and Nurse Lecturers at two selected HEIs: Institution One (1) and Institution Two (2). In addition, the researcher reviewed

documents from the Department of Nursing at these HEIs, including curriculum documents, study guides, learner guides, and the South African Nursing Council curriculum guidelines. The initial data collection served as a foundation for subsequent phases, which were conducted following approval from the Ethics Committee and authorization from the relevant gatekeepers. Participants were interviewed individually using interview guides developed by the researcher. All interviews were audio-recorded only after participants provided their informed consent. Prior to signing, each participant was thoroughly informed about the study's objectives and given sufficient time to review the consent form. Interviews were conducted in English, employing semi-structured questions supplemented with probes to ensure clarity and depth.

1.7.2 Data analysis

The findings were analysed and interpreted to draw conclusions and develop guidelines for the additional inclusion of comprehensive GBV management into nursing-related modules within the nursing undergraduate curricula and co-curricula. The data were analysed and interpreted using thematic analysis.

The qualitative data collected through interviews and document review were analysed using thematic analysis, a systematic method for identifying, analysing, and reporting patterns (themes) within data (Braun and Clarke 2006). This approach involved six key phases: familiarisation with the data through repeated reading of transcripts; generating initial codes to label meaningful data segments; searching for themes by collating codes into potential themes; reviewing themes to ensure they accurately reflect the data; defining and naming themes to capture their essence; and producing the final report integrating vivid data extracts to support the analysis (Nowell *et al.* 2017).

Thematic analysis was chosen for its flexibility and suitability in exploring complex phenomena such as nurses' preparedness and curriculum content related to GBV. The analysis was conducted manually and with qualitative data management software to enhance organisation and traceability. Throughout the process, reflexivity and peer debriefing were employed to ensure trustworthiness and reduce researcher bias (Creswell and Poth 2018). The themes derived from the data directly informed the

development of guidelines for integrating comprehensive GBV management into nursing curricula.

1.8 STRUCTURE OF THE THESIS

Chapter 1: Orientation to the Study

This chapter opens the study by offering background information, defining the research problem, stating the aims and objectives, presenting the research questions, and highlighting the study's significance.

Chapter 2: Literature Review

This chapter presents a critical synthesis of existing literature on GBV, focusing on global and regional health impacts, the specific context of Higher Education Institutions, and a comparative analysis of nursing curricula regarding GBV preparedness.

Chapter 3: Theoretical Framework

This chapter outlines the theoretical framework that underpins the study's approach and analysis.

Chapter 4: Research Methodology

This chapter describes the study's methodology, covering the research design, approach, sampling techniques, and data collection methods used to answer the research questions and meet the objectives. It also covers steps taken to ensure the study's trustworthiness and addresses ethical concerns.

Chapter 5: Presentation Of Findings: Professional Nurses and Nurse Lecturers

This chapter showcases the data analysis by highlighting key themes and sub-themes that emerged from the researcher's interviews. It includes direct quotes from participants to bring these themes to life.

Chapter 6: Presentation Of Findings: and Document Review

This chapter discusses the main findings and their relation to the existing literature.

Chapter 7: Discussions of Findings

This chapter interprets the study's findings, exploring the key results and their links to the existing body of literature.

Chapter 8: Proposed Guidelines to Inform the Inclusion of Comprehensive GBV Management into The Nursing-Related Modules Within the Nursing Undergraduate Curricula and Co-Curricula

This chapter presents the guidelines developed based on the findings of this study.

Chapter 9: Conclusion, Recommendations and Limitations of The Study

This final chapter provides a brief overview of the study, summarising its main conclusions, acknowledging its limitations, and offering recommendations for future research and practice.

CHAPTER TWO
LITERATURE REVIEW

2.1 INTRODUCTION

This chapter reviews relevant literature that informed the development of new research questions and laid the foundation for subsequent studies (Polit and Beck 2017: 170). A thorough evaluation of existing work identified knowledge gaps and provided a framework for interpreting study findings (Polit and Beck 2017: 170). Despite limited literature on the subject, the review underscored the need for further research and guided the researcher in addressing these gaps, thereby enhancing the study's validity (Vieira, Dias, Santos, Pereira and Oliveira 2018: 380). Furthermore, the literature review supported the development of guidelines for integrating comprehensive gender-based violence management into nursing undergraduate curricula and co-curricular activities.

2.2 SOURCING RELEVANT LITERATURE

The literature for this study was gathered using search engines such as EBSCO, Google Scholar, and PubMed, along with peer-reviewed academic journal articles and books. This search aimed to support this study's arguments and identify gaps in previous research on similar topics. The retrieved literature helped to pinpoint areas where knowledge was lacking regarding the incorporation of GBV education into nursing curricula to promote sustained GBV nursing practice.

2.3 GENDER-BASED VIOLENCE

There is no single definition of gender-based violence (GBV) is universally agreed upon. Its meaning shifts depending on the nation, culture, and the legal context. Because the incidence of GBV varies, different countries and contexts use different languages and approaches to address it. However, GBV generally refers to the physical, psychological, or sexual abuse of a victim (Aubert and Flecha 2021: 2). Violence against women encompasses various harmful acts directed at women and girls, primarily or exclusively due to their gender (Fawole *et al.* 2019: 1488). Gender-based violence (GBV) is a grave violation of human rights that carries deep social and developmental impacts for survivors, their families, communities, and society as a

whole. Families of survivors often face secondary trauma and may struggle to offer the support survivors need. Children growing up in violent families may experience behavioural and emotional disturbances, potentially leading to perpetration or victimisation later in life (Fawole *et al.* 2019: 1488).

The National Strategic Plan on Gender-based Violence and Femicide (2020–2030) describes gender-based constraints as disparities and inequalities arising from differences in gender, perceived gender, or gender identity and expression. These constraints limit individuals' ability to express themselves and access opportunities and services, resulting in unequal outcomes. They become constraints when they prevent individuals from accessing health interventions or benefiting from the available opportunities.

The World Health Organisation (WHO) defines violence against women and men as "any act of GBV that causes or is likely to cause physical, sexual, or psychological harm or suffering" (Aubert and Flecha 2021: 2). This definition covers threats, coercion, and unlawful restriction of freedom. Although GBV can include violence against all genders, the term is often used specifically for violence against women, highlighting the gender imbalance that drives most of this violence (Sanín 2022: 17). While GBV can affect women, men, children, and adolescents, it is crucial to recognise that women are overwhelmingly the victims. GBV can be direct or indirect, intended to harm the victims, their property, or their environment (Sanín 2022: 17).

The literature review on gender-based violence (GBV) provides a strong foundation for addressing the objectives of this study. The literature underscores the critical need for awareness and understanding GBV due to its profound impacts on individuals and communities. This aligns with objective 1, which assesses the extent of knowledge and training among nurses. The literature suggests that a comprehensive grasp of GBV's definitions and implications is essential for effective recognition and response, which is directly relevant to understanding nurses' current knowledge levels.

2.3.1 Historical Background of Gender-Based Violence

For more than twenty years, international advocacy groups have worked tirelessly to raise awareness about physical, psychological, and sexual abuse affecting both women and men. They have offered safe spaces for survivors, pushed for changes in laws, and challenged the widespread attitudes that excuse violence (Heise, Moore and Toubia 1995: 36). Because of their efforts, violence against both women and men became a focus of global concern in the 1990s.

In 1993, the UN General Assembly adopted the Declaration on the Elimination of Violence Against Women (UN Resolution 48/104), recognising that violence can be committed by assailants of any gender, family members, or even state actors (Beijing Declaration 1995: 46). Since then, governments and organisations worldwide have taken active steps to combat violence against women. At the 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference on Women in Beijing, women's groups stressed that ending gender violence must be a top priority (World Health Organisation (WHO) 2021a). The Cairo Program of Action also acknowledged that gender-based violence stands in the way of women's reproductive and sexual health rights. In May 1996, the 49th World Health Assembly declared violence a public health priority (World Health Organisation (WHO) 2021b).

In 1999, the UN officially named violence against women a "public health priority" (UN General Assembly 2020), and November 25 was established as the International Day for the Elimination of Violence Against Women. Millennium Development Goal 3 aimed to achieve gender equality and empower women by eliminating gender gaps in primary and secondary education by 2015. It promoted a broad approach that included access to reproductive health, education, information, and better economic and political opportunities for women (Odera and Mulusa 2020: 96). The Sustainable Development Goal 5 continues this effort, emphasising gender equality as a key to building a better society (UN General Assembly 2020).

2.3.2 The National Strategic Plan on Gender-Based Violence and Femicide 2020 – 2030

The Interim Gender-based Violence and Femicide Steering Committee (IGBVF-SC) developed the National Strategic Plan (NSP) on gender-based violence and femicide. This committee was established after the Presidential Summit on GBVF in November 2018, which mandated the creation of the NSP (GBVF Summit Report 2018). The Gender-Based Violence and Femicide National Strategic Plan (GBVF NSP) serves as a unified framework to guide South Africa's response to its severe GBVF crisis. The plan emerged from the powerful 24 demands made by cis women, trans women, and gender non-conforming people during the #TheTotalShutdown March on August 1, 2018, building on earlier efforts by both the government and civil society (Hsiao, Gould, Loening, Burton, Lewaks, and Shai 2018).

The NSP draws on the White Paper on Safety and Security (Civilian Secretariat for Police Service 2016), which provides the country's overarching policy for safety, crime, and violence prevention (Jewkes and Morrell 2010: 4). It incorporates six key themes identified earlier (Jewkes, Penn-Kekana, Levin, Ratsaka and Schrieber 1999: 2), recognising the critical role of preventing gender-based violence. Additionally, the NSP connects GBV prevention to all seven priority areas South Africa has set for the next five years: economic transformation and job creation; education, skills, and health; strengthening social services; spatial integration and local government; social cohesion and safe communities; building an ethical, capable state; and fostering a better Africa and world (Kaminer, Grimsrud, Myer, Stein and Williams 2008: 1590). Within this study, the NSP's broad approach to GBV highlights the need to include GBV management in nursing education. The study aims to support the national goal of building safe, healthy, and empowered communities by equipping nurses with essential knowledge and skills.

This research offers a multi-sectoral, coordinated policy and programming framework to ensure a united national response to gender-based violence and femicide by the government and society as a whole. The NSP focuses on violence against all women regardless of age, location, disability, sexual orientation, gender identity or expression, nationality, and other differences as well as violence against children, highlighting how these forms of violence often reinforce each other (Jewkes and Morrell 2010: 2). The

NSP’s broad scope aims to provide a comprehensive and strategic response to these overlapping issues.

This literature aligns closely with the study’s goals by stressing the NSP’s comprehensive approach to tackling GBV and femicide in South Africa. It underscores the importance of integrating GBV management across sectors, including healthcare. By focusing on training nurses with the right skills and knowledge, the literature review supports the study’s objective to assess how well Professional Nurses at Higher Education Institutions (HEIs) understand and respond to GBV. This connection suggests that the NSP’s strategy strengthens healthcare workers’ ability to handle GBV cases effectively.

The literature review identifies the need for a cohesive national response to GBV, which inherently includes understanding the challenges faced by healthcare providers, such as nurses. The NSP's emphasis on a multi-sectoral framework can inform the analysis of challenges encountered by Professional Nurses in HEIs, providing a backdrop for identifying systemic issues and barriers within the academic setting that hinder effective GBV responses.

Drawing from broader policy frameworks, such as the White Paper on Safety and Security (Civilian Secretariat for Police Service 2016), the NSP underscores the strategic importance of GBV prevention and management. This aligns with objective 3, which examines how GBV-related content is currently integrated into nursing curricula, suggesting that current educational frameworks may need to be evaluated against national strategic goals.

The NSP's focus on comprehensive and strategic responses to GBV highlights potential gaps in the current nursing education regarding GBV recognition and response. This supports objective 4 of identifying these gaps within nursing curricula, as perceived by both nursing lecturers and Professional Nurses. This alignment suggests that addressing these gaps is crucial for fulfilling the goals of the NSP.

The NSP's emphasis on equipping health care professionals with the necessary skills to manage GBV cases aligns with the study's objective of gathering nursing lecturers'

recommendations for curriculum development. This alignment suggests a strategic approach for integrating GBV-related content into nursing education and fostering preparedness among future nurses.

The comprehensive nature of the NSP supports the development of guidelines for the inclusion of GBV management in nursing modules. The literature review's focus on a strategic national framework aligns with creating educational resources and tools that enhance nurses' ability to effectively handle GBV cases.

2.3.3 Gender-Based Violence and Femicide

Femicide, viewed as the most severe form of gender-based violence, refers to the killing of a female or someone perceived as female because of their gender identity (Modise 2022: 1800). It can occur within families, in intimate relationships, or be perpetrated by state agents or private individuals. A significant concern is intimate femicide, where a female is killed by an intimate partner, as well as non-intimate femicide, where the perpetrator is not an intimate partner (Modise 2022: 1802). Categorising victims, including transgender women, often relies on forensic assessments of their physical or biological features, which may not accurately reflect their gender identity.

In 2021, an estimated 81,100 women and girls were intentionally killed worldwide, with the total number of female homicides remaining relatively stable over the past decade. Alarmingly, 45,000 of these victims were murdered by intimate partners or family members, equating to an average of five women or girls killed by someone close to them every hour (United Nations (UN) Women 2022). Rape femicide accounted for nearly 20% of these cases, highlighting the gendered nature of these crimes. The rise in media reports and police records of female homicides suggests that femicide is not declining (Müller, Spencer, Meer and Daskilewicz 2018: 1).

Femicide is deeply rooted in societal norms and cultural factors including patriarchy, toxic masculinity, and economic dependency. These elements normalise or tolerate violence against women. Poverty, unemployment, and inequality further increase vulnerability to femicide by limiting women's access to resources and support.

The effectiveness of legal frameworks and interventions in curbing femicide remains a critical area for assessment. Although initiatives like Femicide Watch and the Third National Incidence Study by the South African Medical Research Council (SAMRC) play a vital role in collecting data, their influence on shaping policy and prevention efforts still needs to be more clearly defined. These projects aim to inform and influence actionable outcomes; however, translating data into effective interventions requires ongoing evaluation and commitment.

The justice system plays a pivotal role in addressing femicides. In South Africa and globally, there are concerns regarding whether the legal system adequately prosecutes and punishes perpetrators. Ensuring justice and enforcing stringent penalties are essential for deterring future crimes and reinforcing the societal condemnation of such acts.

By examining the root causes and societal influences on femicide, alongside evaluating the effectiveness of legal and policy responses, a more comprehensive understanding of this grave issue can be achieved. This approach is vital in developing strategies that not only address the symptoms of femicide, but also target its underlying causes, ultimately reducing its prevalence and impact.

2.3.4 Global Concerns of Gender-Based Violence

It is estimated that approximately 736 million women who experience violence suffer from lower overall health, impacting nearly every bodily system (United Nations (UN) Women 2022). Survivors of GBV experience a wide range of injuries, including injuries to the eyes, face, head, and neck, traumatic brain injury, and lifelong disabilities (European Institute for Gender Equality 2022).

Furthermore, most GBV survivors also experience numerous mental health issues that require them to seek healthcare. Both women and men who have faced violence tend to experience higher rates of depression, anxiety disorders, unplanned pregnancies, sexually transmitted infections, and HIV compared to those who haven’t. Many health issues can linger long after the violence has ended (United Nations (UN) Women 2022). For survivors of GBV, depression may persist for up to five years following the violence (Aubert and Flecha 2021: 6). Additionally, intimate partner violence has been

associated with increased rates of infant and child sickness and death, linked to factors like diarrheal disease, malnutrition, and lower immunisation coverage (World Health Organisation (WHO) 2022a).

Due to the health-related consequences of GBV, more victims seek medical and forensic care at healthcare facilities than the general population in South Africa. They also presented these facilities for the collection of forensic evidence after experiencing GBV.

Gender-based violence is a major factor in illness and death among women and also impacts the health of both women and their children (Muluneh *et al.* 2020: 1). An estimated 736 million women vulnerable to violence have worse health, impacting almost every organ system (United Nations (UN) Women 2022). GBV survivors experience a wide range of injuries, including injuries to the eyes, face, head, and neck, traumatic brain injury, and permanent impairment (European Institute for Gender Equality 2022). Most GBV survivors experience mental health difficulties that require medical attention. Women who have experienced violence face higher rates of depression, anxiety, unplanned pregnancies, sexually transmitted infections, HIV/AIDS, and other lasting health problems even after the abuse has stopped (United Nations (UN) Women 2022). GBV survivors may experience depression five years after the assault ends (Hamberger, Rhodes and Brown 2015: 87). Failure to prevent GBV affects a country's achievement of the United Nations' SDG5, which focuses on Gender Equality. This goal targets eliminating all forms of violence against all women and girls in public and private spheres, including human trafficking and sexual and other types of exploitation by 2030.

The literature review provided is comprehensive in detailing the health impacts and societal implications of gender-based violence (GBV). This aligns with the objectives of this study and its relevance.

The literature review underscores the serious health impacts of GBV, stressing the urgent need for healthcare workers, especially nurses, to be knowledgeable and properly trained to identify and manage these cases. The data and examples reinforce why it's essential to equip nurses with the skills and understanding required to address

GBV effectively, directly backing the study's goal. This aligns with objective 1, which determines the extent of expertise and training that Professional Nurses possess regarding GBV.

By showcasing the multifaceted health impacts of GBV, the literature review implicitly advocates comprehensive education on the topic within nursing curricula. This foundational knowledge is crucial for developing curricula that prepare nurses to effectively manage GBV cases. This aligns with objective 3, which examines the existing nursing curricula regarding GBV content integration.

This review's emphasis on the long-term health effects of GBV suggests that many existing curricula may not fully address the complexities of GBV recognition and management. The literature provides a basis for identifying specific content areas that may be missing or underrepresented in current educational frameworks. This aligns with objective 4, which aims to identify gaps and needs in nursing curricula related to GBV.

While the literature review did not provide recommendations, the implications of GBV on health can guide nursing lecturers in proposing specific curriculum enhancements. The literature supports a holistic and thorough approach to nursing education regarding GBV. This aligns with objective 5, which explores nursing lecturers' recommendations for curriculum development. The extensive discussion of GBV's health impacts in the literature review forms a strong foundation for developing practical guidelines. This information can be used to ensure that the nursing curricula and co-curricula comprehensively cover GBV management, preparing future nurses to provide adequate care and support to GBV survivors. This aligns with objective 5, which aims to develop guidelines for comprehensive GBV management inclusion in nursing curricula.

2.3.5 Global and Regional Health Impacts of Gender-Based Violence

Gender-based violence (GBV) constitutes a significant global health crisis, with an estimated 736 million women affected worldwide, experiencing a spectrum of physical injuries and mental health challenges that persist long after the violence ends (United Nations Women 2022; Aubert and Flecha 2021: 6). In South Africa, GBV prevalence

remains alarmingly high, exacerbated by systemic barriers including underreporting, stigmatisation, and insufficient healthcare training (Müller *et al.* 2018: 4; Randa and Mokoena 2019: 13731). Nurses, as frontline healthcare providers, face challenges in identifying and managing GBV cases due to gaps in forensic training and emotional support skills (Sepeng, Makhado and Sehularo 2022a: 2). International frameworks such as the WHO guidelines advocate for integrated, survivor-centred care models emphasising practical training, which remain inadequately reflected in South African nursing curricula (WHO 2019b; Department of Higher Education and Training 2019: 13). This synthesis highlights the critical need for comprehensive education reforms to equip nurses effectively in managing GBV.

Sustainable Development Goal 5 (SDG5) aims to eliminate all violence against women and girls by 2030 (UN 2015). Nurses, as frontline healthcare providers, play a pivotal role in this global effort. Their capacity to identify, manage, and support GBV survivors directly influences health outcomes and contributes to national data collection essential for SDG5 monitoring (Ballard, Westgate, Alban, Choudhury, Adamjee, Schwars, Bishop, McLaughlin, Flood, Finnegan and Rogers 2021: 2). However, gaps in nursing education undermine this potential, necessitating curriculum reforms aligned with SDG5 targets to ensure nurses can effectively contribute to ending GBV.

The literature indicates a complex interplay between socio-cultural, economic, and institutional factors shaping nurses' preparedness to manage GBV. While international studies (Crombie, Hooker and Reisenhofer 2017: 2102; Jiménez-Rodríguez *et al.* 2021: 17) report positive impacts of integrated GBV training on nursing competencies, regional studies reveal persistent systemic barriers such as inadequate curriculum content and limited practical training (Okafor*,* Eze and Nwankwo 2019: 212; Sepeng, Makhado and Sehularo 2022a: 3). This divergence underscores the need for contextually tailored curricula that balance theoretical knowledge with experiential learning, particularly in resource-constrained settings like South Africa (Jewkes*,* Flood and Lang 2015: 7). Furthermore, comparative analysis highlights that while global initiatives emphasise survivor-centred care and forensic skills, South African curricula lag in translating policies into practice, reflecting gaps between national guidelines and educational implementation (WHO 2019b; Department of Higher Education and Training 2019: 13).

2.3.6 Gender-Based Violence in Higher Education Institutions in South Africa

South Africa continues to grapple with a severe epidemic of gender-based violence and femicide (GBVF), facing significant challenges in mitigating the devastating impacts on women, children, and society as a whole (Mofokeng and Tlou 2022: 256). Gender-based violence and femicide are prevalent within Higher Education Institutions (HEIs), where diverse populations include both perpetrators and victims. Data shows that GBV incidents in these institutions are rising rather than declining (Makhene 2022: 234).

Higher Education Institutions (HEIs) across South Africa have been deeply impacted by GBV, leading to frequent protests nationwide, with many focused specifically on sexual violence on campuses (Department of Higher Education and Training 2019: 2). Public outrage over GBV incidents on and around universities is intensified by the limited media coverage these cases receive. In fact, only a small fraction of campus GBV cases gain national media attention, and even fewer are officially reported (Mutinta 2022: 4). One major obstacle to tackling GBV on campuses is the lack of comprehensive data needed to fully understand the problem's scope. Scholars widely acknowledge that GBV incidents are underreported and that many reported cases are not adequately investigated or managed (Mutinta 2022: 4).

Contributing factors include cultural influences such as entrenched gender stereotypes and persistent power imbalances between men and women. Economic factors, such as poverty and lack of financial independence, increase women's vulnerability (Makhene 2022: 240). Political challenges, including the limited willingness to confront GBV and enact policy reforms, also hinder progress. Legally, GBV is often stigmatised, with victims sometimes blamed for provoking violence through their behaviour (Makhene 2022: 240). Research points to an increase in GBV within universities (Mutinta 2022: 4), highlighting the urgent need for collective action to improve advocacy, care, and support services to ensure safe environments for female students and all campus members.

Gender-based violence on South African campuses persists at alarming levels, with studies indicating increasing incidents and pervasive underreporting (Makhene 2022).

Student protests and advocacy have spotlighted institutional failures to provide safe environments, yet many universities struggle to implement effective prevention and support programs (Mutinta 2022). Cultural norms, stigma, and limited resources hinder progress, while comparisons with international HEIs reveal opportunities to adopt best practices, such as survivor-centred services and comprehensive awareness campaigns (CHE 2023). Addressing these systemic barriers is vital for creating safer academic spaces.

2.3.7 Technology-Facilitated Gender-Based Violence in Higher Education Institutions

Emerging as a critical concern within HEIs is Technology-Facilitated Gender-Based Violence (TFGBV), encompassing cyber-harassment, non-consensual sharing of intimate images, and online stalking (UN Women 2025). These digital abuses exacerbate vulnerabilities for students, including severe psychological harm and social isolation. However, nursing curricula largely omit training on recognising and managing TFGBV, leaving healthcare professionals ill-prepared to address these modern manifestations of GBV (Georgetown Institute 2024). Incorporating digital GBV content into nursing education is crucial to equip future nurses with the competencies to support survivors navigating both physical and virtual environments.

2.3.8 Gender-Based Violence in the African Sub-Region

This body of literature underscores the widespread nature of GBV in HEIs and difficulties in documenting and addressing these incidents. This lays the groundwork for recognising the critical need to equip Professional Nurses with the skills and knowledge to identify and respond to GBV effectively. This review points to the necessity of specialised training and heightened awareness, directly supporting the assessment of healthcare professionals' current competencies in campus health clinics.

Gender-based violence (GBV) remains a pervasive challenge across the African sub-region, deeply rooted in socio-cultural norms, economic disparities, and systemic gender inequalities (Jewkes, Flood and Lang 2015: 5). Studies in countries such as Kenya, Nigeria, and Uganda have documented high rates of intimate partner violence and sexual assault, reflecting a continent-wide public health crisis (Mlambo-Ngcuka

2018: 12; Atilola, Madu and Omigbodun 2020: 3). For instance, research in Kenya found that 45% of women aged 15-49 had experienced physical or sexual violence at some point, highlighting the urgent need for effective healthcare responses (Kenya Demographic and Health Survey 2014: 78). Similarly, a study in Nigeria identified gaps in healthcare workers' knowledge and skills related to GBV, underscoring the necessity for targeted training initiatives (Okafor, Eze and Nwankwo 2019: 210).In many African countries, nurses serve as frontline responders for GBV survivors due to limited access to specialised services (Atilola, Madu and Omigbodun 2020: 4). However, systemic challenges such as inadequate curriculum content on GBV, lack of forensic training, and cultural barriers impede their ability to provide comprehensive care (Jewkes, Flood and Lang 2015: 7). Regional policy frameworks, including the African Union's Maputo Protocol, emphasise the importance of integrating GBV management into healthcare education to improve survivor outcomes (African Union 2003: 9). This regional context complements the South African experience by illustrating shared challenges and opportunities for improving nursing preparedness to manage GBV across the continent.

2.3.9 Policy Framework and Key Principles

The Policy Framework addressing GBV within the Post-School Education and Training (Department of Higher Education and Training 2019: 13) System emphasises several key principles:

- **Rights-based:** All policy processes must align with constitutional values to ensure rights to equality, dignity, freedom, and security (Act 108 of 1996).
- **Comprehensive and multifaceted approaches:** Responses to GBV should address multiple facets of the issue, extending beyond a single aspect or manifestation.
- **Prevention and Education:** Institutions must implement comprehensive prevention strategies, including education and information dissemination regarding GBV policies and programs.
- **Specialisation:** Effective GBV response requires specialised knowledge and skills, ensuring that all involved parties are adequately prepared.

- **Confidentiality:** Maintaining confidentiality is paramount, prioritising the complainant's trust, safety, and physical and psychological needs (Department of Higher Education and Training 2019: 7).
- **Complainant-centred:** Support should empower the complainant, respect their informed decisions and sensitively provide comprehensive information.
- **Zero Tolerance:** Policies must unequivocally reject all forms of GBV to avoid ambiguous references to false complaints.
- **Accountability:** Policy implementation should be monitored and evaluated regularly with senior managers accountable for effective execution. Documentation must adhere to legal and confidentiality standards (Department of Higher Education and Training 2019: 8).

Figure 2.1 illustrates the various goals of the Policy Framework and conceptualises the expected outcomes due to GBV management being included in the undergraduate nursing curriculum.

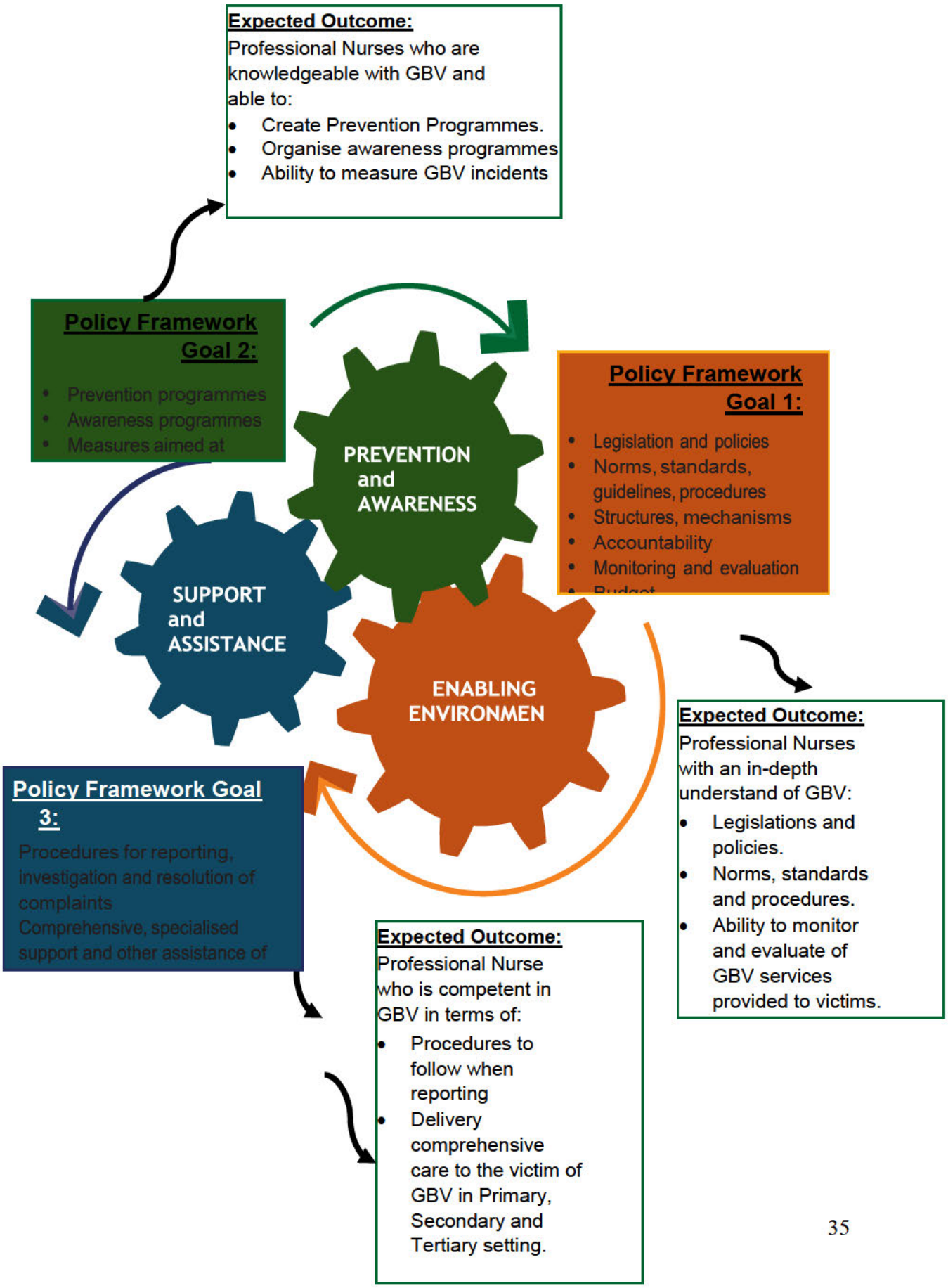


Figure 2.1: Policy Framework, expected goals and outcomes conceptualisation
Source: (Department of Higher Education and Training 2019: 21).

2.3.10 Role of Nurses in The Management of Gender-Based Violence

Gender-based violence (GBV) and crime are widespread challenges in South Africa, with healthcare facilities often being the first place where traumatised victims seek help. Because physicians and social workers are not always available onsite, nurses frequently take the lead in providing essential care and directing victims to the right services (Oparinde and Matsha 2021: 1). Despite this crucial role, there is still uncertainty about nurses' firsthand experiences of caring for GBV survivors and the support systems available to them. The health sector is responsible for delivering care for victims and offering comprehensive support to nurses themselves (Fisher, Jones, Smyth, Stokes, Cairns and Withiel 2022: 952).

Worldwide, nurses are the largest group of healthcare professionals and are more likely than others to encounter women experiencing GBV. While research on GBV exists across various countries, the specific role that nurses play in caring for these women has only recently gained more attention. A notable lack of research has created a barrier in improving health responses worldwide. The World Health Organisation (WHO) has called for training all healthcare providers involved in managing GBV survivors to deliver focused clinical care (World Health Organisation (WHO) 2022c). Still, Alshammari, McGarry and Higginbottom (2018: 238) highlighted a global shortfall in nursing education concerning domestic abuse and violence against women.

Traditionally, nursing education has not adequately covered GBV due to systemic obstacles in curriculum development. Nursing programs have often emphasised clinical and physical health skills over social issues, such as GBV, partly because of bureaucratic hurdles and limited resources. This gap has left many nurses underprepared to effectively handle GBV cases. The WHO's 2021 guidelines for curriculum transformation emphasise the need to equip healthcare workers with the skills required to provide survivor-centred clinical care (World Health Organization (WHO) 2019b). In South Africa, nurses play a vital role in recognising and supporting GBV victims by offering holistic physical, emotional, and psychological care (Klazinga,

Artz and Müller 2020: 377). Research has shown that undergraduate nurses who receive proper training can positively influence clinical outcomes by identifying and managing signs of violence (Baird, Saito, Eustace and Creedy 2018: 288). These studies advocate for integrating GBV education into nursing curricula to improve nurses' ability to offer appropriate care and referrals (Filmalter, Heyns and Ferreira 2018: 35).

Sepeng, Makhado and Sehularo (2022a: 2) highlighted the skills and competencies that South African nurses need to address GBV effectively. They recommend training undergraduate nursing students in forensic evidence collection, survivor education, and navigation of the criminal justice system. These recommendations emphasise the need for curriculum reforms to prepare professional nurses to recognise and respond to GBV, ultimately improving care for survivors. By highlighting systemic issues and the lack of comprehensive reporting and response mechanisms, the literature review emphasises the need to integrate GBV-related content into nursing education. This aligns with objective 3 of examining how current curricula address GBV, identify potential shortcomings, and ensure that future healthcare providers are well prepared to tackle GBV.

The literature review's acknowledgement of inadequate documentation and responses to GBV incidents suggests significant gaps in existing educational frameworks. This directly supports objective 4 of identifying the gaps and needs within nursing curricula, as perceived by both lecturers and nurses, to enhance GBV recognition and response training.

2.3.11 Identifying and Managing GBV Cases

Nurses hold a crucial role in identifying and handling GBV cases, offering vital physical, emotional, and psychological support to those affected (Klazinga, Artz and Müller 2020: 377). Studies have indicated that undergraduate nurses trained in recognising and responding to GBV can positively impact clinical efforts to address violence and identify and manage signs of violence in patients (Baird *et al.* 2018: 288). Incorporating GBV awareness into nursing education increases knowledge and improves the management of GBV victims (Sis Çelik and Aydın 2019: 216). Educating nursing students on GBV and forensic patient care enables them to provide

appropriate care and referrals to support groups and the criminal justice system (Filmalter, Heyns and Ferreira 2018: 35). In South Africa, the need for specific skills and competencies for nurses to recognise and respond to GBV is emphasised. This includes training in forensic evidence collection, assisting survivors in reporting GBV to the police and navigating the criminal justice system (Sepeng, Makhado and Sehularo 2022a: 2). These educational enhancements aim to prepare professional nurses to effectively address and manage GBV cases.

This review outlines the widespread health issues resulting from GBV that nurses must be prepared to address. This information underscores the challenges nurses face, such as identifying hidden injuries or understanding psychological impacts, which can be particularly complex in academic settings where students may be less forthcoming. This aligns with objective 2, which is to analyse the challenges faced by Professional Nurses in recognising and responding to GBV within academic settings.

2.3.12 Victims of Gender-Based Violence

Gender-based violence (GBV) and domestic violence often require substantial emotional support due to the stigma attached to these experiences (Randa and Mokoena 2019: 13731). GBV can affect individuals across various life stages, and tragically, some perpetrators are primary earners in their families. This economic dependence can place victims in a difficult position, torn between reporting abuse and maintaining their livelihoods. Many victims eventually turned to healthcare facilities for assistance after experiencing GBV. Unfortunately, some studies have indicated that victims have encountered substandard care, particularly related to their sexual orientation (Brown and Herman 2015: 3).

Healthcare centres play a key role in caring for victims of violence, particularly those isolated from family, friends, or work environments. Nurses and healthcare workers often act as the first point of contact, delivering critical support and services to these individuals (Randa and Mokoena 2019: 13735). However, feelings of shame, stigma, and discrimination can deter victims from seeking help, and they may not always receive the support they need from health and public services (Karim and Baxter 2016: 1151). Randa and Mokoena (2019: 13735) revealed that some victims perceived a lack of empathy and negative attitudes from nurses, further compounding their trauma.

Tackling these challenges means focusing on the systemic obstacles that block effective care. Healthcare responses need to be holistic, grounded in empathy, understanding, and thorough support. Training providers to recognise and overcome their biases, while creating a trusting and compassionate environment, can greatly enhance care for GBV survivors. By making these efforts a priority, healthcare systems can better assist survivors as they work toward healing with dignity and respect.

2.3.13 Forms of Gender-Based Violence

Gender-based violence (GBV) refers to any act or threat that causes physical, sexual, or psychological harm to a person. This wide-ranging category includes domestic violence and sexual assault, such as rape and the sexual abuse of children by family members, forced pregnancy, sexual slavery, and harmful traditional practices affecting both women and men. These harmful practices cover honour killings, female infanticide, female genital mutilation, violence linked to dowries, forced or early marriage, forced labour, burning, and acid attacks (Stöckl *et al.* 2012: 12). GBV also involves violence during armed conflicts, including murder and rape, as well as emotional abuse like coercion and verbal attacks. Other forms include prostitution, sexual harassment, and workplace intimidation (Stöckl *et al.* 2012: 12).

According to Stöckl *et al.* (2012: 12), violence can be categorised as follows:

1. Physical violence such as slapping, kicking, hitting, use of weapons, throwing objects, and female genital cutting.
2. Psychological or emotional violence, including systematic humiliation, controlling behaviour, degrading treatment, insults, spiteful acts, and threats.
3. Sexual violence, which covers coerced sex, forced participation in degrading sexual acts, exposure to pornography against one's will, and forced marriage.
4. Economic violence, involving restricting access to financial or other resources to exert control, as well as denial of rights to own property, inherit land, access micro-credit, gain full employment, and receive equal pay for equal work.

Cultural practices like forced marriage through Ukuthwala are deemed illegal under the Constitution (Machaka 2019: 1). Violence against women and men accused of witchcraft is also considered a form of GBV (Kgatla 2020a: 1). The landmark case

Jezile v. S and Others brought Ukuthwala into focus, with the Western Cape Division ruling that Ukuthwala cannot be used as a defence for crimes such as rape, human trafficking, or assault causing serious bodily harm (Lambrechts 2022b: 62).

Intimate partner abusers are the most common perpetrators worldwide, including in South Africa, though other types of abusers also exist (Lambrechts 2022b: 62). “Non-partner perpetrators” include strangers, acquaintances, colleagues, family members, teachers, peers, and others without any romantic ties to the victim, such as service providers. Abuse can happen in many settings, both private and public, like homes, schools, workplaces, and service environments. South African labour law recognises sexual harassment as a form of abuse that can occur in various contexts, including the workplace, though it remains poorly defined and under-researched (Grosser and Tyler 2022a: 218).

Structural GBV arise from South Africa’s unequal economic systems. This hidden form of violence is perpetuated by labour exploitation, undervaluation of unpaid work, underfunded social protections, unequal pay, inflexible labour laws, high living costs, unsafe work environments, excessive working hours, poor minimum wage regulation, and insecure employment all disproportionately impacting women.

Worldwide, and in South Africa, intimate partner abusers are the most common perpetrators, though other types of abusers also exist (Lambrechts 2022b: 62). “Non-partner perpetrators” can be strangers, acquaintances, colleagues, family members, teachers, peers, or others with no romantic connection to the victim, including service providers. Abuse may occur in a variety of settings private or public such as homes, schools, workplaces, and service environments. While South African labour law acknowledges sexual harassment as a form of abuse that can take place in different contexts, including the workplace, it remains poorly defined and insufficiently studied (Grosser and Tyler 2022a: 218). Both are recognised as violence against women (Modise 2022: 1802). Because forensic experts primarily rely on physical or biological characteristics to determine the victim’s sex and gender, this classification may include transgender women.

2.3.14 Experiences of Gender-Based Violence Victims in Healthcare Facilities

Health systems are key players in a multisectoral effort to tackle violence against women. Healthcare workers receive training for different situations, and some countries have developed guidelines or protocols to support this work. However, overall progress in building and applying these systems has been slow (Garca-Moreno, Hegarty, d'Oliveira, Kosiol-McLain, Colombini and Feder 2015: 1). Major behavioural and systemic challenges persist, especially in low and middle-income countries. Both the 67th World Health Assembly resolution on strengthening health systems to combat violence particularly against women and girls and the 2013 WHO recommendations have recognized violence against women as a critical health issue (Garca-Moreno *et al.* 2015: 1).

Victims of GBV often share their experiences when they seek help at healthcare facilities. However, a study by Randa and Mokoena (2019: 13731) found that healthcare providers often don't know how to respond and typically refer victims to other services. This referral can be seen as simply "passing the problem along," without enhancing the support or interaction between the nurse and the victim. GBV victims report that nurses typically provide only basic nursing care and advise victims not to blame themselves but do not offer emotional support. Victims feel that nurses should provide counselling and information about legal aid options (Randa and Mokoena 2019: 13731).

Some participants in the same study perceived nurses' care and support as inadequate and expressed negative views about nurses' attitudes towards GBV victims. Examples of their comments are as follows:

- "Those are the after-effects of going to the taverns; we would have died and left our children behind us."
- "I was only examined by the doctor; the nurse never came."

Some victims had no opinions on nursing care and support because they were seen only by doctors.

2.3.15 Prevalence of Gender-Based Violence

Women who have suffered violence experience higher rates of depression, anxiety, unintended pregnancies, sexually transmitted infections, HIV/AIDS, and other persistent health issues (United Nations (UN) Women 2022). Depression may last up to five years after the abuse ends (Hamberger, Rhodes and Brown 2015: 87). Failure to prevent GBV hinders South Africa's progress toward Sustainable Development Goal 5 (SDG5), which aims to eliminate all forms of violence against women and girls including human trafficking and sexual exploitation in both public and private spheres by 2030.

According to the South African Government (2022), nearly half of the GBV cases are committed by close relatives 22 percent by friends or acquaintances, 15 percent by spouses or intimate partners, 13 percent by other relatives or household members, and 29 percent by strangers. Approximately one in five women (21%) experienced a partner assault. Many victims seek medicolegal assistance from healthcare facilities.

Globally, over 80 percent of women do not report rape or sexual assault (Bosilong and Mbecke 2019: 128). Reasons for underreporting include distrust in the justice system, indifference from service providers, stigma, shame, and fear of retaliation by perpetrators (Van der Heijden, Harries and Abrahams 2020: 3). As a result, official statistics probably understate the true extent of GBV. Most women turn to family and friends for support rather than formal institutions like the police or healthcare services.

While women and girls are the main victims of gender-based violence, men and boys also experience it (Mphatheni and Ntsika 2022: 59). A study by Malik and Nadda (2019: 35) surveyed 1,000 men and found that 51.5 percent had faced violence from their wives or intimate partners at least once in their lives, with 10.5 percent experiencing it within the past year. Emotional violence was the most common (51.6%), followed by physical violence (6%), and severe physical assault made up about one-tenth of these cases. In nearly half of the incidents, it was the husband who initiated both physical and emotional violence. Risk factors included lower family income, education up to middle school, a nuclear family structure, and perpetrators under the influence of alcohol. Higher education levels in spouses have been linked to bidirectional physical violence (Malik and Nadda 2019: 35).

Nurses working in primary healthcare often face challenges in providing medicolegal care to GBV survivors without specialised training. Undergraduate nursing curricula typically lack specific skills and competencies related to forensic documentation of medicolegal cases (Duma and Ogunbanjo 2004: 37; Duma and De Villiers 2014: 2). Professional Nurses with undergraduate training are well positioned to support South Africa's progress toward SDG5 (Ballard *et al.* 2021: 2). Nurses play a crucial role in lessening the impact of violence on women's health, underscoring the importance of formal education during their undergraduate studies to equip them with the skills needed to address all forms of violence against women and girls, both in public and private settings. However, the extent to which current nursing curricula in South Africa prepare graduates to competently address GBV and contribute to achieving SDG5 remains unclear.

2.3.16 Knowledge and Perceptions of Nursing Students on Gender-Based Violence

Several countries have effectively integrated guidelines and recommendations into undergraduate nursing curricula to address the call for incorporating GBV education for sustained nursing practice in this area (World Health Organisation (WHO) 2019b). For example, in Australia, the preparation of Professional Nurses to manage GBV begins during undergraduate studies at universities and colleges and continues throughout their careers (Crombie, Hooker and Reisenhofer 2017: 2100). In Mexico, where GBV rates are relatively low, training nurses in GBV remains essential because they often serve as the first point of contact for survivors (Jiménez-Rodríguez, Arrogante, Giménez-Fernández, Gómez-Díaz, Guerrero, Mojica and Morales-Moreno 2021: 15). Similarly, India launched a new training program in 2019 aimed at equipping healthcare providers with the knowledge and skills necessary to support women facing violence (World Health Organisation (WHO) 2019b).

However, many countries lag in integrating GBV education into undergraduate nursing curricula to promote gender equity and eliminate GBV. In Nottingham, UK, over one-third of Professional Nurses with undergraduate qualifications reported having no formal education on GBV (Clark, Renner and Logeais 2020: 5877). A UK study revealed that undergraduate nurses often lack confidence in handling GBV cases due

to limited training, fear of causing offense, insufficient knowledge of interventions, and poor communication skills (Alshammari, McGarry and Higginbottom 2018: 237). In Ghana, healthcare workers face similar issues, including inadequate training on GBV, best practices for supporting survivors, and procedures for collecting evidence (Cannon, Sheridan-Fulton, Dankyi, Seidu, Compton, Odoi, Darteh and Munro-Kramer 2020: 18). These findings echo concerns raised by Clark, Renner and Logeais (2020: 5877) and WHO (2022) about the absence of intimate partner violence (IPV) management in undergraduate nursing curricula worldwide, despite professional calls for training healthcare workers in emergency settings. Wood (2016: 9) also highlighted the need for a stronger global understanding of GBV among undergraduate nursing students.

2.3.17 The Current South African Nursing Curriculum and Gender-Based Violence Inclusion.

The Bachelor of Nursing undergraduate program, accredited by the South African Nursing Council (SANC), mandates at least 480 credits (South African Nursing Council 2020: 1), with the Social Science module accounting for just 14 of those credits. According to the SANC framework, one credit equals ten notional hours (South African Nursing Council 2020: 4). This module provides foundational knowledge on normal and abnormal growth and developmental stages, and how social forces influence behaviour and health outcomes.

Comparative analyses reveal that countries like Australia and Mexico have embedded GBV competencies within their nursing curricula through scenario-based learning and clinical simulations, leading to enhanced nurse confidence and survivor care outcomes (Crombie, Hooker and Reisenhofer 2017: 2100; Jiménez-Rodríguez *et al.* 2021: 15). Conversely, South Africa's nursing education remains predominantly theoretical, with limited opportunities for practical skills development, particularly in forensic evidence collection and survivor support (South African Nursing Council 2020: 4; Sepeng, Makhado and Sehularo 2022a: 3). This gap correlates with reports from professional nurses who feel underprepared to manage GBV cases effectively, underscoring the urgent need for curriculum reform informed by both policy and frontline experiences (Okafor*,* Eze and Nwankwo 2019: 210).

However, there is a clear gap between the module's content and the practical competencies needed for effective Gender-Based Violence (GBV) management. The curriculum focuses on theoretical understanding but lacks sufficient skill-based training to address the real-world complexities of GBV cases. Nursing students require hands-on experience to recognise, respond to, and manage GBV survivors effectively.

Studies indicate that integrating practical GBV training into nursing education enhances preparedness (Crombie, Hooker and Reisenhofer 2017: 2102), such as scenario-based exercises and simulations that reflect real-life situations, to address this gap. This will help students to translate theory into practice and develop critical skills in GBV management. Aligning the Social Science module with the realities of GBV will better prepare nursing students to meet survivors' complex needs and support broader efforts to combat GBV within healthcare.

The South African Bachelor of Nursing program includes a substantial theoretical component but lacks a dedicated work-integrated learning (WIL) segment addressing GBV management, limiting opportunities for hands-on skill development (South African Nursing Council 2020: 4). This absence is significant given evidence that practical training, including forensic skills and survivor-centred care, is crucial for nurse preparedness (Sepeng, Makhado and Sehularo 2022b: 2). Consolidating these elements highlights a systemic gap in nursing education that contributes to insufficient care for GBV survivors and calls for integrated practical modules aligned with national policy priorities.

2.3.18 Empirical Studies on Nurses' Preparedness to Manage Gender-Based Violence

Empirical research worldwide highlights varied levels of preparedness among nurses to recognise and manage gender-based violence (GBV). In Australia, Crombie, Hooker and Reisenhofer (2017: 2102) found that undergraduate nursing students who received comprehensive GBV training demonstrated significantly higher confidence and competence in survivor care. Similarly, a Mexican study indicated that nurses trained in GBV were more likely to identify abuse and provide appropriate referrals, underscoring the value of formal education (Jiménez-Rodríguez *et al.* 2021: 17).

Regionally, studies in Sub-Saharan Africa reveal persistent gaps in nursing education and clinical practice related to GBV. In Nigeria, Okafor, Eze and Nwankwo (2019: 212) reported that many nurses lacked adequate knowledge and skills for forensic evidence collection, limiting their effectiveness in supporting survivors. In South Africa, Sepeng, Makhado and Sehularo (2022a: 3) documented that professional nurses felt underprepared to manage GBV cases, citing insufficient curriculum content and lack of practical training as key barriers.

In higher education settings, Makhene (2022: 242) highlighted the increasing prevalence of GBV on South African campuses and the critical role campus health nurses play in responding to these cases. However, the study pointed to a lack of specialised training and support systems for these nurses, leading to inconsistent management of GBV survivors.

These empirical findings emphasise the urgent need for curriculum reforms and targeted training programs to equip nurses with the competencies necessary for effective GBV recognition and response. Your study builds on this foundation by focusing specifically on professional nurses within higher education institutions in Cape Town, aiming to fill existing knowledge and practice gaps.

Internationally, nursing education systems have progressively incorporated GBV training through practical, scenario-based learning and continuous professional development. In Australia, undergraduate nursing programs offer comprehensive GBV modules reinforced by clinical simulations that significantly boost students' confidence and competence in survivor care (Crombie, Hooker and Reisenhofer 2017). Mexico's pilot studies demonstrate the effectiveness of early GBV integration in nursing curricula, resulting in improved identification and referral practices (Jiménez-Rodríguez *et al.* 2021). Meanwhile, the UK and India have launched similar initiatives focusing on forensic training and survivor-centred care (WHO 2019). These global efforts highlight a pressing need for South African curricula to evolve beyond theoretical frameworks towards experiential learning that equips nurses for the complex realities of GBV management.

The reviewed literature collectively underscores the multifaceted challenges in preparing nurses to manage GBV effectively. Key themes emerge around the need for contextually relevant curricula that integrate theoretical knowledge with practical, survivor-centred training. International comparisons reveal promising models, yet South African nursing education remains constrained by systemic, cultural, and resource limitations. The literature also highlights persistent gaps in empirical research on nurses' lived experiences and preparedness, particularly within higher education settings. Addressing these gaps through curriculum reforms and targeted professional development is critical for enhancing nursing responses to GBV and advancing national goals such as Sustainable Development Goal 5.

2.4 SUMMARY OF THE CHAPTER

This chapter established that while the prevalence and impacts of GBV are well documented globally and within South Africa, significant gaps remain in nursing education and practice related to GBV management. Current curricula provide foundational theoretical knowledge but lack sufficient practical training and experiential learning components, limiting nurses' preparedness. International best practices demonstrate the value of integrated, survivor-centred curricula supported by clinical simulations and continuous professional development. The literature also reveals systemic barriers, including cultural stigma, resource constraints, and fragmented policy implementation, that hinder effective nursing responses to GBV.

CHAPTER THREE
THEORETICAL FRAMEWORK

3.1 INTRODUCTION

A theoretical framework provides the intellectual base for research (Polit and Beck 2017: 135). It serves as a tool to organise concepts within a study and takes different forms depending on the context. According to Brink et al. (2022: 26), a framework helps researchers structure their investigation by setting the context for exploring the topic, as well as for data collection and analysis. It organises ideas in a way that allows the researcher to demonstrate how the study logically builds on existing knowledge (Brink et al. 2022: 26). Savolainen and Thomson (2022: 512) explain that theory links related concepts and propositions to explain or predict events by clarifying the relationships between variables. This clarity is important to prevent broad generalisations of the findings. Based on the research problem, the "Care, Core, and Cure" Theory was selected as the theoretical framework for this study.

3.2 THEORETICAL FRAMEWORK AND RATIONALE FOR SELECTION

For this study, Lydia Eloise Hall's "Care, Core, Cure" Theory was selected as the guiding framework due to its comprehensive, holistic, and patient-centered approach to nursing care, which aligns closely with the complex needs involved in managing Gender-Based Violence (GBV) cases.

Hall's theory defines nursing as participation in three interconnected components: Care, Core, and Cure (Hall 1965; Smith 2019: 117; Gonzalo 2023). 'Care' focuses on the nurse's nurturing and empathetic role, 'Core' highlights the therapeutic nurse-patient relationship, and 'Cure' involves medical and clinical interventions. Together, these components nurses to address patients' physical, emotional, and social needs in an integrated manner.

The theory's emphasis on holistic care is particularly relevant in the context of GBV, where survivors require compassionate emotional support alongside clinical treatment (Hegarty 2013: 45; Jewkes, Flood and Lang 2019: 562). For example, Hegarty (2013: 45) demonstrates that nursing approaches combining empathetic communication with clinical responsiveness improve outcomes for GBV survivors. Similarly, Jewkes, Flood

and Lang (2019) argue that effective GBV management hinges on nurses' ability to integrate psychosocial and medical care, a perspective well captured by Hall's model.

Moreover, the Care, Core, Cure Theory supports the educational objectives of this study by providing a framework through which nursing curricula can be evaluated and enhanced to better prepare Professional Nurses for GBV recognition and response (Chinn and Kramer 2018: 202; Pillay and Ganga 2020: 89). Studies in nursing education suggest that integrating holistic nursing theories fosters critical thinking and empathy in students, enabling them to manage complex health issues such as GBV (Pillay and Ganga 2020: 89; Rispel and Bruce 2019: 5).

Central to Hall's theory is its emphasis on relational trust, emotional safety, ethical sensitivity, and therapeutic presence within nurse-patient interactions (Hall 165; Smith 2019: 117). These relational dimensions are crucial in GBV care, where survivors often face profound trauma, stigma, and fear that inhibit disclosure. In campus health clinics, the Care and Core components foster empathetic communication, ethical responsiveness, and emotional support, creating safe spaces for survivors to seek help (Jewkes*,* Flood and Lang 2019: 562; Hegarty 2013: 45).

While the Care, Core, Cure Theory offers a robust foundation for individual patient care, it is important to note its limitations in addressing systemic and institutional factors affecting GBV management in Higher Education Institutions (HEIs). These limitations are discussed further in section 3.5.

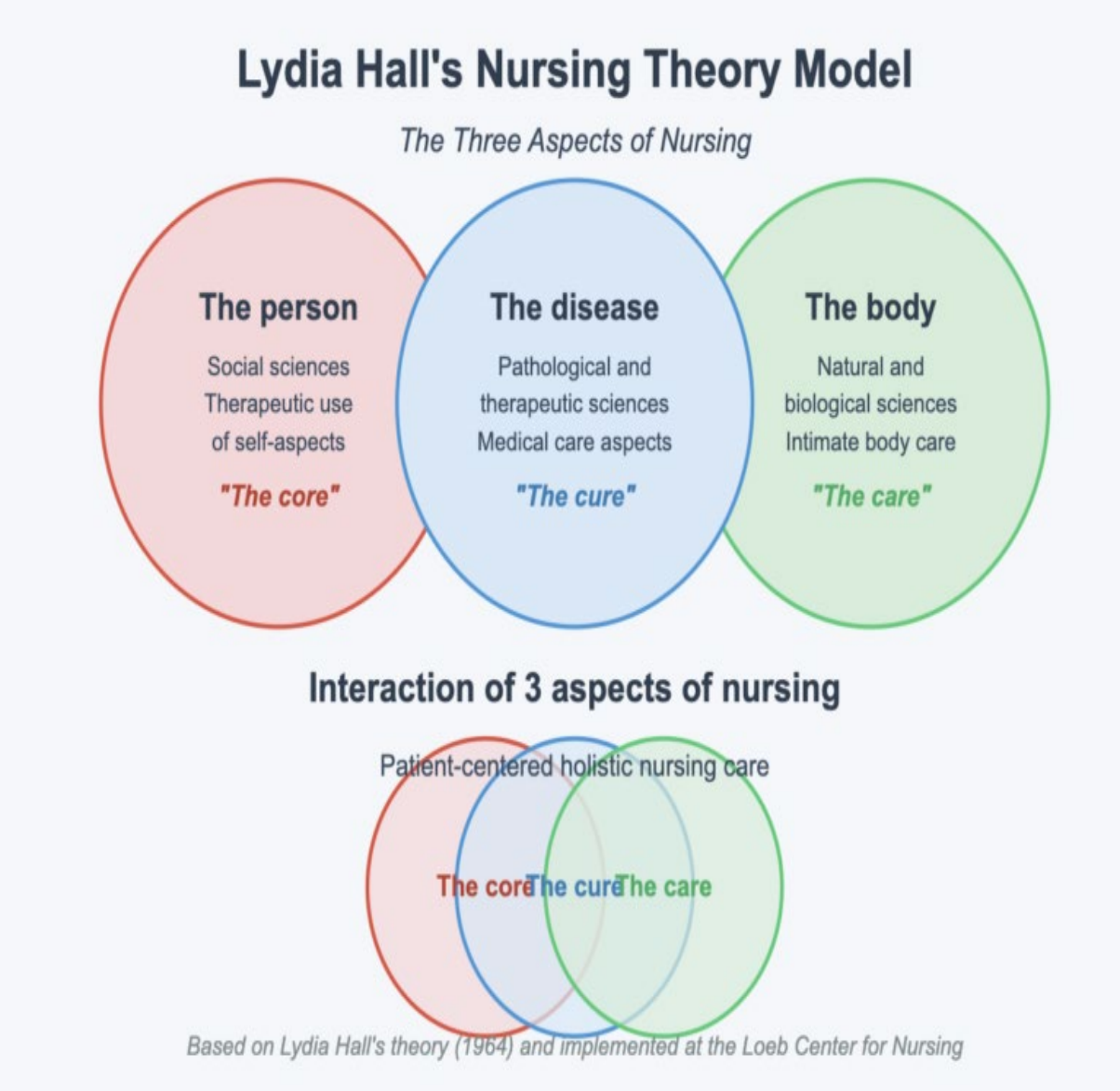


Figure 3.1: The Care, Core, Cure Theory circles.

Source: (Priyadarshini 2021: 13)

3.2.1 Comparative Justification of the Theoretical Framework

While Lydia Hall's Care, Core, Cure Theory offers a relational and holistic approach to managing GBV in Higher Education Institutions (HEIs), alternative theories such as Orem's Self-Care Deficit Theory and ecological public health frameworks offer distinct perspectives. Orem's theory (Orem 2001: 45) focuses on patients' abilities to care for themselves and the nurse's role in supporting these self-care deficits, emphasising individual empowerment but less on the relational and emotional safety aspects critical in GBV care. Ecological frameworks (Bronfenbrenner 1979: 22) emphasise systemic

and environmental factors influencing health but lack specific focus on the nurse-patient therapeutic relationship essential in GBV contexts. Hall's theory uniquely integrates emotional, relational, and clinical care, making it especially appropriate for GBV management in campus health settings where trust and ethical sensitivity are vital for survivor support (Hegarty 2013: 45; Jewkes, Flood and Lang 2019: 562).

3.2.2 Positioning of the Theoretical Framework in the Study

This study employs Lydia Hall's Care, Core, Cure Theory as a guiding framework that informs all stages of the research process from conceptualising research questions to data collection, analysis, and guideline development. The theory serves as both a conceptual lens and an organisational tool that integrates emotional, relational, and clinical dimensions of nursing care, thereby ensuring theoretical coherence and methodological clarity throughout the study.

3.3 HISTORICAL BACKGROUND AND VISION OF NURSING

Lydia Hall's Care, Core, Cure Theory integrates emotional, relational, and clinical dimensions of nursing care, offering a holistic framework particularly relevant to managing complex issues such as gender-based violence (GBV) (Chinn and Kramer 2018; Pillay and Ganga 2020: 87; Pillay and Ganga 2020: 87). This model supports nursing education reforms aimed at developing empathy, critical thinking, and interdisciplinary collaboration, all essential for addressing the psychosocial and clinical needs of GBV survivors (Pillay and Ganga 2020, p. 89; Rispel and Bruce 2019: 5). Hall's theory remains influential in guiding contemporary nursing practice and curriculum development in South African higher education institutions.

3.4 APPLICATION OF THE CARE, CORE, CURE THEORY TO THE STUDY

The Care Circle's focus on nurturing and empathetic care aligns with the ethical responsibility nurses hold in campus health clinics to provide emotional safety for GBV survivors. The Core circle's emphasis on therapeutic communication and trust building is critical in these settings, enabling survivors to disclose sensitive information and facilitating collaboration with multidisciplinary teams. These relational and ethical competencies are foundational to effective GBV interventions in HEIs, where institutional barriers and survivor vulnerabilities intersect.

Table 3.1: Application to the study

Components of the Care, Core, Cure Theory	Application to the study
The Care Circle	This part of the theory was in line with addressing objectives of Professional Nurses level of knowledge related to GBV, and the perspectives of Professional Nurses regarding their preparedness in responding to GBV. It is well known that nurses are trained to care for the patients, however evidence suggest that they lack knowledge to care, recognise and respond to GBV. The Care circle emphasises the emotional, nurturing, and compassionate aspects of nursing. In the context of GBV, this would involve not only understanding the physical and psychological impact of abuse but also developing the emotional competence to provide empathetic care. Example: In the study, the Care circle could directly influence the research design by examining how nursing curricula integrate training on recognising the signs of GBV (for example, physical injuries, psychological trauma, and behavioural signs). For example, nursing students could receive scenario-based training in which they role-play interactions with patients who may be victims of GBV. This could simulate real-life situations, helping students practice active listening, trauma-informed care, and confidentiality. It could also explore the emotional competencies needed for nurses to create a safe space for patients to disclose GBV experiences. **Practical Training:** 1. **Scenario-Based Learning:**

	• Implement scenario-based training where nursing students role-play interactions with patients showing signs of GBV. These scenarios can be designed to mimic real-world situations, helping students practice critical skills like active listening and trauma-informed care. • Example: A simulated scenario could involve a patient with unexplained injuries, prompting students to inquire sensitively about their origin and offer appropriate support. 2. **Workshops on Emotional Competence:** • Conduct workshops focusing on building emotional intelligence. These workshops can teach students how to manage their emotions and develop empathy, a key skill in creating a safe space for patients to disclose GBV experiences. 3. **Integration of Technology:** • Use virtual reality (VR) simulations to provide immersive experiences for nursing students. This technology can simulate real-life GBV scenarios, allowing students to practice their responses in a controlled environment. **Influence on Curriculum:** • Incorporate courses on psychological and emotional aspects of nursing care, specifically tailored to GBV. These courses should include modules on recognising behavioural signs of trauma and providing compassionate care.
The Core Circle	Understanding the prevalence of GBV is crucial for informing policies, interventions, and resource allocation to address and prevent GBV effectively. The agents of change and drivers in the Nursing Education related interventions are Nurse Lecturers as they are the trainers of Professional Nurses. This part of the theory assisted with addressing the objective perspectives of Nurse Lecturers regarding the preparedness of nursing graduates in responding to GBV.

	The **Core** circle is centered around the therapeutic relationship between the nurse and the patient. This involves effective communication, mutual trust, and understanding, which are crucial when managing GBV cases. It also reflects the need for institutional support and collaboration across disciplines to effectively manage GBV. The research explored how Professional Nurses collaborate with social workers, psychologists, and counsellors within HEIs to manage GBV cases. The research investigated the role of multi-disciplinary teams in the campus health clinics in supporting victims of GBV. This included how nurses work with counsellors to provide holistic care or how nurses and social workers share information and coordinate care plans for survivors. In terms of research design, questions were developed to assess the effectiveness of institutional policies and interdisciplinary collaboration in responding to GBV. Data was also collected on how well Professional Nurses understand and utilise available resources, such as campus counseling services or victim support networks. Additionally, the **Core** circle guided the exploration of nurse lecturers' perspectives on fostering collaborative approaches in the curriculum. Nurse educators were surveyed on their perceptions of the importance of fostering collaborative skills in nursing students to handle GBV cases effectively. **Institutional Support and Collaborative Practices:** 1. **Interdisciplinary Team Training:** • Arrange training sessions that include social workers, psychologists, and counsellors to emphasise the importance of collaborative care in managing GBV cases. • Example: A workshop could involve case studies where nurses work with multidisciplinary teams to develop comprehensive care plans for GBV survivors. 2. **Policy Development Workshops:** • Facilitate workshops that focus on analysing and developing institutional policies for GBV management. This

	ensures that nurses are informed about the policies and understand their roles within these frameworks. **Influence on Curriculum:** • Develop modules on interdisciplinary communication and collaboration, stressing the importance of teamwork in responding to GBV. This can be integrated into existing courses or offered as specialised electives. **Professional Development:** • Encourage nurse lecturers to participate in ongoing professional development programs focused on GBV and interdisciplinary collaboration. This will equip them to better prepare nursing students for real-world challenges.
The Cure Circle	The objective of developing guidelines was a form of an intervention or action strategy geared toward providing Professional Nurses with clinical competencies and skills for the treating of patient who experience GBV. This is where the researcher developed guidelines for additional inclusion of comprehensive GBV management into the nursing-related modules within the nursing undergraduate curricula and co-curricula. The Cure circle focuses on the clinical interventions that are necessary for recovery. This includes both physical and psychological treatments that address the immediate needs of GBV survivors. The Cure circle directly influenced how the study addressed the clinical competencies of nurses in handling GBV cases. In practice, this involved ensuring that nursing students and Professional Nurses are proficient in trauma-informed care, crisis intervention, and managing the physical health consequences of GBV (such as injuries from assault or sexually transmitted infections). The study explored how the curriculum includes training in identifying the clinical symptoms of GBV and the appropriate intervention protocols.

	Additionally, the study examined how Professional Nurses in campus health clinics are trained to handle medical care related to GBV, such as handling evidence collection in cases of sexual assault (for example, forensic nursing), providing post-assault care, and offering mental health support. This was complemented by an exploration of whether the curriculum includes these specialised areas or whether they are perceived as gaps in nursing education. **Clinical Competency Development:** 1. **Specialised Training in Forensic Nursing:** • Offer specialised training in forensic nursing to equip nurses with skills for evidence collection and documentation in cases of sexual assault. • Example: Practical workshops can cover topics like handling forensic evidence and providing post-assault medical care. 2. **Mental Health Support Training:** • Integrate mental health modules into the curriculum, focusing on trauma recovery and psychological support for GBV survivors. This can include training on crisis intervention and counseling techniques. **Influence on Curriculum:** • Include courses on trauma-informed care and crisis intervention strategies, ensuring nursing students are prepared to handle the clinical aspects of GBV cases effectively. **Professional Development:** • Develop continuing education programs for professional nurses to update their skills in GBV management, including the latest clinical practices and intervention protocols.

3.4.1 Application of the Theory to Research Questions and Objectives

Lydia Hall's "Care, Core, Cure" Theory formed the foundation for this study, shaping the development of the research questions, objectives, and methodology. Using this theory offered a clear framework for grasping the complexities involved in managing Gender-Based Violence (GBV).

1. **Professional nurses ' knowledge and preparedness.**
    - The Care, Core, Cure Theory emphasises a holistic approach to patient care, which aligns with exploring the knowledge and awareness that Professional Nurses possess regarding different forms of GBV. This theory informed the first set of research questions by highlighting the importance of nurses' comprehensive understanding and preparedness for recognising and responding to GBV cases.
2. **Clinical Competencies and Challenges:**
    - The theory's focus on the 'Cure' component, which involves clinical interventions, guided the formulation of research questions related to the clinical competencies of Professional Nurses in managing physical and psychological signs of GBV. Additionally, it informed the exploration of the challenges nurses face in HEIs, emphasising the need for practical, skill-based training.
3. **Collaboration and Institutional Support**
    - The 'Core' component of the theory underscores the therapeutic relationship and collaboration with other professionals, as well as informed questions about nurses' collaboration with counsellors and social workers. It also guided the investigative policies and support systems, facilitating effective GBV management.
4. **Nurse Lecturers' Role in Nursing Education**
    - The application of the theory extends to Nurse Lecturers, who are pivotal in shaping nursing education. The theory's emphasis on education and preparedness informed the research questions about lecturers' perceptions and challenges in integrating GBV content into the curricula. This aligns with the theory's focus on using nursing processes to foster learning and development.

3.4.2 Methodology and Development of Guidelines

The theory's all-encompassing, patient-centred perspective influenced this study's qualitative and descriptive design. It created guidelines that serve as an intervention strategy, empowering Professional Nurses with the skills and knowledge to manage GBV effectively. The theory helped identify gaps in existing nursing curricula and provided informed recommendations for integrating comprehensive GBV management into nursing education. Aligning with the principles of theory, this study aimed to strengthen the preparedness of future Professional Nurses and improve GBV-related educational outcomes in Higher Education Institutions.

3.4.2.1 Theoretical Influence on Methodological Approach

Lydia Hall's Care, Core, Cure Theory provided a conceptual lens that shaped the qualitative and descriptive design of this study. The theory's emphasis on holistic, patient-centred care informed the choice of semi-structured interviews and document analysis to explore the emotional, relational, and clinical preparedness of Professional Nurses to manage GBV.

The Care component guided the development of interview questions addressing nurses' empathetic and emotional competencies, while the Core component influenced inquiries into interdisciplinary collaboration and institutional support within HEIs. The Cure component directed attention to clinical skills and curriculum content related to GBV management.

By grounding the research questions and data collection methods in this theoretical framework, the study ensured alignment between its conceptual foundation and methodological strategy, facilitating a comprehensive exploration of GBV preparedness in nursing education. Detailed descriptions of data collection and analysis procedures are presented in Chapter 4.

3.4.2.2 Application to Developing Guidelines for GBV Management

The guidelines developed as part of the study's intervention strategy were shaped by the theory's emphasis on holistic care and collaboration. Based on the research findings, the guidelines recommend improving the nursing curriculum by integrating

trauma-informed care principles, fostering collaboration with other health professionals, and offering emotional support and training for nursing and professional nurses. In particular, the guidelines outline:

The "**Care**" aspect refers to the nurturing component of nursing, emphasising the interpersonal relationship between the nurse and the patient.

1. **Integrate ethical and human rights considerations into nursing curricula to inform GBV management (Guideline 3)**: This aligns with "Care" as it emphasises the importance of nurturing through ethical considerations and respecting human rights, fostering a supportive environment for patients experiencing GBV.
2. **Incorporate practical experience and simulation exercises into the curriculum to provide hands-on GBV management training (Guideline 5)**: This guideline aligns with "Care" by fostering empathy and compassion through practical experience, enhancing the interpersonal aspect of caregiving.
3. **Offer regular in-service training and workshops to update nurses on GBV management practices (Guideline 8)**. Continuous education supports nurses in providing better care and emphasises the nurturing component of their roles.

The "**Core**" aspect centres on the therapeutic use of self in communicating with the patient, focusing on understanding the patient.

1. **Incorporate formal education on GBV recognition and response in undergraduate and postgraduate nursing curricula (Guideline 1)**: By educating nurses on recognising and responding to GBV, this guideline supports understanding patients' individual experiences.
2. **Establish a dedicated module on GBV within the nursing curriculum to ensure comprehensive education on the subject (Guideline 2)**: A dedicated module allows nurses to delve into the core issues surrounding GBV, enhancing their understanding of individual patient experiences.
3. **Introduce structured practical training sessions and clinical placements focused on GBV management (Guideline 6)**: These sessions help nurses better understand their patients, aligning with the "Core" aspect using therapeutic communication.

The "**Cure**" component involves the medical and technical aspects of nursing care, focusing on the treatment and management of disease.

1. **Develop protocols for accurate and sensitive documentation of GBV cases, addressing common challenges such as incomplete disclosures and insufficient information (Guideline 7)**: This guideline aligns with "Cure" by emphasising the technical and procedural aspects of managing GBV cases.
2. **Conduct specialised training workshops and implement institutional policies that support educators and students in GBV education (Guideline 9)**. Providing technical knowledge and institutional support aligns with the "Cure" aspect, ensuring effective management of GBV cases.
3. **Develop and include modules that emphasise interdisciplinary collaboration, focusing on effective reporting, referral, and resource utilisation in GBV cases (Guideline 11)**. This supports the "Cure" aspect by fostering a collaborative approach to managing GBV and ensuring comprehensive treatment and care.
4. **Regularly review and update the curriculum to incorporate comprehensive GBV education and provide support for educators (Guideline 12)**: Keeping the curriculum updated ensures that nurses are equipped with the latest knowledge, aligning with the technical and management focus of the "Cure" aspect.

Aligning the guidelines with Lydia Hall's Care, Core, Cure Theory creates a robust framework for integrating GBV management into nursing education. This alignment enhances the curriculum and ensures that nurses are well-prepared to support patients experiencing GBV. Hall's Care, Core, Cure Theory provided a robust framework that informed the study's research questions, objectives, and methodology. It emphasised the need for holistic care, collaboration, and education to address GBV, guiding the development of practical interventions and educational enhancements.

3.4.3 Mapping the Care, Core, Cure Components to Research Questions and Study Areas

This mapping explicitly demonstrates how the theoretical framework informs study design, data collection, analysis, and guideline development.

Table 3.2: Application to Developing Guidelines

Theory Component	Research Questions	Areas of Inquiry
Care	What is the level of Professional Nurses' knowledge and preparedness to recognise and respond to GBV?	Emotional competence, empathetic care, psychosocial curriculum content
Core	How do Professional Nurses collaborate with multidisciplinary teams and institutional resources in GBV management?	Therapeutic relationships, interdisciplinary communication, institutional support
Cure	What clinical competencies do Professional Nurses have to manage physical and psychological consequences of GBV?	Trauma-informed care, crisis intervention, forensic nursing, clinical protocols

3.5 POTENTIAL LIMITATIONS OF LYDIA HALL'S CARE, CORE, CURE THEORY IN THE CONTEXT OF GENDER-BASED VIOLENCE MANAGEMENT

While Lydia Hall's Care, Core, Cure Theory provides a valuable framework for integrating GBV management into nursing education, it is essential to recognise its potential limitations, especially within the context of Higher Education Institutions (HEIs).

3.5.1 Focus on Individualised Care

The Care, Core, Cure model emphasises a holistic, patient-centred approach that aligns well with the interpersonal and therapeutic aspects of managing GBV cases (Hall 1965; Smith 2019: 117; Gonzalo 2023). This focus is evident in the Care aspect,

which encourages nurturing relationships through ethical and human rights considerations (Guideline 3) and practical experience (Guideline 5). However, the model does not explicitly address the systemic or institutional barriers that may influence the management of GBV in HEIs. For instance, institutional policies and cultural norms within HEIs could hinder the effective implementation of GBV management practices, which the Care component does not fully encompass (Makhado, Davhana-Maselesel and Ruiters 2016: 98).

3.5.2 Systemic and Institutional Barriers

The Core aspect of the model, which centres on understanding patients as individuals, also overlooks the broader systemic issues that can affect GBV recognition and response (Hall 1965; Smith 2019: 117; Gonzalo 2023). While dedicated modules and structured training (Guideline 2 and Guideline 6) help nurses understand individual patient experiences, they may not adequately prepare them to navigate institutional challenges, such as a lack of resources, administrative support, or institutional bias against acknowledging and addressing GBV (Morrell and Jewkes 2011: 76).

3.5.3 Technical and Procedural Focus

The Cure component highlights care's medical and technical aspects, vital for effective GBV management (Hall 1965; Smith 2019: 117; Gonzalo 2023), as seen in the development of documentation protocols and interdisciplinary collaboration (Guideline 7 and Guideline 11). However, this focus on technical procedures may overshadow the need to address institutional policies and systemic barriers that impede comprehensive GBV management in HEIs.

3.5.4 Care-Related Limitations

While the Care component emphasises nurturing and ethical sensitivity (Hall 165; Smith 2019: 117), it does not fully capture the institutional and cultural barriers within HEIs that may impede nurses' ability to provide empathetic GBV care. For example, issues such as stigma, lack of privacy, or insufficient emotional support structures in campus clinics can hinder effective relational nursing (Makhado, Davhana-Maselesele and Ruiters 2016: 98). This study's qualitative design, including interviews with Professional Nurses and Nurse Lecturers, sought to explore these barriers, thereby addressing the interpersonal challenges highlighted by the Care limitation.

3.5.5 Core-Related Limitations

The Core component focuses on individual therapeutic relationships but overlooks systemic institutional challenges such as resource constraints, administrative policies, and organisational culture within HEIs (Morrell and Jewkes 2011: 76). These factors affect nurses' capacity to collaborate effectively across disciplines and implement GBV interventions. This study mitigated these limitations by incorporating institutional policy analysis and exploring multidisciplinary collaboration, providing a broader understanding beyond the individual nurse-patient dyad.

3.5.6 Cure-Related Limitations

Although the Cure component addresses clinical and procedural aspects (Hall 165; Smith 2019: 117), it may underemphasise the need for systemic policy support and ongoing professional development to sustain effective GBV clinical care. The research's guideline development phase incorporated these considerations by recommending institutional policy enhancements and continuous education to overcome such procedural gaps.

Although Lydia Hall's Care, Core, Cure Theory provides a robust framework for individualised and patient-centred care, its application in GBV management within HEIs is limited by its lack of emphasis on systemic and institutional barriers. Addressing these limitations requires an expanded framework incorporating strategies to overcome these challenges, ensuring that nursing curricula equip nurses with interpersonal and technical skills and prepare them to navigate and influence institutional systems effectively.

3.6 SUMMARY OF THE CHAPTER

In conclusion, Lydia Hall's Care, Core, Cure Theory offers a valuable theoretical lens that integrates emotional, relational, and clinical dimensions of nursing care relevant to GBV management in HEIs. This study uses the theory as a guiding framework to structure research inquiries, interpret findings, and develop practical educational guidelines. The framework's holistic perspective enables a nuanced understanding of Professional Nurses' preparedness and challenges, informing interventions that span knowledge, collaboration, and clinical competencies. Chapters 5 to 7 will apply this theoretical foundation in analysing qualitative data, while Chapter 8 will detail

evidence-informed guidelines rooted in the Care, Core, Cure principles, ensuring conceptual continuity and applied relevance throughout the thesis.

CHAPTER FOUR
RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter presents the research methodology, detailing the study design, tools for data collection, research environment, target population and sampling methods, pilot testing of instruments, procedures for gathering data, data management, analysis techniques, measures to ensure reliability, ethical issues, and a summary. It explains the researcher's intended approach for each aspect.

The study used a qualitative, exploratory, and descriptive design. Semi-structured interviews were the primary tool for collecting data, providing a rich and detailed understanding of the subject matter. This methodology influenced the overall approach, techniques, and extent of data gathering. The researcher also analysed documents from the Department of Nursing at the selected Higher Education Institutions, such as curriculum materials, study guides, learner guides, and the South African Nursing Council curriculum standards. Each stage and procedure is explained in detail under dedicated sections.

4.2 RESEARCH PARADIGM

A paradigm is a set of shared assumptions, norms, practices, and ideas held by experts in a field. It guides how people think about and understand the world and can shape the foundational logical assumptions of research (Rashid, Rashid, Warraich, Sabir and Waseem 2019: 3). Paradigms represent concepts about the universe and structure of knowledge in social reality (Creswell and Creswell 2018: 19). These worldviews encompass research methods, theoretical frameworks, and disciplinary practices, reflecting a set of beliefs that may be predictive or speculative. Rashid *et al.* (2019: 3) define a paradigm as a viewpoint or mindset that helps interpret the complexities of the natural world and offers a theoretical framework that commonly directs the researcher's approach to a subject. In social research, the two main paradigms are positivism (logical empiricism) and the interpretive or socially constructed knowledge claim paradigm, each associated with distinct paradigmatic viewpoints (Creswell and Creswell 2018: 19).

The positivist paradigm holds that the scientific method is the only reliable means to ascertain reality and acquire an understanding of the world that allows for its predictable manipulation. A positivist looks for the reasons behind societal events (De Haas, Faber and Hamersma 2020: 2). According to this paradigm, the best way to acquire knowledge is by systematically studying and assessing the world. According to positivists, scientific research should be conducted unbiasedly without preconceived notions or biases that could cloud the results. Polit and Beck (2017: 14) argue that positivism ignores the importance of culture in shaping how people understand and use statistics. On the contrary, writers say that one of the central tenets of positivism is the belief that an objective world can be investigated and understood.

The researcher selected the interpretive paradigm for this study as the most fitting approach. Creswell and Creswell (2018: 24) explain that interpretive research views knowledge of reality as socially constructed through language, awareness, daily meanings, documents, and tools. This perspective recognises the unavoidable gap between the original author's and the interpreter's understanding of a text, with the researcher or reader working to bridge that gap in pursuit of meaning (Creswell and Creswell 2018: 218).

Using an interpretive approach, researchers collaborate with participants to co-create meaning, enhancing data collection and analysis through shared insights into their experiences. The aim of this paradigm in the study was to provide a detailed description of how professional nurses are prepared to identify and address gender-based violence within higher education institutions in Cape Town, South Africa. This supports the study's goal of creating guidelines for integrating GBV management into undergraduate and co-curricular nursing modules.

In addition to positivism and interpretivism, pragmatism has emerged as a third research paradigm that emphasises the practical consequences of research and the use of mixed methods to address complex problems (Morgan 2014: 37). Pragmatism rejects the dichotomy between objective and subjective knowledge, focusing instead on what works to solve real-world issues (Creswell and Creswell 2018: 20). This

paradigm is particularly relevant in applied research settings where multiple perspectives and methods are integrated.

The interpretive paradigm profoundly shaped the study's data collection and analysis methods, embedding itself in the approach used to explore how prepared professional nurses are to address gender-based violence.

4.2.1 Data Collection Methods

1. **Interviews**
    - Semi-structured interviews were conducted with Professional Nurses and Nurse Lecturers at HEIs. This method was chosen to facilitate open dialogue, allowing participants to express their experiences and perspectives in their own words. The interpretive paradigm emphasised the importance of understanding participants' subjective meanings attached to their experiences, making interviews a vital tool for data collection.
2. **Document review**
    - Relevant institutional curriculum documents, study guides, learner guides, and South African Nursing Council curriculum guidelines were analysed to provide contextual understanding. Document review helped bridge the gap between the theoretical framework and practical application, aligning with the interpretive paradigm's emphasis on the social construction of reality.

4.2.2 Co-Creation of Meaning

This collaborative approach grounded the development of guidelines for integrating GBV into nursing curricula in the authentic needs and experiences of those involved.

1. **Participant Involvement**
    - This collaborative approach grounded the development of guidelines for integrating GBV into nursing curricula in the authentic needs and experiences of those involved (Sandelowski 2000: 247).

2. **Iterative Analysis**
    - Data analysis was conducted iteratively, allowing for continuous refinement of themes and insights. Researchers engaged with participants to validate the findings and interpretations, ensuring the analysis accurately reflected their experiences and perspectives (Charmaz 2014: 25).
3. **Reflexivity**
    - Researchers have maintained a reflexive approach by acknowledging their biases and preconceptions. This reflexivity was crucial in co-creating meaning with participants, allowing researchers to remain open to participants' interpretations and adjust their understanding accordingly (Berger 2015: 223).

This collaborative approach grounded the development of guidelines for integrating GBV into nursing curricula in the authentic needs and experiences of those involved.

4.3 RESEARCH DESIGN

The research design for this study was qualitative. A qualitative method aims to give precedence to the research participants' viewpoints and highlight the subjective meaning, behaviours, and circumstances of those being investigated. Interviewing individual participants, conducting interviews with focus groups, and conducting observations of participant groups are the three primary methods for collecting qualitative data (Creswell and Creswell 2018: 206). The selection of this design allowed the researcher to achieve objective data. All the steps implemented and processes were further discussed under specific headings.

The qualitative, exploratory, and descriptive design was chosen to deeply understand how professional nurses perceive their preparedness to identify and respond to gender-based violence within the specific context of Higher Education Institutions (HEIs) in Cape Town. This design prioritises participants lived experiences and meanings in their natural settings, which is essential for generating rich, contextualised insights in a complex social phenomenon such as GBV (Polit and Beck 2017: 741; Creswell and Creswell 2018: 206). Exploratory research is warranted given the limited prior studies on nursing preparedness for GBV in this setting, which enable new

knowledge to be generated (Polit and Beck 2017: 726). A descriptive qualitative design allows for a detailed, accurate portrayal of participants' perspectives without imposing theoretical constraints, thereby maintaining closeness to the data (Kim, Sefcik and Bradway 2017: 24).

4.3.1 Qualitative research

A qualitative research approach aims to explore phenomena by thoroughly collecting story materials (Polit and Beck 2017: 741). This design is appropriate for understanding individuals' experiences, behaviours, beliefs, and attitudes within the specific setting in which these experiences occur. This strategy is valuable for gathering data directly relevant to the participants' experiences and opinions concerning their research subjects. This study utilised the case study design to understand the phenomenon comprehensively through detailed analysis. The researcher used document review and semi-structured interviews to collect data for this study.

4.3.2 Case Study Approach

The topic and its execution were thoroughly explored using a case study approach to achieve an accurate understanding. Grove and Gray (2018: 26) described case study research as a method of in-depth investigation, focusing on detailed examination of a current event or situation in real-life contexts. This approach is particularly useful when combined with a validity-seeking, humanistic perspective, as it helps to identify significant patterns and contextual data (Grove and Gray 2018: 26).

Case studies are characterised by an intensive enquiry into present occurrences with flexible boundaries. Following the presentation of the individual cases, a cross-case analysis was conducted to extract common themes, providing evidence that supports a unified set of findings. This method is sometimes called the comparative case method (Grove and Gray 2018: 26).

The researcher aimed to assess the preparedness of Professional Nurses working in student and staff Campus Health Clinics at Higher Education Institutions (HEIs), focusing on their knowledge, skills, and resources related to recognising and responding to GBV. The second goal was to gather recommendations from nursing

lecturers on how to develop curricula that equip future Professional Nurses with the knowledge, skills, and attitudes needed for an effective GBV response. Ultimately, this study sought to develop guidelines for incorporating comprehensive GBV management into nursing-related undergraduate and co-curricular modules.

This approach allowed the researcher to gain a deep understanding of how participants engaged with the issue of professional nurses' preparedness to manage gender-based violence (GBV) in higher education institution campus health clinics (Maree 2015: 74). To ensure a comprehensive analysis, two data sources were used: semi-structured interviews with professional nurses and nurse lecturers from Institution One and Institution Two and a review of documents from the Nursing Departments at these HEIs. These documents included curriculum documents, study guides, learner guides, and South African Nursing Council curriculum guidelines. Approval to conduct a thorough examination of these materials was obtained from the relevant authorities at each institution.

While phenomenology focuses on lived experiences and grounded theory aims to develop new theories, this study's purpose was to explore the preparedness of professional nurses and the curricular processes within a bounded context. It was not intended to generate a new theory. Therefore, a qualitative case study design was more appropriate for providing an in-depth, contextual understanding of professional nurses' preparedness to manage GBV in higher education institutions (Yin 2018: 15).

4.3.3 Explorative research

Exploratory research examines a topic of interest in which under researched is available (Polit and Beck 2017: 726). Utilising this methodology in the present investigation allowed the researcher to provide additional details regarding the topic of the enquiry, thus expanding the existing knowledge base on the phenomenon under study. The chosen methodology determined the data collection method, which, in this instance, involved conducting semi-structured interviews with participants and reviewing records.

4.3.4 Descriptive research

A descriptive design in qualitative research is often used for illustrative studies, especially when examining healthcare and nursing-related phenomena (Boswell and Cannon 2022: 175). Boswell and Cannon (2022: 175) explain that descriptive design offers a snapshot of a situation that naturally occurs without manipulating any variables. Polit and Beck (2017: 160) added that descriptive studies aim to observe, describe, and document aspects of a situation (Gray and Grove 2021: 50).

Kim, Sefcik and Bradway (2017: 24) outline key features and techniques of qualitative descriptive design based on literature descriptions:

- Researchers typically adopt a naturalistic perspective to examine phenomena in their natural context.
- This design is less theory-driven than other qualitative approaches, allowing flexibility in the use of theories or frameworks during study design and execution.
- Data collection usually involves individual or focus group interviews, guided by minimally structured or semi-structured questions.
- Purposeful sampling methods, such as maximum variation sampling, are often used to gather broad insights and rich data.
- Data analysis commonly relies on qualitative content analysis, sometimes supplemented by descriptive statistics, to characterise the sample. Thematic analysis can also be used, but it should be distinguished from content analysis. These methods keep the interpretation close to the data with minimal transformation, allowing readers familiar with the topic to recognise their own experiences in the findings.
- Study findings are typically presented in a straightforward manner with comprehensive descriptive summaries and precise details that make sense to readers. Variations in the methods or techniques may be appropriate for different qualitative descriptive studies.

4.3.5 Justification for Site Selection and Sample Size

The study purposefully selected two Higher Education Institutions (HEIs) within the City of Cape Town to allow an in-depth exploration of professional nurses' preparedness for responding to gender-based violence within comparable academic

and healthcare contexts. Limiting the study to two HEIs enabled focused data collection and comprehensive analysis within similar institutional environments, thus controlling for extraneous contextual variables that could confound findings (Patton 2015: 264). These institutions share similar student demographics, nursing curricula, and Campus Health Clinic structures, making them suitable for comparative case analysis.

The relatively small sample size was justified based on the qualitative aim of achieving data saturation rather than statistical generalisability (Hennink, Kaiser and Weber 2019: 1). Saturation was reached when additional interviews ceased to yield new themes, supporting the adequacy of the sample.

Data Treatment and Confirmatory Steps:

Data were meticulously transcribed and cleaned to ensure accuracy, with participant validation sought through member checking during iterative analysis phases (Birt, Scott, Cavers, Campbell and Walter 2016: 180). Triangulation of interview and document review data enhanced confirmability and validity. Reflexive journaling and peer debriefing further strengthened data credibility. While the study's findings are context-specific, the rich, thick descriptions and theoretical grounding in interpretivist epistemology support transferability to similar HEIs and nursing education settings (Lincoln and Guba 1985: 316).

Epistemological and Ontological Considerations:

Grounded in an interpretive paradigm, this study acknowledges that knowledge about nurses' preparedness is socially constructed through interactions and interpretations within their institutional contexts (Creswell and Creswell 2018: 24). The ontological stance assumes multiple realities shaped by participants' experiences, justifying the use of qualitative methods to capture these diverse perspectives authentically.

In this study, the researcher aimed to uncover the core themes and meanings behind the shared perceptions of Professional Nurses and Nurse Lecturers regarding the preparedness of Professional Nurses to recognise and respond to GBV in Higher Education Institutions in Cape Town, South Africa.

4.4 RESEARCH SETTING

Polit and Beck (2017: 744) describe the research setting as the physical place and conditions where data collection takes place. For this study, the setting was the Western Cape Province in South Africa, situated at the southernmost point of the African continent. Cape Town, the provincial capital, also serves as the legislative capital of the country. Before 1994, the Western Cape was part of the former Cape of Good Hope province. The province is bordered by the Atlantic Ocean to the west and the Indian Ocean to the south. To its north lies the Northern Cape Province, and to the east, the Eastern Cape Province. The Western Cape is divided into six districts: the City of Cape Town Metropolitan (Cape Town Unicity), Cape Winelands, Central Karoo, Eden, Overberg, and the West Coast.

The Campus Health Clinics have been introduced in institutions of higher learning as an anti-GBV strategy, aiming to reduce victimisation and improve conviction rates. Therefore, the researcher recruited Professional Nurses employed at the Campus Health Clinics from Institution One (1) and Institution Two (2) to participate in the study.

Campus Health Clinics serve as front-line health service providers within higher education institutions, offering health promotion, preventive care, and management of sexual and gender-based violence (SGBV) cases (Department of Higher Education and Training 2019: 15). These clinics play a pivotal role in GBV prevention strategies by providing confidential support, counselling, and referral services to students and staff (South African National Department of Health 2020: 10). Their integration within campuses facilitates timely responses to GBV incidents and awareness campaigns.

The setting for nurse lecturers was the Faculty of Health Sciences and Department of Nursing, which were from the same HEIs: Institution One (1) and Institution Two (2). These two HEIs were located in the City of Cape Town and are currently one of the HEIs in this region with undergraduate Bachelor of Nursing (R174) enrolment. These HEIs are responsible for professional nursing training and education. The trainers and educators of nursing students are Nurse Lecturers who are familiar with Social Sciences curriculum content and nurse competencies.



Figure 4.1: Map of South Africa, Western Cape province.

Source: Becker, Jenkins, De Swardt, Viljoen and Sayed (2014: 763).

4.5 POPULATION AND SAMPLING

The study population comprised two groups: Professional Nurses (PNs) employed at Campus Health Clinics and Nurse Lecturers from the Departments of Nursing at Institution One (1) and Institution Two (2). The Campus Health Clinics are located on campuses to combat and raise awareness about gender-based violence (GBV) through relevant campaigns. Approximately eight (8) Professional Nurses were employed across these clinics, with four (4) at each institution. The inclusion criteria required that PNs be directly involved in managing or creating awareness of GBV.

The Nurse Lecturers included in the study had taught the social science module or related modules containing GBV content within the past five years. Approximately eight (8) Nurse Lecturers from the selected HEIs in Cape Town met this criterion. A purposive sampling strategy was employed, aiming for a minimum of five (5) and a

maximum of eight (8) participants from each group, based on availability and relevance.

Final Sample Size and Data Saturation

The final sample consisted of five (5) Professional Nurses and six (6) Nurse Lecturers. Data saturation was reached during the interview process when no new themes or insights emerged. Saturation was assessed through ongoing analysis of interview transcripts, where repetition of codes and themes indicated that additional data would unlikely contribute new information (Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam, Burroughs and Jinks 2018: 1893). At this point, data collection ceased, and analysis commenced, ensuring comprehensive coverage of the research questions.

4.6 SAMPLING PROCESSES

Gray, Grove, and Sutherland (2017: 371) define sampling as choosing a smaller group of individuals that represent a larger population within a study. In qualitative research, purposive sampling involves intentionally selecting convenient and accessible participants who can offer rich, meaningful insights. This study focused on two groups: Professional Nurses and Nurse Lecturers, using purposive sampling.

According to Brink et al. (2022: 126), purposive sampling means selecting participants based on certain traits to explore, understand, and gain deeper insight by focusing on those from whom the most can be learned. Alexander (2019: 1) adds that this method broadens the range and depth of collected data. The study employed purposive sampling to reach a diverse group meeting the inclusion criteria and to capture their experiences and viewpoints.

Specifically, purposive sampling was used to select Professional Nurses and Nurse Lecturers from Institutions One and Two in Cape Town. Participants were chosen because they met the study's inclusion criteria and offered valuable insights related to the research objectives. All eligible professional nurses and nurse lecturers at these institutions were invited to participate after receiving detailed information about the study.

4.7 SAMPLE SIZE

This study adhered to the principle of data saturation rather than theoretical saturation, which is specific to grounded theory methodologies (Fusch and Ness 2015: 1408). Data saturation was reached when no new themes or insights emerged during analysis, indicated by repeated patterns in participant responses and codes. Saturation was monitored continuously throughout data collection, and two additional interviews per subgroup were conducted to confirm it. The final sample comprised five professional nurses and six nurse lecturers.

4.7.1 INCLUSION CRITERIA AND EXCLUSION CRITERIA

4.7.1.1 Inclusion Criteria (Professional Nurses)

- Professional Nurses must be employed at the Campus Health Clinics at Institution One (1) and Institution Two (2) in the City of Cape Town**.**
- The Professional Nurses were required to be registered with the South African Nursing Council (SANC).
- Professional Nurses must have been directly involved in managing or responding to gender-based violence (GBV) cases or have participated in GBV-related campaigns or activities aimed at raising awareness within the campus community.
- Professional Nurses must have a minimum of six months of employment at the time of data collection in the Campus Health Clinics.
- Professional Nurses must be willing to participate in the interviews and provide informed consent for data collection.

4.7.1.2 Exclusion Criteria (Professional Nurses)

- Professional Nurses not employed at the Campus Health Clinics at Institution One (1) and Institution Two (2) in the City of Cape Town.
- Enrolled nurses or nursing assistants working at Campus Health Clinics did not meet the level of qualification for inclusion.
- Professional Nurses who have been employed at the clinics for less than six months at the time of data collection.

- Professional Nurses are not involved in GBV-related activities or campaigns at the Campus Health Clinics.
- Professional Nurses who decline to participate or do not provide informed consent for participation.

4.7.1.3 Inclusion Criteria (Nurse Lecturers)

- Nurse Lecturers must be employed at Institution One (1) and Institution Two (2) in Cape Town**.**
- Nurse Lecturers must have taught social science modules or related modules that include gender-based violence (GBV) content within the last five years.
- Nurse Lecturers must have been directly involved in the teaching and training of nursing students in these modules, particularly those enrolled in the Bachelor of Nursing (R174) program at the time of data collection.
- Nurse Lecturers must be willing to participate in the interviews and provide informed consent for data collection.
- Nurse Lecturers must have at least one year of teaching experience in these modules.

4.7.1.4 Exclusion Criteria (Nurse Lecturers)

- Nurse Lecturers who have not taught social science modules or modules related to GBV content over the past five years.
- Nurse Lecturers who were not involved in teaching or training nursing students specifically on GBV-related content.
- Nurse Lecturers are those not currently employed at Institution One (1) and Institution Two (2) at the time of data collection.
- Nurse Lecturers who do not consent to participate in the study or refuse to provide informed consent.

The study's final sample comprised of five (5) professional nurses, six (6) nurse lecturers, and a review of six (6) documents. Interviews were concluded upon achieving data saturation, which was initially reached after interviewing three (3) professional nurses and four (4) nurse lecturers. To confirm genuine data saturation,

the researcher extended the interviews by incorporating two additional participants from each population, thereby validating data saturation.

4.7.2 Recruitment of participants

After obtaining ethical approval, the researcher contacted the Heads of Departments (HoDs) for each nursing department and Campus Health Clinic from Institution One (1) and Institution Two (2) separately. The goals of the study were explained. After establishing a connection with the HoDs, the researcher earned their trust and maintained a professional relationship to ensure professional cooperation.

The researcher created a recruitment plan that focused on identifying, reaching, and engaging potential participants who represented the target population (Gray and Grove 2021: 374). Gaining a clear understanding of the study's goals was crucial for securing their cooperation. Heads of Departments (HoDs) at the participating institutions helped arrange time slots to explain the study's purpose to potential participants and answer any questions before the research began.

Participants were provided with a detailed Letter of Information (Appendix 3) to make sure they were fully informed. The interviews were expected to last around 30 to 40 minutes. This letter outlined the study's purpose, objectives, and importance. After discussing confidentiality, anonymity, and ethical issues, the researcher gave participants an Informed Consent form (Appendix 4). Once consent was obtained, interviews were scheduled at the participants' convenience. Participation was voluntary, with no pressure involved, and interviews took place either face-to-face or through online platforms like WhatsApp video calls, Microsoft Teams, IMO, Zoom, or Skype. Throughout the process, the researcher adhered strictly to research guidelines.

Following the recruitment plan from Gray and Grove (2021: 374), the researcher coordinated with the HoDs about the study's inclusion and exclusion criteria. Once potential participants were identified, permission to contact them was secured from the HoDs. The researcher then reached out to each candidate to explain the study's purpose and benefits and invited them to take part. Interviews were held via Microsoft Teams after sharing the Letter of Information (Appendix 3) and obtaining informed consent (Appendix 4).

After consenting (Appendix 4), participants were asked to fully engage and answer questions honestly. They were also requested to provide relevant documents for review, such as curriculum documents, study guides, learner guides, and the South African Nursing Council curriculum guidelines related to the research topic.

4.8 DATA COLLECTION

Qualitative research focuses on collecting data in natural settings to understand events as they happen, without trying to change them (Maree 2015: 78). Data gathering started only after permission was granted by the gatekeeper and full ethical approval was received from the Institutional Research Ethics Committee. Using a case study approach, this research relied on two main data-collection methods: interviews and document reviews. Combining these methods strengthened the validity of the results and provided a comprehensive understanding of each case. Employing different data-collection techniques also enhanced the reliability of the information. Specifically, data came from in-person interviews and a thorough examination of relevant documents and records.

The choice of interview type often depends on the interaction between researcher and participant (Brink et al. 2022: 144). Semi-structured interviews were conducted individually, mostly face-to-face but sometimes by phone or online through internet platforms or organisational intranets. Face-to-face semi-structured interviews enabled the researcher to probe deeper into responses and expand on participant answers (Brink et al. 2022: 139). This approach was crucial within the interpretive paradigm, where understanding the meanings participants attach to experiences matters most. Since participants often express ideas in their own way, probing helped add depth and significance to the data. Due to the sensitive nature of the questions, face-to-face contact was important to build trust and achieve better response rates than questionnaires. Figure 4.2 shows the steps involved in this data-collection process.

Figure 4.2 presents the methodological trajectory of this study, illustrating the sequential phases from research design and participant sampling, through data collection via interviews and document review, thematic analysis, integration of

findings, and culminating in the development of evidence-based guidelines for GBV management in nursing curricula.

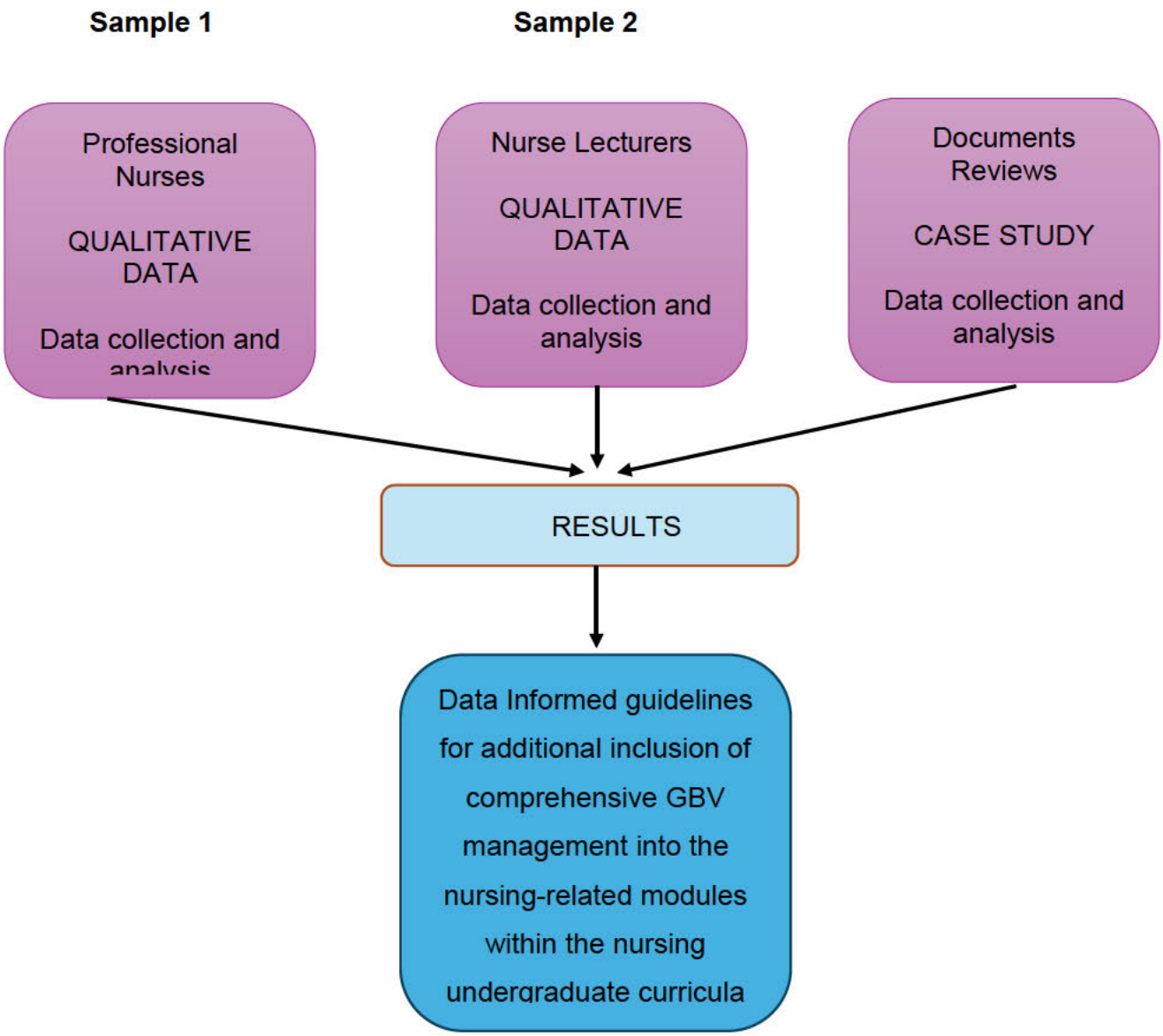


Figure 4.2: Sample grouping diagram of the study process

Source: Compiled by the researcher

4.9 DATA COLLECTION METHODS

4.9.1 Interview Guide

A semi-structured interview guide (see Appendices 5A and 5B) was used to explore participants' perspectives. Charmaz (2014: 65) notes that open-ended questions promote in-depth discussions. The guide had two parts: the first introduced the study, outlining the research topic and objectives, while the second included open-ended questions designed to encourage elaboration and follow-up. The questions closely matched the study's goals and research questions, aiming to evaluate how well Interviews went on until data saturation was achieved, with two extra interviews conducted to confirm this point. All interviews were transcribed after obtaining participants' consent.

4.9.2 Pre-testing of Data Collection

A pre-test study was conducted to evaluate the feasibility of the research methodology and identify any potential issues (Brink et al., 2022: 175). Prior to the main data collection, the pre-test involved four participants, two Professional Nurses and two Nurse Lecturers, who met the study's inclusion criteria but were not part of the main study sample. These participants were drawn from the same pool as the main study but are not identified by institution to maintain confidentiality in line with ethical approvals.

The pre-test aimed to assess the clarity, timing, and participants' understanding of the interview guide to ensure smooth data collection. No changes were necessary following the pre-test, as all questions were clearly understood. Ethical standards were upheld throughout, including informed consent and confidentiality, and pre-test participants were excluded from the main study.

4.9.3 Interviews

Participants in this study included Professional Nurses and Nurse Lecturers from Institution One (1) and Institution Two (2). Interviews were scheduled during regular business hours to minimise disruption to participants' daily responsibilities. Before the interviews, the participants received detailed information about the study via an

information letter (see Appendix 2) and provided written informed consent (see Appendix 4). Interviews were arranged according to the participants' convenience.

The interviews were conducted online via Microsoft Teams, with strict measures in place to ensure confidentiality. Each session lasted thirty (30) to forty-five (45) minutes and was conducted through pre-scheduled appointments. Charmaz (2014: 59) emphasises the importance of researchers familiarising themselves with the research context to confidently engage participants and guide conversations. All interviews were audio-recorded using Microsoft Teams' audio capabilities, allowing the researcher to capture participants' facial expressions, gestures, attitudes, and verbal expressions, thus enhancing the credibility of the study. Participants were informed about the recording's purpose and consented to it before the sessions began.

4.10 INTERVIEW PROCESS

Data collection was similar for all participants, while the interview guide was tailored to each participant's role, position, and experience. The following discussion explains the methods utilised for data collection. Data collection began with Professional Nurses and Nurse Lecturers at the selected HEIs: Institution One (1) and Institution Two (2). Data collection from Institutions One and Two was conducted concurrently in January and February 2025, allowing the simultaneous collection of perspectives from both sites. This approach enabled the researcher to capture real-time reflections and compare data across institutions within the same contextual timeframe.

4.10.1 Preparation for the interviews

Charmaz (2014: 59) advocates that researchers learn about and be familiar with the situation they will enter before data collection begins. This aids in confidence in the procedural issues and enables the researcher to engage the research participants and guide the conversation.

Before conducting the interviews for the selected sample, permission was obtained from each university through the Research Ethics Committee. Furthermore, after receiving each ethical clearance, the Heads of Department (HoDs) for each Nursing Department and GBV Units from Institution One (1) and Institution Two (2) were contacted individually to discuss the details of when and where the Professional

Nurses and Nurse Lecturers were available for the interview. Letters inviting participants to participate, letters informing participants about the study, informed consent, ethical research clearance from each university, permission letters from the HoDs, the interview guide, and other relevant documentation were presented at each recruitment of the participants as the study progressed.

Following Brink et al. (2022: 32) guidance, every participant received an information letter detailing the study's purpose, the researchers involved, and its importance. The interview process was clearly laid out, and participants were reassured that their answers would be kept confidential and anonymous, with no personal names included in the published results.

4.10.2 Conducting the interviews

After receiving ethical clearance from the relevant institutional ethics committees, the researcher contacted the respective departments and clinics at Institutions One (1) and Two (2) to facilitate participant recruitment.

For Professional Nurses at both institutions, approval was first obtained from the Campus Health Clinics, followed by coordination to schedule interviews. Nurse Lecturers were recruited through departmental approvals and communications facilitated by department heads or research offices. Recruitment methods included emails, departmental meetings, and online sign-up forms to accommodate participants' preferences.

All participants were provided with information letters and consent forms prior to the interviews. Interviews were scheduled at mutually convenient times and conducted online via Microsoft Teams to ensure flexibility and accessibility. Audio recordings were made with participants' consent to support accurate transcription and analysis.

During interviews, the researcher maintained a respectful, trusting, and open atmosphere, paying close attention to language, tone, and nonverbal cues. Participants were free to end the interview at any time. Data collection continued until saturation was reached, indicated by the repetition of themes and no emergence of new information.

4.10.3 Building Rapport

Building rapport was essential to enhance credibility (Lincoln and Guba 1985: 301) and foster openness during sensitive discussions on gender-based violence (GBV). Given the virtual interview context, traditional rapport-building strategies were adapted to address the challenges of remote communication. The researcher engaged in prolonged interaction by maintaining contact over two months, which helped build trust and encourage detailed disclosures despite physical distance.

To create a comfortable environment online, each session began with an informal conversation to ease participants into the interview. Active listening techniques were employed to demonstrate empathy and understanding. Transparency about the study's aims, confidentiality measures, and the voluntary nature of participation was emphasized upfront to reassure participants. These adaptations helped promote participant comfort and willingness to share sensitive personal experiences in a virtual setting (Novick 2008: 466).

4.10.4 Document reviews

Documentary analysis involved systematically examining institutional texts, including curriculum documents, study guides, learner guides, and South African Nursing Council curriculum guidelines, relevant to the research questions (Bowen 2009: 27). This process enabled the researcher to identify gaps within the nursing curriculum and informed the development of guidelines for integrating comprehensive GBV management into undergraduate nursing modules and co-curricular activities. A Document Review Guide (see Appendix 6) was used to ensure a consistent, focused analysis of the topic's contextual issues.

Incorporating document reviews alongside participant data provided a multi-perspective analysis that strengthened the study's findings (Yin 2014: 18). These documents offered valuable historical and contextual insights, enhancing the depth and reliability of the overall research. Approval to access the documents was obtained from the selected higher education institutions.

4.10.5 Document Analysis Method

Document analysis followed a thematic approach aligned with Braun and Clarke's (2006) framework, involving familiarisation, coding, theme development, and interpretation. Interview and document data were initially analysed independently to identify themes pertinent to GBV preparedness. Subsequently, findings were triangulated through a comparative matrix to identify convergences and discrepancies, enriching the understanding of curricular gaps and informing evidence-based guideline formulation.

4.10.6 Selection Criteria for Documents

Documents were selected based on their relevance to the nursing curriculum and potential to provide insights into the educational approach to GBV management. The selection criteria included the document's alignment with national and international guidelines on GBV management, its comprehensiveness in covering relevant content, and its applicability to current nursing education practices. This ensured a balanced and comprehensive review, allowing for comparative analysis with the established standards.

A total of six documents were reviewed, including three from Institution One and three from Institution Two, comprising curriculum frameworks, study guides, and SANC guidelines. While core content was consistent, minor institution-specific variations were identified.

4.10.7 Integration document review with Interview data

The integration of document review findings with interview data involved a systematic comparative analysis. Themes identified from the interviews were cross-checked against the content and strategies outlined in the curriculum and regulatory documents. This process involved coding and categorizing data from both sources to identify consistencies, discrepancies, and gaps in GBV education.

By triangulating these data sources, the study was able to pinpoint specific areas where curricular content lacked clarity or practical application. This informed the development of targeted guidelines aimed at enhancing the inclusion of comprehensive GBV management within nursing curricula, ensuring that the

recommendations were grounded in both policy documents and real-world practitioner insights.

4.10.8 Influence on study conclusions and guidelines development

The findings from the document review significantly influenced the conclusions of the study. The analysis revealed gaps in GBV-related content, insufficient emphasis on practical skills, and a lack of alignment with international best practices. These insights informed the development of the proposed guidelines, emphasising the need for comprehensive GBV management education that includes practical skill-based learning and aligns with global standards.

By incorporating these findings, this study aimed to enhance the nursing curriculum's capacity to prepare Professional Nurses effectively to recognise and respond to GBV. This approach addressed the study's objectives and contributed to broader efforts to improve GBV management education in South Africa.

Key themes from interviews, such as knowledge gaps and resource constraints, together with document-identified curricular omissions, directly informed guideline components emphasising practical GBV training and resource provision.

4.11 DATA MANAGEMENT AND ANALYSIS

All electronic data, including transcripts and audio files, were securely stored on password-protected platforms (e.g., Microsoft OneDrive), and physical notes were kept in a locked cabinet. Data will be destroyed five years after study completion, in accordance with institutional policies.

The researcher-maintained engagement with the participants over a period of two months, from January to February 2025, to build rapport, collect rich data, and validate emerging themes (Lincoln and Guba 1985: 301). This engagement allowed for a deeper understanding of the context and enhanced the credibility of the findings.

4.11.1 Analysis of data from interviews

After transcribing the interviews, the researcher proceeded with the data analysis. Hariri, Fredericks and Bowers (2019: 2) described data analysis as a complex

movement between data and ideas, balancing description and interpretation. Polit and Beck (2017: 62) explain that themes are recurring patterns of meaning revealing participants' concerns and their significance to those issues. Tesch's data analysis methodology was applied to explore both the conceptual and contextual aspects.
Tesch's eight steps (1992: 141) were followed as such:

- All transcripts were read to obtain an overall understanding of the data.
- Making margin notes to capture emerging thoughts.
- Listing all topics and clustering similar ones together.
- Assigning abbreviated codes to corresponding data segments and noting any new issues as they appeared.
- The most descriptive wording was used to turn the topics into themes.
- Grouping related themes into categories.
- A preliminary analysis was conducted by assembling the data within each category to identify emerging themes.

The coding process commenced with an open coding phase, where the researcher carefully examined transcripts line-by-line to identify meaningful segments related to nurses' preparedness for GBV recognition and response. Initial codes were assigned descriptively to capture participants' words and implied meanings. These codes were then grouped into categories reflecting broader concepts or issues. Throughout this process, constant comparison was applied to refine categories, merge overlapping codes, and distinguish unique themes (Charmaz 2014: 113). The researcher employed inductive reasoning to allow themes to emerge naturally from the data rather than imposing preconceived frameworks. Themes were identified by clustering related categories that represented core patterns across participant responses. To ensure reliability, the coding schema was independently reviewed by supervisors, and discrepancies were discussed until consensus was reached. The final themes encapsulate the main dimensions of nurses' preparedness to address GBV, including knowledge gaps, resource constraints, and educational needs.

Participant responses were treated with respect and confidentiality. Ambiguous or incomplete answers prompted follow-up questions during interviews to clarify meaning. The researcher-maintained reflexivity to minimise bias during interpretation, continually returning to raw data to validate thematic conclusions (Berger 2015: 223).

4.11.2 Analysis of Data from Document Reviews

Analysing the curriculum documents, study guides, and guidelines from the South African Nursing Council and the involved educational institutions involved a methodical process to pinpoint gaps and areas for enhancement, especially regarding the integration of Gender-Based Violence (GBV) in nursing education. Stakeholder perspectives were primarily drawn from participant interviews and further contextualised through documentary analysis, with analytic interpretation synthesising these sources. The following steps were taken during this analysis:

Document Collection and Organisation:

- Gathered all relevant documents, including curriculum guidelines, study guides, and institutional frameworks from authoritative sources such as the South African Nursing Council, Institution One (1) and Institution Two (2)

Initial Review:

- A preliminary reading of the documents was conducted to understand their overall structure, focus areas, and key components. No specific mention of GBV or related topics was noted.

Identification of the Key Themes and Components

- Each document was divided into sections, focusing on curriculum content, teaching strategies, assessment methods, and specific skills or competencies outlined.
- Highlighted any areas where GBV was mentioned or conspicuously absent.

Content Analysis:

- Analysed the depth and breadth of GBV-related content when present. We evaluated how these topics were integrated into the curriculum, including the theoretical discussions and practical applications.
- Assessed whether the documents provide guidelines for GBV management within Work Integrated Learning (WIL) or other experiential learning components.

Comparative Analysis:

- Compared the findings from different documents to identify consistencies or discrepancies in the inclusion and treatment of GBV across various educational standards and institutions.
- Examined how these documents align or differ from broader healthcare priorities, such as addressing GBV in nursing.

Gap Identification:

- Identified explicit and implicit gaps in the curriculum regarding GBV management. Highlighted areas lacking specific guidelines, competencies, or assessment strategies related to GBV.

Stakeholder Considerations:

- Consider the perspectives of nursing education stakeholders, such as educators, policymakers, and healthcare professionals, to understand the implications of these gaps on nursing practice and education.

Recommendations Development:

- Based on this analysis, targeted recommendations for curriculum enhancement have been developed. Focus on integrating comprehensive GBV management training and assessment into nursing programs to prepare future nurses effectively.

Documentation and Reporting:

- Documented the analysis process, findings, and recommendations. Prepare a report articulating the need for curriculum improvements and providing evidence-based suggestions for integrating GBV management into nursing education.

The evaluation of nursing curricula revealed areas where GBV management integration remains insufficient, highlighting the need for targeted enhancements in nursing education to better prepare practitioners for this critical aspect of care.

4.12 TRUSTWORTHINESS

Given the subjective nature of qualitative research, establishing trustworthiness is essential to demonstrate the rigour of data collection and analysis (Polit and Beck 2017: 174). To enhance credibility, all interviews were audio-recorded to ensure accurate capture of participants' responses. Additionally, the researcher carefully noted nonverbal cues during interviews, such as facial expressions and gestures, to provide contextual depth to the verbal data. Data were transcribed verbatim, preserving participants' exact words to maintain authenticity.

The study applied Lincoln and Guba's (1985) criteria of credibility, dependability, confirmability, and transferability to ensure trustworthiness. Strategies such as prolonged engagement, member checking, audit trails, and reflexivity were employed to uphold these standards throughout the research process.

4.12.1 Credibility

Credibility refers to the confidence in the truthfulness and interpretation of findings (Polit and Beck 2017: 175). Building credibility is establishing trustworthiness in research (Alexander 2019: 1-6). In this study, the researcher aimed to ensure trustworthiness by audio-recording all interviews and using the participants' direct quotes and stories when presenting data. To maintain the integrity of the results, the recordings were repeated multiple times during report-writing to confirm accurate transcription.

Credibility was further supported by accepting document review data at face value and the researcher maintaining neutrality during interviews, avoiding any influence on participants' responses. The researcher stayed involved in the field until data saturation was achieved, maintaining contact with participants over an extended period (Polit and Beck 2017: 584). This prolonged engagement allowed the researcher to become part of the participants' environment, making it more likely that the behaviors observed were genuine and unaffected by the researcher's presence. Spending extra time in the field can yield richer data, including detailed observations, and strengthens credibility more than relying solely on interviews or focus groups (Dado, Spence and Elliot 2023: 1).

4.12.2 Transferability

Transferability was supported through rich, thick descriptions of context, methodology, and findings, enabling readers to assess applicability to other settings (Nowell, Norris and White 2017: 3). Authenticity was acknowledged but not directly operationalised and thus is omitted for clarity.

4.12.3 Dependability

Dependability means ensuring that a study conducted with similar participants under similar conditions would yield consistent results (Brink et al. 2022: 172; Polit and Beck 2017: 175). This study used triangulation to enhance credibility and dependability by combining multiple data-collection methods.

Triangulation involved comparing the interview data with curriculum documents to comprehensively understand the research topic. The researcher cross-checked the findings by analysing information from interviews with Professional Nurses and Nurse Lecturers alongside curriculum reviews, spotting both consistencies and discrepancies. This approach provided more profound insights into the gaps in GBV management within nursing curricula.

The researcher coded the interviews independently, while the research supervisors acted as independent coders to verify the data and analysis, ensuring consistency and resolving any discrepancies.

This multi-layered data collection and analysis approach strengthened the study's credibility and dependability, creating a solid foundation for understanding and improving GBV management in nursing education.

4.12.4 Confirmability

Lincoln and Guba (1985) describe confirmability as the degree to which study findings genuinely reflect participants' perspectives rather than researcher bias (Brink et al., 2022: 173). To operationalize confirmability, the researcher maintained comprehensive audit trails, including detailed documentation of data collection and analysis processes. Audio recordings and field notes were used to verify the accuracy

of transcripts and interpretations. These materials were securely stored to allow for future audits and verification.

Authenticity, which involves honestly representing the diversity of participants' realities (Brink et al., 2022: 159), was ensured by incorporating participants' verbatim quotes in the findings and by employing member checking to confirm that interpretations accurately reflected their views.

4.12.5 Reflexivity

Reflexivity is a critical component in qualitative research, especially when engaging with sensitive topics such as gender-based violence (Berger 2015: 220). Throughout this study, the researcher maintained a reflexive stance by documenting personal reflections in a research journal, actively acknowledging potential biases and preconceptions that could influence data interpretation (Finlay 2002: 531). Peer debriefing sessions with supervisors further supported critical self-reflection, ensuring that participants' voices remained central to the analysis.

4.13 ETHICAL CONSIDERATIONS

Gray, Grove, and Sutherland (2017: 184) note that nursing research requires not only knowledge and dedication but also honesty and integrity, emphasizing the importance of conducting research ethically. Ethical clearance was obtained from the relevant institutional committees and departments (Appendix 1). Participant confidentiality and anonymity were rigorously maintained through secure data handling and coding practices. Informed consent was obtained prior to data collection, with participants fully briefed on their voluntary participation and their right to withdraw (Appendix 4).

4.14 SUMMARY OF THE CHAPTER

This chapter discusses the research context and outlines the study design, population, sampling, data collection methods, instruments, pretest procedures, data analysis, and steps taken to ensure trustworthiness. It provides an overview of the qualitative approach used in this research. The following chapter presents the qualitative findings and examines the key themes that emerged from the data.

CHAPTER FIVE
PRESENTATION OF FINDINGS: PROFESSIONAL NURSES AND NURSE LECTURERS

SECTION 5A
FINDINGS FROM PROFESSIONAL NURSES

5.1 INTRODUCTION

Chapter 5 expands on earlier chapters by outlining the study's methodology and offering a detailed explanation of the data collection, analysis, and presentation processes. Brink et al. (2022: 46) describe the analysis as the "integration and synthesis" of qualitative data, which is organised into themes and categories through coding. This chapter begins by describing the sample and presents the findings.

This study had two main aims. First, to assess how prepared Professional Nurses working in student and staff Campus Health Clinics at higher education institutions (HEIs) are, including their knowledge, clinical skills, and available resources for recognising and responding to gender-based violence (GBV). Second, it explores Nurse Lecturers' recommendations for developing nursing curricula that equip future nurses with the knowledge, skills, and attitudes necessary to effectively address GBV. Ultimately, the goal was to create guidelines for incorporating comprehensive GBV management into undergraduate nursing curricula and cocurricular programs.

5.1.1 The data was analysed and presented in two chapters:

- Chapter 5 – Interviews with the Professional nurses employed at Campus Health Clinics.
- Chapter 5 – Section A - Interviews with the Nurse Lecturers employed at the HEIs.

5.1.2 Sample realisation

The research involved the two HEIs coded into Institution One (1) and Institution Two (2). Information letters were distributed to participants after obtaining permission from the gatekeepers. Interviews were scheduled at times that were convenient for the

participants, ensuring that all protocols for privacy and confidentiality were strictly adhered to.

5.2 DEMOGRAPHIC DATA OF THE PARTICIPANTS

Among the professional nurses interviewed, a majority, 80%, were female, while the remaining 20% were male. Age demographics varied, with 40% of the participants aged between 31 and 40, and equal proportions of 20% in the 20-30, 41-50, and over 51 age brackets. Educational qualifications revealed that 80% of the nurses had achieved postgraduate degrees, whereas 20% held undergraduate degrees. This diverse range of ages and educational backgrounds reflects a broad spectrum of experiences and perspectives within the professional nursing cohort surveyed.

The following tables provide demographic data on Professional Nurses, offering readers an overview of the target population.

Table 5.1: Professional Nurses' demographics

DEMOGRAPHIC		NO OF PARTICIPANTS
GENDER	Male	1
	Female	4
	LGBTQ+	0
	Prefer not to say	0
AGE	20 - 30	1
	31 - 40	2
	41 – 50	1
	51 >	1
	Prefer not to say	0
LEVEL OF STUDY/QUALIFICATION	Undergraduate	1
	Post-graduate	4
	Masters	0
	Doctorate / PhD	0
	Prefer not to say	0

Table 5.2: Professional Nurse's individualised demographics

Participant Code	Institution Code	Gender	Age	Level of Study
Participant 1	Institution 1	Female	58 years	Postgraduate
Participant 2	Institution 1	Female	39 years	Undergraduate
Participant 3	Institution 1	Female	45 years	Postgraduate
Participant 4	Institution 2	Male	32 years	Undergraduate
Participant 5	Institution 2	Female	28 years	Postgraduate

The participant sample predominantly comprised female nurses (80%) and those holding postgraduate qualifications (80%), reflecting the gender distribution within the South African nursing profession. This demographic composition may influence the perspectives and experiences shared in this study, as gender and higher education levels often shape awareness and management approaches to gender-based violence (South African Nursing Council 2021a: 15).

5.3 THEMES AND SUB-THEMES THAT EMERGED FROM THE COLLECTED DATA OF BOTH PROFESSIONAL NURSES

As shown in Table 5.3, four main themes emerged from the interviews with professional nurses: interdisciplinary collaboration, challenges in GBV management, training needs, and professional competence. These themes highlight both systemic and educational gaps that influence nurses' preparedness to respond to GBV cases. To deepen understanding, each main theme is further divided into sub-themes and discussed in relation to the study's objectives. Direct quotes from participants are used to substantiate the findings.

Table 5.3: The presentation of major themes and sub-themes that emerged from the data collected from Professional Nurses

THEMES	SUB-THEMES	RELATED RESEARCH OBJECTIVE
1. Enhancing Interdisciplinary Collaboration and support through effective reporting, referral, and resource utilisation	1.1 Consent and obligation to report issues of GBV	Objective 1 Objective 6
	1.2 Referral of GBV victims to Specialised Centres for treatment and management	
	1.3 Institutional Support and Policies for GBV victims	
	1.4 Collaboration with Other Professionals within the multidisciplinary team	
	1.5 Role of Employee Wellness Programs in the management of GBV	
	1.6 Guidelines and Protocols related to GBV	
	1.7 Referral Systems related to GBV	
2. Systemic, educational, and professional development	2.1 Lack of Training and Education related to GBV	Objective 2 Objective 3 Objective 4

barriers in managing gender-based violence	2.2 Curriculum Gaps and Absence of Structured GBV Content	Objective 5
	2.3 Insufficient Victim Information and Reporting Challenges	
	2.4 Stigma and Barriers to Disclosure and Referral	
	2.5 Need for Continuous Professional Development and Awareness	
3. Competence and skill of professional nurses when dealing with GBV matters	3.1 On-the-Job Learning related to GBV	Objective 1 Objective 4
	3.2 Professional nurse experience	
	3.3 Competence in Empathy and Communication for GBV Victim Management	
	3.4 Understanding human rights and ethical policies related to GBV victim management	

5.4 INTERVIEWS WITH THE PROFESSIONAL NURSES EMPLOYED AT HEIs STUDENT AND STAFF CAMPUS HEALTH CLINICS.

The context provided by interviews with various participants highlights several key themes and sub-themes related to the handling of gender-based violence (GBV) by Professional Nurses and associated personnel in healthcare and educational institutions.

5.4.1 THEME 1: ENHANCING INTERDISCIPLINARY COLLABORATION AND SUPPORT THROUGH EFFECTIVE REPORTING, REFERRAL, AND RESOURCE UTILISATION

Objectives 1 and 6, which were related to Theme 1, revealed that professional nurses highlighted the importance of securing victims' permission before reporting cases to authorities, such as the police and social workers. Despite this, they recognised their obligation to report specific cases, particularly those involving children, irrespective of their consent. Thuthuzela Care Centers (TCCs) were identified as key facilities for managing sexual abuse cases, offering shelter and comprehensive support services. Institutional policies and support systems, such as the Centre for Student Counseling and Development (CSCD), were vital for counselling and making further referrals. There was a strong emphasis on the need for collaboration between social workers, psychologists, and police services to deliver holistic care to GBV victims. Nurses mentioned using the Practical Approach to Care Kit (PACK) guidelines to manage GBV cases, although these were not consistently available or utilised. Moreover, the importance of referral systems to specialised centres and professionals, such as psychologists and social workers, was continually stressed to ensure comprehensive care for GBV victims. Seven (7) sub-themes arose from this significant theme, namely:

5.4.1.1 Sub-theme: Consent and obligation to report issues of GBV

The interviews revealed complex dynamics surrounding the reporting of GBV cases, balancing respect for victim consent with professional and legal obligations. Nurses consistently emphasised the importance of securing victims' consent, while acknowledging mandatory reporting in certain circumstances, such as cases involving minors. This dual responsibility underscores the ethical and practical challenges nurses face in navigating patient autonomy and statutory duties.

" I do interviews to get their consent, asked them if I can't phone the police. I can help you with the social workers, and I will inform the person I must report that even if you don't want me to report this case. But anyway, if it's a child, then I will say I must report that whether you don't want me to report it is my duty." (Professional Nurse, Participant 1).

“I'm not sure if we have policies on that. The resources are centrum. we are connected to them. we must report all GBV cases. we as professionals must report it even if it happened a long time ago” (Professional Nurse, Participant 3).

"We try to be as sensitive as possible. Explain to them why reporting might be the best course of action and get their buy-in if we can. It's about building trust, making them feel safe enough to let us help. But sometimes, we have to make that decision for them, even if they don't like it." (Professional Nurse, Participant 5).

5.4.1.2 Sub-theme: Referral to specialised centres for treatment and management

TCCs are frequently mentioned as specialised facilities for handling sexual abuse cases, providing shelter, and offering comprehensive support services**.** The following participant quotes note as follows:

“Thuthuzela Healthcare Centers near institutional 1. I have numbers here; it is where they deal with gender-based violence and people of all ages. They also provide shelter, say, now it was a court case, and that person needs to be protected. This shelter only provides for 72 hours; after that, the person must be placed out of the shelter”. (Professional Nurse, Participant 1).

“No, not yet. we don't have any. these are specific people that we work with… but if we have victims of sexual abuse, we do refer them to Karl Bremer hospital at the Thuthuzela Care Centre. We refer to the Gender-based Violence Centre. It's a gender-based violence centre where there's a hub for Rape Crisis and hub for gender-based violence, and for an emergency where they stay for up to 72 hours in the case where their life is in danger” (Professional Nurse, Participant 2).

“…. social workers are usually at the facilities where we refer to, maybe at the hospital. The social workers are also at the Thuthuzela Centers; they need to be referred if it's a case like that. Thuthuzela is not only just for rape crisis, but they also have other services for gender-based violence. They have two different hubs there.” (Professional Nurse, Participant 1).

"We're not equipped to handle everything here on campus. For serious cases, especially sexual assault, we rely heavily on the Thuthuzela Care Centers. They have the resources, the trained staff, and the safe environment that these patients really need." (Professional Nurse, Participant 2).

5.4.1.3 Sub-theme: Institutional support and policies for GBV victims

Institutional policies and support systems such as the CSCD are crucial for counselling and referrals. Participants have noted this in the following voices:

"If it is here on campus, we will refer to Employee Wellness. They can provide services such as social workers… referrals on campus, Centre for Students Centre and Development (CSCD), our counsellor and psychologist". (Professional Nurse, Participant 2).

"We do an assessment to a patient with clients and upon talking and realising that maybe there isn't enough information, or maybe there's a lot of trauma or even if there's not a lot of trauma, we still refer them for proper counselling to individuals that have been properly trained for counselling. So often we refer them to social workers. Also, to psychologists, so that maybe they can have, like sessional counselling with them". (Professional Nurse, Participant 4).

"For us it's mainly just managing what the patient comes presenting with and If not if there's usually a need to escalate to other multidisciplinary, like to refer to a doctor for further assessments and evaluation to or to refer to the police services if the victim wants to open a case because that's all up to them?" (Professional Nurse, Participant 5).

5.4.1.4 Sub-theme: Collaboration with other professionals within the multidisciplinary team

There is a strong emphasis on collaborating with social workers, psychologists, and police services to provide holistic care to GBV victims. The following statements are reflected as below:

“They fear being labelled as sexually violated individuals because it's there's also an element of not trusting. So, if you refer them to a psychologist, maybe to a psychologist. And then maybe they know that psychologist, or maybe they know the social worker personally.” (Professional Nurse, Participant 4).

“And then maybe they know that psychologist, or maybe they know the social worker personally. So, it's an issue of if I go there. She will know, or he will know the person who will know that I've been sexually violated. And then it also gives the same stigma decision that I mentioned that they fear they have a fear of being labelled as the victim”. (Professional Nurse, Participant 4).

“No, not yet. we don't have any these are specific people that we work with…… but if we have victims of sexual abuse, we do refer them to Karl Bremer hospital at the Thuthuzela Care Centre. Like I said, for physical abuse, I would advise you to an open case at the police station. If they don't want to, I can advise them to contact employee wellness people. So, there are a lot of different possibilities for you.” (Professional Nurse, Participant 2).

"We can't do it all alone. It takes a team. I might be the first person they talk to, but then it's about getting the social worker involved for the long-term support, the psychologist to deal with the trauma... we all have a role to play." (Professional Nurse, Participant 1).

5.4.1.5 Sub-theme: Role of employee wellness programs in the management of GBV

These programs are highlighted as resources for addressing work-related and personal issues, including GBV, by providing access to trained staff and social workers. The following quotes clarify how participants felt:

“If it is here on campus, we will refer to Employee Wellness. They can provide services such as social workers…… on campus, it would be CSCD, our council and a psychologist.” (Professional Nurse, Participant 2).

"We work closely with Employee Wellness. If a staff member discloses GBV, we immediately connect them with the program. They have the expertise to provide the necessary support and connect them with other relevant services." (Professional Nurse, Participant 1).

5.4.1.6 Sub-theme: Guidelines and protocols related to GBV:

Participants utilise the PACK guidelines to manage GBV cases. These guidelines provide a structured approach to care, although they are not universally available or used. Participants stated the following:

“I have the PACK guidelines. I'm not just a professional nurse; I'm a clinical nurse practitioner, and we get trained according to the guidelines we follow. So, we follow the government's guidelines. I was trained in those guidelines, and that's how I know what to do, and I use the pack daily. It's a Western Cape guidelines practical approach to care kit” (Professional Nurse, Participant 3).

“We don't really have any policies in place for now, we just have guidelines on how to manage the gender-based violence victims, which is you assess and then you refer”. (Professional Nurse, Participant 5).

"Yes, we try to follow the guidelines as closely as possible, but sometimes you have to adapt to the situation. Every case is different, and you have to use your judgment, but the guidelines are a good starting point." (Professional Nurse, Participant 1).

5.4.1.7 Sub-theme: Referral systems related to GBV

Many participants emphasised the importance of referral systems to specialised centres and professionals, such as psychologists and social workers, to provide comprehensive care to GBV victims. The following excerpt from participants’ interviews attests to this:

“As I mentioned now, for our referrals of GBV cases, we have phone numbers of the different Thuthuzela centres in Cape Town, the Lifeline, ChildLine and child emergency helpline, emergency number 10111 number, a helpline for stop gender-

based violence, the GBV centre here near the institution 1, I have Red Crisis number" (Professional Nurse, Participant 1).

"If you don't feel comfortable with that, you refer to somebody in the facility or phone your colleague. As I said, we have the ChildLine, the gender-based violence, Thuthuzela Centers, and the Red Crisis Shelter. So, we have all the resources and do not need to be ignorant." (Professional Nurse, Participant 1).

"I have no counselling skills regarding that. We are not trained in counselling as a professional nurse; we refer to our colleagues to manage the patient further… the psychologists or the centrum. There is a dedicated center in our area where we refer cases of gender-based violence, and they'll manage them. The psychologists are part of the organisation" (Professional Nurse, Participant 3).

"I wouldn't know if we do refer them or if I should come up if I should come across someone. I would, you know, just be able to advise them where to go for counselling.… for physical abuse, they can make a by going to the police station to open a case. For mental and emotional abuse, they can go and see a psychologist or social worker" (Professional Nurse, Participant 2).

Theme 1 sheds critical light on the practical realities professional nurses face in managing GBV cases within Higher Education Institution (HEI) campus health clinics, directly addressing several key study objectives. The emphasis on securing victim consent while balancing mandatory reporting duties (Objective 1) reveals nurses' nuanced awareness of ethical and legal responsibilities in GBV case management. This highlights their preparedness to navigate the delicate interplay between patient autonomy and statutory obligations, a core competency for effective GBV response.

The theme also reveals systemic challenges (objectives 1 and 6) related to inconsistent access and utilisation of clinical guidelines such as the PACK, as well as variability in institutional policies and support structures. Nurses' reliance on multidisciplinary collaboration, particularly with specialised centres like Thuthuzela Care Centers and institutional resources such as the Centre for Student Counseling

and Development, underscores both the strengths and gaps in the current referral and support networks available to GBV victims.

Finally, participants' reflections on the importance of clear guidelines, protocols, and structured referral pathways (Objective 5), alongside the identification of resource limitations and the critical role of employee wellness programs, provide concrete recommendations for strengthening GBV education and support services. These insights directly inform the development of contextually relevant guidelines (Objective 6) to improve the integration of comprehensive GBV management into nursing curricula and co-curricular activities, ultimately fostering more effective, empathetic care for survivors within academic settings.

5.4.2 THEME 2: SYSTEMIC, EDUCATIONAL, AND PROFESSIONAL DEVELOPMENT BARRIERS IN MANAGING GENDER-BASED VIOLENCE

This theme elucidates the multifaceted barriers professional nurses face in managing GBV victims within HEIs. Central challenges include the commonly identified challenges of structured GBV training in nursing curricula, systemic institutional inertia, and professional obstacles such as stigma and insufficient support. These barriers collectively hinder nurses' preparedness and ability to provide consistent, effective care (Mayhew, García-Moreno, d'Oliveira, Feder and Bacchus 2022: 8; Gilmore, Guillerot and Sandoval 2020). Five sub-themes emerged from the data:

5.4.2.1 Sub-theme: Lack of Formal Training and Education on GBV

Participants consistently pointed out that nursing programs lack structured GBV training. This gap means nurses often rely on informal learning methods, such as on-the-job experience, mentorship from colleagues, or self-directed study, to manage GBV cases. Such reliance can lead to inconsistent care quality and uncertainty in clinical practice, undermining nurses' confidence and preparedness to handle GBV effectively.

"Well, that's a difficult question… What knowledge and awareness? What I have is not taught to us in my postgrad or undergrad. We never had training on that" (Professional Nurse, Participant 3).

“I have never had any formal training on how to deal with gender-based violence victims... I haven’t attended a course or anything. GBV management was not part of our curriculum when I studied” (Professional Nurse, Participant 2).

“We don't have any clinical competencies in managing the physical and psychological; it's just a basic knowledge of assessments… What they tell you and what you can see from them, like bruises or bleeding” (Professional Nurse, Participant 5).

“OK. So, you spoke about the challenges, especially sexual violence… the students might not be getting enough knowledge and would not always agree to being referred” (Professional Nurse, Participant 4).

5.4.2.2 Sub-theme: Curriculum Gaps and Absence of Structured GBV Content

Many nurses reported minimal or no exposure to GBV topics in their undergraduate and postgraduate curricula. This absence limits theoretical knowledge and practical skills necessary for managing GBV. Participants highlighted the need for curriculum reform to include comprehensive GBV modules to better equip nurses from the start of their education.

“Gender-based violence management was not part of our curriculum when I studied… I don't think or even remember attending any subjects or modules on GBV management” (Professional Nurse, Participant 2).

“OK, what influenced my skills? Lack of training. Professional nurses are not trained to manage GBV victims… I worked a couple of hours at the Rape Crisis Centre during undergrad, but it needs to be investigated and updated in curricula” (Professional Nurse, Participant 3).

“None, I have not received any knowledge and practice as a professional nurse… It was a long time ago when I did my undergrad, but I cannot remember doing anything on GBV” (Professional Nurse, Participant 3).

“I think it would help a lot if GBV management is part of the curriculum. This will make nurses aware from when you are studying, and equip you to deal with GBV victims” (Professional Nurse, Participant 2).

5.4.2.3 Sub-theme: Insufficient Victim Information and Reporting Challenges
Nurses face significant difficulties due to victims withholding information, often out of fear or stigma. This incomplete disclosure hampers accurate documentation and legal processes, making it harder to support victims properly. The challenge lies in balancing nurses' empathy with the need for thorough reporting to pursue justice.

“If a student does not give enough information, it puts us in a corner to not put enough on paper. If they give enough information, the perpetrator could be arrested” (Professional Nurse, Participant 4).

“Sometimes you feel like you’re piecing together a puzzle with half the pieces missing. Students hold back key details, making it challenging to provide the right support” (Professional Nurse, Participant 1).

“We rely on the victim’s account to build a case, but when they’re reluctant to share crucial details, it’s like navigating in the dark without a map” (Professional Nurse, Participant 2).

“It’s a challenge balancing empathetic support with the need for accurate reporting and intervention” (Professional Nurse, Participant 5).

5.4.2.4 Sub-theme: Stigma and Barriers to Disclosure and Referral
Stigma around GBV and concerns over confidentiality create major barriers for victims to disclose abuse or accept referrals. Many victims fear being labelled or judged, especially when support staff are known to them personally. This fear perpetuates silence and reduces access to critical support services.

“They fear being labelled as sexually violated individuals… maybe they know the psychologist or social worker personally” (Professional Nurse, Participant 4).

“It’s an issue of whether I’m there. They fear being labelled as the victim and worry about confidentiality” (Professional Nurse, Participant 4).

“Some would not agree to being referred because of the stigma associated with GBV. We need to encourage reporting” (Professional Nurse, Participant 4).

“The biggest hurdle is the stigma attached to GBV. Students fear being judged or ostracised, which keeps many from reporting” (Professional Nurse, Participant 2).

5.4.2.5 Sub-theme: Need for Continuous Professional Development and Awareness

While basic nursing education provides a foundational knowledge and skills base, participants emphasized that ongoing training and workshops are vital for effective GBV management. GBV is an evolving field that requires regular updates on laws, resources, and best practices. Awareness of referral pathways and available community support is also crucial to providing effective victim care.

“You can't just learn about this stuff once in nursing school and think you're set. GBV is always evolving… we need regular in-service training” (Professional Nurse, Participant 1).

“I could say in-services happen now and then… we learn new information each time, which impacts what I know” (Professional Nurse, Participant 5).

“Workshops allow you to practice skills, ask questions in a safe environment, and share experiences” (Professional Nurse, Participant 1).

“Many nurses don't know what resources are available. We need a directory, regular updates, and clear referral pathways for connecting victims to support” (Professional Nurse, Participant 3).

However, nurses encounter inconsistent access to clinical guidelines like PACK and variability in institutional policies and support structures, which complicates their ability to provide standardised care (Objective 2). While multidisciplinary collaboration with

specialised centres such as Thuthuzela Care and student counseling services strengthens referral systems, gaps remain in comprehensive in-house GBV management, revealing a disconnect between curriculum content and practical application (Objectives 3 and 4).

A pervasive barrier identified is the marginalisation of structured GBV training within undergraduate and postgraduate nursing curricula, leaving nurses underprepared and reliant on informal learning and personal experience. This educational gap undermines their clinical competence and confidence in managing complex GBV cases, highlighting an urgent need for curriculum reform that integrates comprehensive theoretical knowledge with practical skills (Objectives 1, 3, and 4). The absence of formal GBV content further limits nurses' preparedness to navigate the psychosocial complexities of GBV, reinforcing the importance of embedding such training early and consistently throughout nursing education.

Practical challenges in clinical settings include the insufficient and often incomplete information provided by victims, largely due to fears of stigmatisation and breaches of confidentiality. Such barriers impede accurate documentation and legal intervention, complicating nurses' therapeutic and reporting responsibilities (Objective 2). Victims' reluctance to disclose details disrupts the continuity and effectiveness of care, emphasising the critical need for supportive environments that encourage trust and fuller disclosure. Nurses' reflections point to stigma reduction and improved communication strategies as essential components for overcoming these obstacles.

Together, these findings inform targeted recommendations for curriculum and policy reforms that prioritise comprehensive GBV education, institutional support mechanisms, and awareness of referral pathways (Objectives 5 and 6). Clear guidelines, structured referral protocols, and continuous professional development through in-service training and workshops are vital to bridging the gap between theory and practice. Implementing these measures will empower nurses to deliver consistent, empathetic, and evidence-based care, ultimately enhancing outcomes for GBV survivors and advancing the broader goal of reducing GBV prevalence within South African academic health settings.

5.4.2 THEME 3: COMPETENCE AND SKILL OF PROFESSIONAL NURSES WHEN DEALING WITH GBV MATTERS

Theme 4 revealed that professional nurses often rely on the practical experience they gain from handling cases in their work settings, learning from colleagues, and direct interactions with victims. Exposure to specialised units, like Rape Crisis Centers, has offered some nurses valuable insights into managing GBV cases.

Participants stressed the importance of approaching GBV victims with empathy and without judgment, as this is crucial for building trust and managing cases effectively. They emphasised the need for effective communication and listening skills to understand victims' needs and provide appropriate support.

Incorporating human rights and ethical considerations into training is beneficial in helping nurses grasp the broader context of GBV and the importance of respecting victims' rights. Five (5) sub-themes arose from this significant theme, namely:

5.4.4.1 Sub-theme: On-the-Job learning related to GBV

Participants often relied on practical experience in handling cases in their professional settings. This includes learning from colleagues and direct interaction with victims. The following extract from participants' interviews confirms this:

"I would say that experience has helped a lot. Unlike somebody who has just come, and they don't know they don't have the know-how of working with gender-based violence victims, and I would say again that." (Professional Nurse, Participant 4).

"It's just skills that come automatically when the person sits in front of you; you have to communicate, you have to interview, you have to be a good listener, you can't give advice, you must let the patient decide, we can't decide for the patient. But when it comes to gender-based violence, we have a responsibility to report" (Professional Nurse, Participant 1).

5.4.4.2 Sub-theme: Professional nurse experience

Some participants have had exposure to specialised units, such as Rape Crisis Centers, which have provided them with practical insights into managing GBV cases. Participants confirm this with the following statements.

“…. I think I worked at the in my undergrad a couple of hours at the Rape Crisis Centre. So, I was exposed to it undergrad a little, (uh) I don't know, it's something that needs to be investigated, updated maybe to be part of the psychiatric placements.” (Professional Nurse, Participant 3).

"I wish every nursing student could spend time at a GBV clinic. It's one thing to read about in a textbook, but it's another thing entirely to sit with a survivor, hear their story, and offer genuine support. It changes your perspective completely." (Professional Nurse, Participant 2).

5.4.4.3 Sub-theme: Competence in Empathy and Communication for GBV Victim Management

Empathy and effective communication are intertwined competencies essential for establishing trust and facilitating disclosure in GBV cases. Although experiential learning fosters these skills, reliance on informal exposure without structured training limits nurses’ ability to respond sensitively and ethically. Formal curriculum interventions and guideline development are necessary to standardise competence and ensure consistent care quality (World Health Organisation 2021: 36).

Developing an empathetic, non-judgmental approach is crucial for effective GBV victim management. Nurses highlighted this as foundational to building trust and providing supportive care, thereby encouraging disclosure and facilitating appropriate interventions.

“As when you approach someone who has been, let's say, maybe sexually violated, I'll put it that way. You do not judge them; you do not impose the idea of it being their fault that such happened” (Professional Nurse, Participant 4).

“The content would be that we are taught in different ways of approaching GBV victims. We are also trained on how to conduct ourselves in front of them. We shouldn't joke

around with sensitive issues. And also, we must be welcoming; you must show support so they can trust us. They must also be. We must also be transparent when conducting this research with them and make them understand that it can happen to anyone anytime, since our country is unsafe." (Professional Nurse, Participant 4).

"And we also review it as we approach it in a non-judgmental manner in which, as professional nurses, we were trained to be empathetic to individuals subjected to GBV" (Professional Nurse, Participant 5).

Effective communication and listening skills are essential for understanding the needs of GBV victims and for providing appropriate support. Participants stated the following:

"It's just skills that come automatically when the person sits in front of you; you have to communicate, you have to interview, you have to be a good listener, you can't give advice, you must let the patient decide, we can't decide for the patient. But when it comes to gender-based violence, we have a responsibility to report." (Professional Nurse, Participant 1).

"The only way I can manage it is if patients trust me to tell me about it. So, I must be open so that if they disclose to me, I need to know the next steps, and they need to trust me to refer them to the right path. As a professional nurse, I can follow the PACK guidelines; these guidelines have a section that will guide you as a professional nurse on what to do with the abused or traumatised client if they were sexually abused." (Professional Nurse, Participant 3).

5.4.4.4 Sub-theme: Understanding human rights and ethical policies related to GBV victim management

Incorporating human rights and ethical considerations into training can help nurses to understand the broader context of GBV and the importance of respecting victims' rights. The following supporting statements reflect this:

"Firstly, it would be basic nursing knowledge taught at different nursing schools and human rights and ethics…. Human rights are the understanding that every individual is subject to Human rights. Every individual has the right to life stipulated in our

Constitution, so no individual must be subjected to additions; they are not lawful according to the institutions of our country." (Professional Nurse, Participant 4).

"Ethics training is essential. It helps us navigate the complex ethical dilemmas in GBV cases, like confidentiality, mandatory reporting, and respecting the patient's autonomy, even when their choices conflict with our beliefs." (Professional Nurse, Participant 2).

Theme 4 offers valuable insights into professional nurses' competence and skill development in managing GBV cases, directly relating to their preparedness and educational gaps identified in Objectives 1 and 4. Nurses predominantly build their competence through on-the-job learning, peer support, and exposure to specialised settings like Rape Crisis Centers, which provides practical but uneven experience. This informal learning pathway points to the need for more structured clinical placements and formal training to ensure consistent skill acquisition.

The theme highlights the critical role of empathy, non-judgmental attitudes, and effective communication in establishing trust and facilitating victim disclosure core competencies that underpin ethical and responsive GBV care. While experiential learning fosters these skills, reliance on it without formal curriculum support risks variability in care quality, underscoring the importance of integrating these competencies explicitly into nursing education.

Additionally, understanding human rights and ethical principles emerges as foundational for managing GBV cases with respect and professionalism. By embedding these considerations into training and practice, nurses can better navigate complex dilemmas around confidentiality, reporting, and victim autonomy.

Overall, Theme 4 emphasises the need to formalise and standardise competence development through curriculum enhancements and guideline development, aligning with the study's objective to strengthen nurses' preparedness and capability to respond effectively to GBV within academic health settings.

The themes collectively reveal a multifaceted landscape where educational deficits, systemic constraints, and the need for collaborative practice converge to shape

nurses' preparedness for GBV management. Addressing these interconnected issues through guideline development and curriculum enhancement is essential to equip nurses with the knowledge, skills, and confidence required for effective GBV response.

SECTION 5B
FINDINGS FROM NURSE LECTURERS

5.1 INTRODUCTION

The previous section shared the outcomes of semi-structured interviews conducted with Professional Nurses. This chapter shifts focus to the findings from similar interviews with Nurse Lecturers, complemented by insights gained from reviewing relevant documents. The interview guide featured Section 6A to collect demographic details from participants, while Section 6B contained the core research questions. These interviews were carefully structured to explore questions directly tied to the study's goals.

5.2 DEMOGRAPHIC DATA FOR THE INTERVIEW PARTICIPANTS

In analysing the demographics of the interviewed nurse lecturers, most participants were female, comprising approximately 66.67% of the group, while the remaining 33.33% were male. The age distribution showed a significant concentration in the 41-50 age range, representing 66.67% of participants, with smaller segments in the 20-30 and 31-40 brackets, each accounting for 16.67%. Regarding tenure in their current roles, most lecturers, about 66.67%, have been in their positions for 0-10 years, while 33.33% have served between 11-20 years. The academic qualifications varied, with half of the participants holding postgraduate degrees, 33.33% having master's degrees, and 16.67% holding doctoral qualifications. Table 5.4, below provides demographic data on Nurse Lecturers, offering readers an overview of the target population.

Table 5.4: Nurse Lecturer demographics

DEMOGRAPHIC		NO OF PARTICIPANTS
GENDER	Male	2
	Female	4
	LGBTQ+	0
	Prefer not to say	0
AGE	20 - 30	1
	31 - 40	1
	41 – 50	4
	51 >	0
	Prefer not to say	0
DURATION ON CURRENT POSITION	0 – 10	4
	11 – 20	2
	21 – 30	0
	31 >	0
LEVEL OF STUDY	Undergraduate	0
	Postgraduate	3
	Masters	2
	Doctorate / PhD	1
	Prefer not to say	0

Table 5.5: Nurse Lecturer's individualised demographics

Participant Code	Institution Code	Gender	Age	Years of experience in the current position	Level of Study
Participant 6	Institution 1	Female	50 years	4.5 years	Masters
Participant 7	Institution 1	Female	48 years	5 years	Postgraduate
Participant 8	Institution 2	Male	30 years	5 years	PhD
Participant 9	Institution 2	Male	50 years	12 years	Postgraduate
Participant 10	Institution 1	Female	42 years	1 year	Postgraduate

Participant 11	Institution 1	Female	38 years	11 years	Masters

The sample predominantly comprised females (67%). The participants' years of experience ranged from 1 to 12 years, reflecting a mix of early-career and seasoned educators.

Table 5.6: Themes and sub-themes from the data collected from Nurse lecturers

THEMES	SUB-THEMES	RELATED RESEARCH OBJECTIVE
1. Enhancing GBV education and preparedness in nursing curricula	1.1 Curriculum Gaps and the Need for Dedicated GBV Content	Objective 1 Objective 3 Objective 4 Objective 6
	1.2 Barriers in GBV Education Emotional, Curricular, and Expertise Challenges	
	1.3 Innovative Teaching Strategies and Curriculum Development	
	1.4 Collaboration with Multidisciplinary Experts and Institutional Support	
	1.5 Specialised Training for Lecturers and Students	
	1.6 Practical Management Strategies and Referral Pathways	
2. Practical training and clinical placement for GBV response	2.1 Structured practical exposure to GBV	Objective 1 Objective 2
	2.2 Development of clinical competencies for GBV response	

	2.3 Scenario-based learning for GBV preparedness	
	2.4 Importance of referral pathways in GBV management	
3. Interdisciplinary approach for GBV management	3.1 Collaboration with other professionals for GBV response	Objective 5
	3.2 Workshops and expert involvement for GBV training	
	3.3 Team-based approach for GBV intervention	
4. Teaching strategies and methodologies for GBV preparedness in nursing	4.1 Engaging and innovative teaching methods	Objective 3
	4.2 Influence of personal experiences on teaching	
	4.3 Supportive learning environments through external expertise	
	4.4 Comprehensive curriculum development for GBV education	

5.3 THEME 1: ENHANCING GBV EDUCATION AND PREPAREDNESS IN NURSING CURRICULA

Gender-based violence (GBV) remains one of the most pervasive and devastating public health challenges worldwide. Nurses, often positioned as frontline healthcare providers, play a critical role in identifying, managing, and supporting survivors of GBV. Despite this, nursing education frequently falls short in adequately preparing students to address the complex needs of GBV victims. This gap is especially evident in

curricula that lack dedicated, comprehensive modules focused on GBV, leaving graduates under-equipped to provide effective care and appropriate referrals.

The urgency of integrating robust GBV education into nursing programs cannot be overstated. Nurses are often the first point of contact for survivors seeking help, particularly within primary healthcare settings. Their ability to recognise signs of abuse, collect evidence sensitively, document cases properly, and navigate referral systems is essential to ensuring survivors receive timely and appropriate support. However, many nursing curricula, constrained by limited hours and traditional content priorities, treat GBV as a peripheral topic rather than a central component of training.

This theme explores the critical need to enhance GBV education within nursing curricula by addressing existing gaps and barriers. It considers the emotional challenges involved in teaching and learning about GBV, the necessity of specialised training for educators and students, and the value of adopting innovative, interactive teaching methodologies. Furthermore, it highlights the importance of multidisciplinary collaboration and institutional support to enrich learning experiences and provide a supportive environment for both educators and learners.

5.3.1 Sub-theme: Curriculum Gaps and the Need for Dedicated GBV Content

Participants highlighted that the existing curriculum, particularly the R174 program, insufficiently covers GBV. Unlike the former R425 program, Government Notice R425 of 22 February 1985, as amended, which had a standalone six-month GBV module, the current curriculum only touches on gender issues within broader subjects, providing fragmented and inadequate preparation.

“The whole module on GBV should be introduced and incorporated from 1st year, so that students can learn continuously” (Nurse Lecturer, Participant 6).

“Currently, GBV content is not given enough attention. It’s scattered across other modules and not taught as a focused subject” (Nurse Lecturer, Participant 7).

“Without a dedicated module, students miss out on the depth required to understand and manage GBV cases effectively” (Nurse Lecturer, Participant 11).

5.3.2 Sub-theme: Barriers in GBV Education Emotional, Curricular, and Expertise Challenges

Teaching GBV topics can be emotionally taxing for both educators and students, especially when personal experiences surface. Institutional support is critical to address these emotional challenges and prevent burnout.

*"Sometimes, teaching GBV triggers personal emotions and past trauma, which can affect delivery and learning" (*Nurse Lecturer, Participant 9).

"It's difficult to teach what you have not been trained on; many lecturers lack specialised knowledge in GBV" (Nurse Lecturer, Participant 6).

"The curriculum's limited hours and focus on traditional medical topics leave little room for in-depth GBV education" (Nurse Lecturer, Participant 8).

5.3.3 Sub-theme: Innovative Teaching Strategies and Curriculum Development

Engaging students through interactive methods like role-play, problem-based learning, and visual aids helps demystify GBV complexities and supports retention.

"Using videos and role-play makes the topic relatable and easier to understand for different learning styles" (Nurse Lecturer, Participant 7).

"Problem-based learning encourages active involvement and critical thinking, which is key for sensitive topics like GBV" (Nurse Lecturer, Participant 8).

"Curriculum updates must be regular to incorporate new research and community trends in GBV" (Nurse Lecturer, Participant 6).

5.3.4 Sub-theme: Collaboration with Multidisciplinary Experts and Institutional Support

Bringing social workers, psychologists, NGOs, and other stakeholders into the educational process enriches the curriculum and grounds it in real-world practice.

“Collaborating with experts adds perspectives we don’t have, making the curriculum more comprehensive” (Nurse Lecturer, Participant 6).

“Workshops with external specialists help keep us updated on referral processes and new treatment approaches” (Nurse Lecturer, Participant 7).

“Institutional policies should recognise the emotional toll GBV education can take and provide accommodations like workload adjustments” (Nurse Lecturer, Participant 11).

6.3.5 Sub-theme: Specialised Training for Lecturers and Students

Ongoing professional development and specialised workshops equip educators and learners with vital skills such as interviewing, communication, and handling sensitive disclosures.

“Communication skills are crucial; victims may not always speak out verbally, so we must teach non-verbal cues as well” (Nurse Lecturer, Participant 9).

“Inviting healthcare workers and NGO representatives as guest lecturers brings practical knowledge to students” (Nurse Lecturer, Participant 8).

“Specialised training workshops would boost lecturers' confidence and competence in delivering GBV content” (Nurse Lecturer, Participant 6).

5.3.6 Sub-theme: Practical Management Strategies and Referral Pathways

Preparing students to manage GBV cases confidently involves teaching clear management protocols, proper documentation like the J88 form, and referral pathways to ensure survivors receive appropriate care.

“A comprehensive module should cover types of GBV, management steps, and referral contacts” (Nurse Lecturer, Participant 7).

“Knowing what to do and where to refer a GBV victim is essential for nurses as first responders” (Nurse Lecturer, Participant 8).

“The J88 form is a key medicolegal document that nursing students must learn to complete accurately” (Nurse Lecturer, Participant 6).

Theme 1 underscores the critical need to strengthen GBV education within nursing curricula to prepare nurses as frontline responders for this pervasive public health issue, directly addressing multiple study objectives. The identified curriculum gaps such as the absence of dedicated, comprehensive GBV modules in current programs highlight a failure to equip students with sufficient knowledge, practical skills, and confidence for effective GBV identification, management, and referral (Objectives 1, 3, and 4).

Participants emphasise that nursing education often treats GBV as a peripheral topic, resulting in fragmented learning that inadequately prepares graduates for the complex realities of GBV care. This shortfall compromises nurses’ ability to recognise abuse signs, collect evidence sensitively, document cases properly (including medicolegal forms like the J88), and navigate referral pathways core competencies essential for timely and appropriate survivor support (Objectives 1, 5, and 6).

The theme also highlights emotional and expertise-related barriers in GBV education, underscoring the importance of institutional support to manage the sensitive nature of the topic and prevent burnout among educators and students. Innovative, interactive teaching strategies and multidisciplinary collaboration are vital to enrich learning experiences and bridge knowledge gaps (Objectives 4 and 5).

By advocating for specialised training for both lecturers and students, along with practical management protocols and clear referral pathways, this theme aligns with the study’s aim to develop evidence-based guidelines that enhance curriculum content and professional training. Such a comprehensive educational framework promises to improve nurses’ preparedness and effectiveness in responding compassionately and competently to GBV within healthcare and academic settings.

5.4 THEME 2: PRACTICAL TRAINING AND CLINICAL PLACEMENT FOR GBV RESPONSE

The integration of GBV education into nursing training remains a critical challenge due to the lack of structured practical training and clinical placements focused specifically on GBV management. Nursing students often find themselves in clinical settings where they may encounter GBV cases. However, the absence of a comprehensive and structured approach limits their ability to gain essential experience in managing such cases. This gap highlights the urgent need for a dedicated focus on developing clinical competencies related to GBV, such as effective interviewing skills and initial support strategies. Nursing programs are incorporating practical exercises like role-plays and scenarios to help students develop the skills needed to recognise and manage GBV cases in real-life situations. This active learning method deepens students' grasp of GBV's complexities and highlights the critical role of proper referral processes. Tackling these gaps in education is essential to prepare future nurses to respond to GBV cases with both skill and care. Four (4) sub-themes arose from this significant theme, namely:

5.4.1 Sub-theme: Structured practical exposure to GBV

Structured practical exposure is essential for nursing students to understand the complexities of GBV. Currently, students are not intentionally placed in environments where they can gain first-hand experience with GBV cases. By integrating clinical placements specifically focused on GBV, students can observe and participate in managing these cases, thereby enhancing their understanding and preparedness. There is a lack of structured practical training and clinical placements that focus on GBV. Students are not intentionally placed in facilities where they can gain experience managing GBV, cases as evidenced in the suggestions made below:

"No, no, it is insufficient. There are not even hours allocated for gender-based violence at all. So, when I say that we it is covered to a limited extent that would be if the students by accident are in a facility where something like that happens, then they are exposed to it. But they are not necessarily place intentionally to work there with victims of gender-based violence." (Nurse Lecturer, Participant 11).

"I think that there should be a module allocated for gender-based violence, you know we with that support and we focus on that and even to an extent where students could be placed in positions or facilities where counselling occurs, you know where they deal with these patients or victims of gender-based violence" (Nurse Lecturer, Participant 11).

Students were placed in clinical settings where they could observe and participate in the management of GBV cases. This exposure helps them to understand the complexities of GBV and the importance of appropriate referral pathways. This came through in many responses as evidenced by the responses below:

"…. students are placed in the clinics, so it does provide them with an opportunity to be able to deal with patients daily if they are in the clinics. And I do believe that it might also expose them to how gender-based violence is managed in in primary healthcare settings. Since their programme is also primary healthcare focused." (Nurse Lecturer, Participant 8).

"I think the student should be taught Gender Based Violence as soon as possible, because second year students start going to their clinics. They start to go to the hospital; first year is OK with is excluded." (Nurse Lecturer, Participant 8).

"No, it is insufficient. There are not even hours allocated for gender-based violence at all. So, when I say that we it is covered to an extremely limited extent that would be if the students by accident are in a facility where something like that happens, then they are exposed to it. But they are not necessarily place intentionally to work there with victims of gender-based violence" (Nurse Lecturer, Participant 11).

Students are placed in clinics and facilities where they may encounter GBV cases, but the training is neither structured nor comprehensive. as noted in the following statements.

"I think with this new programme because it is primary healthcare forecast and it is based on a person-centred approach, so the majority of the students are placed in the clinics, so it does provide them with an opportunity to be able to deal with patients on

a daily basis if they're in the clinics. And I do believe that it might also expose them to how gender-based violence is managed in in primary healthcare settings." (Nurse Lecturer, Participant 8).

"Some of them are placed at an old age home, and some of them are placed called place Horizon, it is for people that are mentally challenged. So that is why I say only that group." (Nurse Lecturer, Participant 10).

Practical training and clinical placements prepare students to handle GBV cases. However, the current curriculum does not allocate specific hours for GBV training. The following excerpts provide evidence:

"It is as a six-month semester module, and then also there is a module specifically allocated for psychology. And the psychology was extremely focused on psychotherapy, counselling, educating patients etc. and then obviously another difference is the number of hours that the students are placed during the year, there is dramatically reduced." (Nurse Lecturer, Participant 11).

5.4.2 Sub-theme: Development of clinical competencies for GBV response

Developing clinical competencies is a core objective in preparing nursing students for GBV response. This includes mastering interview skills and the ability to provide initial support. By focusing on these competencies, nursing programs can ensure that students are ready to handle GBV cases effectively, fostering a sensitive and competent approach to care. Participants emphasised the need for clinical competencies related to GBV, such as interview skills and the ability to handle cases effectively. This was evidenced by actual excerpts below:

"Interview skills. That is important because if they know how to conduct a proper interview, they will also know how to probe for the correct answers, and in also the manner in how they do it. And then also communication, if we teach them how to communicate and they are diverse types of communication. There is verbal, there's non-verbal communication." (Nurse Lecturer, Participant 9).

5.4.3 Sub-theme: Scenario-Based learning for GBV preparedness

Scenario-based learning is a powerful tool to prepare nursing students for real-world GBV situations. Through role-play and simulated scenarios, students can practice identifying and managing GBV cases and gain practical experience in a controlled environment. This method not only enhances understanding but also builds confidence in handling complex cases. The module aims to prepare students through practical applications such as role-plays and scenarios. These methods help students develop the ability to identify and manage GBV cases in real-world settings. This is noted in the excerpts below:

"……and then nursing graduates are also prepared through scenarios. We give them different scenarios to be able to see or detect if whether it if, which type of GBV that the patient is exposed. In role plays students subjective experiences also are welcomed and then also during history taking of the patient and, we teach the students to be able during the history taking and assessment of. of the patient." (Nurse Lecturer, Participant 7).

"In role plays students personal experiences also are welcomed and then also during history taking of the patient and also we teach the students to be able during the history taking and assessment of the patient to observe during patient care and also during admission of the patient" (Nurse Lecturer, Participant 7).

5.4.4 Sub-theme: Importance of referral pathways in GBV management

Understanding and implementing appropriate referral pathways are crucial for the management of GBV. By emphasising the importance of these pathways, nursing programs can teach students how to navigate the healthcare system effectively, ensuring that GBV cases receive the comprehensive care and support needed. This focus helps to bridge the gap between initial support and long-term care for survivors. Developing clinical competencies related to GBV management such as conducting interviews and providing initial support is essential. This ensured that students were prepared to handle GBV cases effectively in clinical settings. Below is the statement made in reference to this:

“For gender based violent patient once you have dealt with the physical examination, you will have to do the interview to find out what happened. You need to do coaching and counselling, so those are the important skills in those are the type of skills that we teach them in 3rd year, but it is mostly based around mental health illnesses” (Nurse Lecturer, Participant 6).

Theme 2 highlights the significant gap in structured practical training and clinical placements focused specifically on GBV management within nursing education, directly addressing Objectives 1, 3, and 4. While nursing students may encounter GBV cases during their clinical rotations, the lack of intentional placement and dedicated training hours limits their exposure and ability to develop essential clinical competencies.

The absence of structured practical exposure means students often gain GBV experience by chance rather than design, restricting their preparedness to recognise, assess, and manage GBV effectively. This gap underscores the urgent need to integrate targeted clinical placements and practical exercises such as role-plays and scenario-based learning into nursing programs. These active learning methods deepen students’ understanding of GBV complexities, build critical interviewing and communication skills, and foster confidence in handling sensitive cases (Objectives 3 and 4).

Moreover, the theme emphasises teaching clear referral pathways as a crucial component of GBV management education, ensuring students understand how to connect survivors with comprehensive care beyond the initial nursing response (Objectives 5 and 6). Developing these competencies supports a holistic approach to GBV care, bridging the gap between frontline nursing and multidisciplinary support services.

Overall, Theme 2 advocates for a deliberate, structured approach to practical GBV training within nursing curricula, aligning with the study’s aim to enhance student readiness and inform evidence-based guidelines for integrating clinical experience and competency development in GBV management.

In addressing the educational needs surrounding gender-based violence, it is imperative to develop a structured and comprehensive approach within nursing curricula. While students are placed in clinics and facilities where they may encounter GBV cases, the current curriculum falls short of providing specific dedicated hours for GBV training. To bridge this gap, nursing programs must prioritise practical training and clinical placements that focus on developing essential competencies, such as conducting effective interviews and providing initial support. By emphasising real-world applications through role-plays and scenarios, nursing students can gain invaluable experience in managing GBV cases, thereby enhancing their readiness to address these challenges in clinical settings. A well-rounded and intentional approach to GBV education will ensure that nursing graduates are not only knowledgeable but also equipped with the practical skills necessary to make a meaningful impact on the lives of those affected by gender-based violence.

5.5 THEME 3: INTERDISCIPLINARY APPROACH FOR GBV MANAGEMENT

The integration of gender-based violence (GBV). education into nursing curricula has become an urgent necessity, given the complex societal and healthcare challenges it presents. Despite the critical need, GBV content is often inadequately covered and relegated to minor sections within broader subjects, such as sociology. This lack of focus has sparked calls for a dedicated module on GBV, especially within the R174 nursing curriculum, which is criticised for its limited hours and stagnant approach. Acknowledging GBV as a serious social problem calls for a team effort that includes social workers, psychologists, and community care workers, giving nursing students a well-rounded perspective on the issue. This approach not only enriches their education but also gets them ready to work alongside others in healthcare environments. To tackle the complexities of GBV, methods like problem-based learning and role-play are suggested to actively involve students and deepen their understanding. By drawing on the expertise of healthcare professionals and incorporating diverse teaching methods, nursing programs can equip future nurses to manage GBV cases with empathy and competence. Three (3) sub-themes arose from this significant theme, namely:

5.5.1 Sub-theme: Collaboration with other professionals for GBV response

The importance of a multidisciplinary approach involving collaboration with social workers, psychologists, and other healthcare professionals to enhance GBV education is highlighted. The following excerpts provide evidence:

"…. I think as early as first year, we always tell the students that we work in a multidisciplinary team. So that means you need to collaborate within medical doctor, with a psychologist, with a social worker. And given that the programme again is primary healthcare, focused majority of the clinics, especially here in the Western Cape, they have a social worker." (Nurse Lecturer, Participant 8).

"OK. Yeah, I mentioned previously that the collaboration of these professionals such social workers and psychologist as is also crucial. Because as a nurse you cannot work alone." (Nurse Lecturer, Participant 7).

"I think it will give us a holistic view that we currently do not have because those other team members of the multidisciplinary team are exposed to a different side, and they can give us a better insight. If we can collaborate with them and then develop a curriculum, it will be a very comprehensive curriculum that is actually" (Nurse Lecturer, Participant 6).

Collaboration with experts and other healthcare professionals is suggested to enhance teaching and training on GBV. Below are the statements made in reference to this:

"I would also suggest that a way of collaboration is to the experts in when we have workshops and also with other subjects that we are doing when we teach now, you get someone from outside that is more experienced and that is knowledgeable or is an expert in that department" (Nurse Lecturer, Participant 7).

There is recognition of the need for a multidisciplinary approach to managing GBV involving social workers, doctors, and community care workers, as noted by the statements made below:

"…. Then we elaborate on who can get involved, like the social worker, we also talk about the children abuse, refer them to the doctors. But it is not only the doctors, it is more to get help from the community. Referral to the right to care workers. We try to get them involved as well to follow up on the people, see how they are doing." (Nurse Lecturer, Participant 10).

"If you one has Identified a person that is exposed to GBV, then you need to refer the victim to other professionals for further management because the important factor is also to make sure that the patient gets appropriate help as soon as possible" (Nurse Lecturer, Participant 7).

5.5.2 Sub-theme: Workshops and expert involvement for GBV training

Suggestions include involving experts in workshops and training sessions to provide students with insight from those experienced in handling GBV cases. This came through in many responses as evidenced by the responses below:

"I would also suggest that a way of collaboration is to the experts in when we have workshops and also with other subjects that we are doing when we teach now, you get someone from outside that is more experienced and that is knowledgeable or is an expert in that department, when you bring them in for a workshop for the students so that they can have hear from the person that is an expert." (Nurse Lecturer, Participant 7).

"…. or is an expert in that department, then you bring them in for a workshop for the students so that they can have hear from the person that is an expert, not the other way around you don't like from the lecture that is not exposed or doesn't deal with GBV on a daily basis. Yes, like inviting them for." (Nurse Lecturer, Participant 7).

5.5.3 Sub-theme: Team-Based approach for GBV intervention

Nursing programs emphasise the importance of working in multidisciplinary teams that prepare students to collaborate with various healthcare professionals in real-world settings. This approach is particularly effective in primary healthcare settings where social workers and psychologists are often available on-site. This is noted in the excerpts below:

“Yeah, it is especially important. And I think as early as first year, we always tell the students that we work in a multidisciplinary team. So that means you need to collaborate within medical doctor, with a psychologist, with a social worker.” (Nurse Lecturer, Participant 8).

“Like I made an example of the subject that one of the modules that we are teaching, that they only have one chapter on GBV for the whole 1st and 2nd semester. Which is the management of a patient that is exposed to. So, the notional hours are not adequately.” (Nurse Lecturer, Participant 7).

Theme 3 highlights the vital role of an interdisciplinary approach in strengthening GBV education and management within nursing curricula, directly addressing Objectives 1, 4, and 5. The complexity of GBV as both a social and health issue demands collaboration among nurses, social workers, psychologists, and community care workers to provide holistic, survivor-centered care.

Participants emphasise that current GBV content is insufficient and fragmented, often embedded within broader subjects without dedicated focus. Integrating a standalone GBV module supported by multidisciplinary collaboration would enrich nursing education by exposing students to diverse professional perspectives and practical realities (Objectives 3 and 4).

The theme also stresses the importance of engaging external experts through workshops and training sessions to supplement academic instruction with real-world experience and specialised knowledge. Such involvement enhances students’ understanding and prepares them to function effectively within multidisciplinary teams, which are crucial in primary healthcare settings where coordinated GBV response occurs (Objectives 4 and 6).

Moreover, recognising and addressing the emotional and professional challenges faced by nursing lecturers in teaching GBV content is essential. Providing training and institutional support ensures educators can deliver sensitive material effectively, fostering a supportive learning environment that benefits both students and lecturers.

Overall, Theme 3 advocates for a transformative, team-based educational model that leverages interdisciplinary collaboration and expert involvement to equip nursing students with the competence, empathy, and confidence needed to manage GBV cases comprehensively and compassionately.

In conclusion, addressing gender-based violence within nursing education requires a transformative approach that transcends traditional curriculum boundaries. The inclusion of a dedicated GBV module, particularly in the later stages of the R174 curriculum, is essential for providing comprehensive coverage and equipping students with necessary skills. However, this integration must be supported by innovative teaching strategies and a multidisciplinary framework that involves collaboration with social workers, psychologists, and other experts. Nursing lecturers' subjective experiences with GBV, while invaluable, can create emotional and professional challenges in teaching. Therefore, providing support and training to lecturers is crucial to ensure they can effectively manage these influences. By fostering an environment that encourages diverse teaching methods and supports lecturers, nursing programs can dismantle barriers to GBV education, preparing future nurses to address this critical social issue with sensitivity and expertise. The perceptions of nursing lecturers play a pivotal role in this integration, and addressing them through collaboration and training can drive the successful implementation of comprehensive GBV education in nursing curricula.

5.6 THEME 4: TEACHING STRATEGIES AND METHODOLOGIES FOR GBV PREPAREDNESS IN NURSING

The complexity of GBV education within nursing programs necessitates innovative teaching strategies that not only engage students, but also accommodate the diverse learning styles present in modern classrooms. Techniques such as problem-based learning and role-play have emerged as effective methods for helping students actively understand and navigate the intricate realities of GBV. The use of visual aids, including videos and interactive role-plays, further enhances comprehension by catering to various learning preferences. However, the integration of GBV education is deeply influenced by the subjective experiences of nursing lecturers with the subject matter. These experiences can significantly shape their teaching methods, fostering empathy and understanding while also presenting challenges in maintaining professional

boundaries. By recognising these emotional and professional barriers, nursing programs can provide the necessary support and training to help lecturers manage their influence effectively. Inviting experts to conduct workshops and guest lectures also offers lecturers the latest insights and support from those actively working in the field, creating an enriched learning environment for educators and students. Four (4) sub-themes arose from this significant theme, namely:

5.6.1 Sub-theme: Engaging and innovative teaching methods

Innovative teaching strategies such as problem-based learning and role-play are essential for actively engaging students in understanding the complexities of GBV. The inclusion of visual aids, like videos and interactive activities, caters to diverse learning styles, enhancing comprehension and retention. This sub-theme discusses how these methods help students navigate the nuanced realities of GBV and prepare them to handle such situations in their professional roles. Innovative teaching strategies such as problem-based learning and role play are recommended to actively engage students and help them grasp the complexities of GBV, as evidenced in the suggestions made below:

"So, a problem-based learning approach is a type of a teaching strategy where the students beforehand are given topics of what they need to do, and they are allocated in groups. So, every time they come in class the lecturer is there as a facilitator. The students, they have objectives of what they need to do, and they sit in groups and then whilst they are in those groups they discuss." (Nurse Lecturer, Participant 8).

"I would say besides the formal lectures that you give, you should do things like, say, for example, role-play. You can use real life case studies, for example, where you give the students case studies of Jenna by silence cases that took place and then what they should use those case studies to." (Nurse Lecturer, Participant 6).

The use of visual aids, such as videos and role plays, is suggested to cater to different learning styles and enhance understanding of GBV. The following excerpts support this inference:

“If it is visual learners, we will have to use content like videos. Refer to movies. They portray gender-based violence because I understand that students have a clearer understanding, the visual student, that if they watch something, they will remember and if it is a student that you can enforce” (Nurse Lecturer, Participant 9).

Nursing lecturers' subjective experience with gender-based violence (GBV). can significantly influence teaching methods and approaches when addressing sensitive topics with students in several ways.

5.6.2 Sub-theme: Influence of personal experiences on teaching

The personal experiences of lecturers with GBV significantly influence their teaching dynamics and strategies. Lecturers who have encountered GBV may adopt more empathetic approaches, fostering a supportive learning environment. However, this empathetic engagement can blur professional boundaries, presenting challenges to maintaining objectivity. This sub-theme explores the balance lecturers must strike between empathy and professionalism while teaching GBV-related content.

Lecturers' subjective experiences with GBV can affect how they engage with students on the topic. They may be more empathetic and understand students with similar experiences; however, this can also make it difficult to maintain professional boundaries and objectivity in teaching. This was evidenced by actual excerpts below:

“The other thing would be if my students are, which are currently mostly most students are, exposed to one or two types of GBV, so it can come across as an as a topic that will bring about the hidden….. So, yes, it is quite a bit difficult, but it does need someone very well-trained. However, the students need to be taught how to manage such conditions of GBV.” (Nurse Lecturer, Participant 7).

Lecturers with personal GBV experiences might prefer teaching strategies that allow for a more supportive and less confrontational learning environment, such as problem-based learning or role-play, which can facilitate open discussion and peer support. This is noted in the excerpts below:

“So, a problem-based learning approach is a type of teaching strategy where the students are given topics of what they need to do and are allocated in groups beforehand. So, the lecturer is there as a facilitator whenever they come to class. The students have objectives of what they need to do, and they sit in groups, and then whilst they are in those groups, they discuss.” (Nurse Lecturer, Participant 8).

“If it is visual learners, we will have to use content like videos. Refer to movies. They portray gender-based violence because I understand that students have a clearer understanding, the visual student, that if they watch something, they will remember and if it is a student, that you can enforce. I am thinking of role play where you just portray it in a role play, so role play is a good strategy to pass on the message of gender-based violence” (Nurse Lecturer, Participant 9).

Overall, subjective experiences with GBV can create emotional and professional barriers for nursing lecturers, thereby affecting their teaching methods and approaches when addressing sensitive topics. Addressing these challenges through support and training can help lecturers effectively manage these influences.

5.6.3 Sub-theme: Supportive learning environments through external expertise

Incorporating external expertise through guest lectures and workshops enriches the learning environment for both the students and lecturers. By inviting GBV experts to share up-to-date insights and offer practical training, nursing programs can enhance the curriculum content and teaching strategies. This sub-theme highlights the benefits of external contributions to creating a comprehensive and supportive educational framework that aids GBV preparedness. Below are the statements made about this:

“The medical doctors and nurses that work with gender-based violence in the clinics would contribute to the undergraduate programme if they were invited as guest lecturers to conduct workshops to equip the nursing students on gender-based violence. This includes NGOs that deal with gender-based violence.” (Nurse Lecturer, Participant 8).

"…. get someone from outside that is more experienced and that is knowledgeable or is an expert in that department when you bring them in for a workshop for the students so that they can have heard from the person that is an expert, not the other way around you don't like from the lecture that is not exposed or doesn't deal with GBV daily" (Nurse Lecturer, Participant 7).

5.6.4 Sub-theme: Comprehensive curriculum development for GBV education

Developing a comprehensive curriculum that integrates diverse teaching strategies is crucial for an effective GBV education. Nursing programs can accommodate various learning styles while easing the emotional burden on lecturers by employing a combination of role-play, problem-based learning, and visual aids. This sub-theme emphasises the importance of strategic curriculum development in preparing nursing students to address GBV in their future professional roles.

Encourage the use of diverse teaching strategies, such as role-play, problem-based learning, and the use of visual aids, to accommodate different learning styles and reduce the emotional burden on lecturers. This came through in many responses as evidenced by the responses below:

"Besides the formal lectures you give, you should do things like role play. You can use real-life case studies, for example, where you give the students case studies of cases that took place and then what they should use those case studies to, for example, follow up skills." (Nurse Lecturer, Participant 6).

"OK. When I think of teaching strategies, we first need to assess what type of learners we have. We will have to use content like videos if it is visual learners. Refer to movies. They portray gender-based violence because I understand that students have a clearer understanding, the visual student, that if they watch something, they will remember and if it is a student, that you can enforce." (Nurse Lecturer, Participant 9).

"So, a problem-based learning approach is a type of teaching strategy where the students are given topics of what they need to do and are allocated in groups beforehand. So, the lecturer is there as a facilitator whenever they come to class. The

students have objectives of what they need to do, and they sit in groups, and then whilst they are in those groups, they discuss." (Nurse Lecturer, Participant 8).

Theme 4 explores the crucial role of innovative teaching strategies and supportive methodologies in preparing nursing students for effective GBV response, directly addressing Objectives 1, 4, and 5. The complexity of GBV demands educational approaches that actively engage diverse learners and foster deep understanding beyond traditional lectures.

Participants advocate for interactive methods such as problem-based learning, role-play, and visual aids, which accommodate different learning styles and help students navigate the nuanced realities of GBV. These strategies not only enhance comprehension and retention but also build practical skills and empathy necessary for sensitive clinical encounters (Objectives 3 and 4).

The theme also highlights the significant influence of nursing lecturers' personal experiences with GBV on their teaching approaches. While such experiences can deepen empathy and authenticity, they may also blur professional boundaries and affect objectivity. Addressing these emotional and professional challenges through targeted support and training is essential to maintain effective and balanced pedagogy (Objective 5).

Inviting external experts through workshops and guest lectures enriches the educational environment by providing up-to-date insights and practical expertise, reinforcing the curriculum and supporting both students and lecturers. This multidisciplinary input strengthens the program's relevance and responsiveness to real-world GBV dynamics (Objectives 4 and 6).

Finally, Theme 4 stresses the need for comprehensive curriculum development that integrates diverse, evidence-based teaching methods to support varied learners and reduce the emotional burden on educators. By creating a resilient and supportive educational framework, nursing programs can empower future nurses and their instructors to address GBV with competence, sensitivity, and confidence.

By implementing these measures, nursing programs can create a supportive environment that empowers lecturers with subjective experiences of GBV to safely and confidently access mental health resources.

In conclusion, the inclusion of gender-based violence education in nursing curricula requires a thoughtful approach that balances innovative teaching strategies with the emotional realities faced by lecturers. By leveraging problem-based learning, role-plays, and visual aids, nursing programs can engage students more effectively and address the complexities of GBV in ways that respect diverse learning styles. Although valuable, lecturers' subjective experiences of GBV can pose challenges that require targeted support and training. Providing access to mental health resources and fostering a supportive environment are crucial steps to help lecturers navigate these challenges. Additionally, incorporating workshops and guest lectures by GBV experts ensures that educators remain informed and supported by the current practices in the field. Through these combined efforts, nursing programs can build a resilient educational framework that empowers both students and lecturers to address gender-based violence with sensitivity and expertise.

5.7 SUMMARY OF THE CHAPTER

The alignment of university curricula with the South African Nursing Council guidelines reveals a significant gap in nursing education when it comes to addressing gender-based violence (GBV). Closing this gap through focused curriculum development and active involvement of key stakeholders will be vital for improving nursing education and practice in South Africa.

The following chapter delves into findings from semi-structured interviews with nursing lecturers working in Higher Education Institutions. Building on the previous chapter’s look at professional nurses, this section shifts attention to the educators shaping tomorrow’s nurses. It also reviews relevant documents and underscores the important role nurse lecturers play in connecting existing curriculum standards with the urgent need for thorough GBV management training in nursing programs.

CHAPTER SIX

PRESENTATION OF FINDINGS: DOCUMENT REVIEWS

6.1 DOCUMENT REVIEWS OF CURRICULUM DOCUMENTS, STUDY GUIDES, LEARNER GUIDES, AND SOUTH AFRICAN NURSING COUNCIL CURRICULUM GUIDELINES.

This chapter presents a detailed review of key curriculum-related documents, study guides, learner guides, and South African Nursing Council (SANC) curriculum guidelines to explore how Gender-Based Violence (GBV) is addressed within nursing education frameworks. The document review aims to uncover the extent to which GBV content and management skills are integrated into nursing curricula, and to identify any gaps between policy frameworks and institutional implementation.

Through systematic analysis of curriculum documents from participating institutions alongside SANC guidelines, this chapter highlights areas of alignment, omission, and contradiction regarding GBV education. Particular attention is given to how these documents address core components, including the Sustainable Development Goals, clinical management skills, Work Integrated Learning (WIL), and competency assessments.

The findings provide critical insight into whether current nursing curricula adequately prepare students to recognise, respond to, and manage GBV cases in clinical settings. This chapter also sets the foundation for comparing these documentary findings with nurse lecturers' perspectives, thereby triangulating evidence and informing recommendations for curriculum enhancement.

Table 6.1: Presents the findings from document reviews of curriculum documents, study guides, learner guides, and South African Nursing Council curriculum guidelines

Table 6.1: Findings from the document reviews

CRITERIA	***ADDRESSING STATUS***	***FINDINGS***
1. CURRICULUM DOCUMENTS		
Does the curriculum address the Sustainable Developmental Goal (SDG) which strives to eliminate Gender-Based Violence	Not addressed	*The review highlights a significant gap in the inclusion of GBV as an essential component. If it's not a core element, it's unlikely to be adequately addressing the SDG's aims.*
Does the curriculum address the content of Gender-Based Violence	Implicitly addressed	*The universities include discussions on GBV within modules like Sociology, Midwifery, and Mental Health in Nursing. However, the "depth and breadth of these discussions do not adequately prepare nursing students." So, the content is touched upon, but not comprehensively.*
Does the curriculum address the clinical management skills of Gender-Based Violence	Not addressed	*The modules "fail to equip students with the practical skills and knowledge necessary to intervene and manage GBV cases in healthcare environments effectively." The emphasis is on understanding forms of GBV, not on practical intervention.*

COMMENT: The curriculum guidelines from the South African Nursing Council, as reflected in the curricula of Institution One and Institution Two, demonstrate a significant gap in addressing GBV comprehensively. While GBV content is touched upon in some modules, the curriculum does not adequately address the Sustainable Development Goal related to eliminating GBV, nor does it equip nursing students with the necessary clinical management skills to effectively intervene in GBV cases within healthcare settings. The focus is primarily on understanding the forms of GBV, rather than on providing practical skills for management and intervention.		
2. STUDY GUIDE / LEARNER GUIDE		
Clear module outcomes	Explicitly addressed	*Study guides have module outcomes, they are* clear.
Any outcomes related to Gender-Based Violence	Implicitly addressed	*They have "limited content" on GBV, there are* some *outcomes related to it, even though they're basic.*
Any outcomes related to Gender-Based Violence management	Not addressed	*The guides primarily focus on theoretical aspects, there are no specific outcomes related to* managing *GBV.*
Clinical skills for management of Gender-Based Violence	Not addressed	*The guides lack practical application, therefore clinical skills for management are not included.*
COMMENT: The study guides from Institution One and Institution Two reflect a curriculum framework that inadequately addresses Gender-Based Violence (GBV) management. While the module outcomes are present and there is some limited content on GBV's theoretical aspects and likely some basic learning outcomes related to GBV, the guides do not include outcomes or content related to GBV management or the development of clinical skills for managing GBV cases. This reinforces the need for curriculum enhancements to better prepare nursing professionals.		
3. SOUTH AFRICAN NURSING COUNCIL CURRICULUM GUIDELINES		

Does the curriculum guideline imply that all Bachelor Nursing programs address Gender-Based Violence?	Not addressed	*All the documents reviewed explicitly* do not *state that GBV must be addressed in Bachelor Nursing programs.*
Do the guidelines address the inclusion of Gender-Based Violence management in Work Integrated Learning (WIL)?	Not addressed	*The documents provide a broad framework for WIL but do not specifically mention the inclusion of GBV management within it.*
Do the guidelines address the necessity to for the assessment of skill to manage Gender-Based Violence	Not addressed	*The documents provide a broad framework for WIL but do not specifically mention the inclusion of GBV management within it.*
COMMENT: The South African Nursing Council curriculum guidelines (including documents related to curriculum submission, education and training standards, qualification frameworks, and the relationship between scopes of practice, standards, and competencies) do not explicitly address Gender-Based Violence (GBV) as a required component of Bachelor Nursing programs. The guidelines do not mention the inclusion of GBV management in Work Integrated Learning (WIL) or the necessity for assessing skills related to managing GBV. This suggests a gap in the curriculum guidelines, highlighting an opportunity for this research to advocate for the inclusion of GBV-specific management training and assessment in nursing programs.		

The categorisation reveals that while GBV content appears implicitly in several curricula, explicit inclusion, particularly regarding clinical management skills and referral protocols, remains limited. This nuanced view highlights gaps between policy intentions and implementation realities within nursing education frameworks (South African Nursing Council 2021c: 12).

The analysis reveals a consistent pattern of implicit rather than explicit inclusion of gender-based violence (GBV) content across the South African Nursing Council (SANC) curriculum frameworks and the curricula of the participating institutions. While

institutional curricula incorporate GBV topics in certain modules, such as Sociology, Midwifery, and Mental Health Nursing, these discussions lack sufficient depth and fail to equip nursing students with the practical clinical skills needed for effective GBV management. This shortfall mirrors the broader absence of explicit GBV directives within SANC guidelines, which neither mandate GBV content nor specify its integration within Work Integrated Learning (WIL) or competency assessments. Consequently, institutional curricula appear to reflect gaps in SANC frameworks rather than challenge or expand upon them, resulting in limited preparedness among nursing students. Notably, these document findings align closely with nurse lecturers' perspectives, who report insufficient training hours, minimal practical exposure, and a lack of structured GBV management content. This triangulation underscores a systemic disconnect among policy frameworks, curriculum design, and educational practice, highlighting an urgent need to revise regulations and standardise curricula to ensure comprehensive GBV education and competency development in nursing programs.

Triangulating nurse lecturers' perspectives with curriculum documents and the South African Nursing Council's guidelines reveals consistent recognition of deficiencies in GBV education. While institutional curricula occasionally reference GBV, the lack of explicit mandates in SANC frameworks contributes to insufficient practical training and assessment of GBV competencies. These contradictions underscore the urgent need for policy revision and curriculum standardisation to strengthen GBV preparedness in nursing education (South African Nursing Council 2021d: 9).

The analysis reveals a consistent pattern of implicit rather than explicit inclusion of gender-based violence (GBV) content across the South African Nursing Council (SANC) curriculum frameworks and the curricula of the participating institutions. While institutional curricula incorporate GBV topics within certain modules, such as Sociology and Mental Health Nursing, these discussions lack depth and fail to equip nursing students with practical clinical skills necessary for effective GBV management. This lacuna reflects the broader absence of explicit GBV directives within the SANC guidelines, which neither mandate GBV content nor specify its integration within Work Integrated Learning (WIL) or competency assessments. Consequently, institutional curricula appear to mirror the gaps in SANC frameworks rather than challenge them, resulting in limited preparedness among nursing students. Importantly, these

document findings align with nurse lecturers' perspectives, who report inadequate training hours, minimal practical exposure, and a lack of structured GBV management content. This triangulation underscores a systemic disconnect between policy frameworks, curriculum design, and educational practice, highlighting the urgent need for regulatory revision and curriculum standardisation to ensure comprehensive GBV education and competency development in nursing programs.

i. Curriculum documents from Institution One (1) and Institution Two (2).

GBV is not explicitly addressed as a core component aligned with the Sustainable Development Goal to eliminate GBV. Discussions of GBV appear implicitly within modules such as Sociology, Midwifery, and Mental Health Nursing but lack sufficient depth to adequately prepare nursing students with practical skills for clinical GBV management. The curriculum emphasises understanding forms of GBV over intervention competencies.

ii. Study guides from Institution One (1) and Institution Two (2).

Module outcomes are clear; however, those related to GBV focus mainly on theoretical aspects with limited content. Practical skills and management of GBV cases are notably absent, reflecting broader curriculum limitations.

iii. Curriculum Submission template for nursing education institutions documents from the South African Nursing Council (South African Nursing Council 2021b)

SANC guidelines do not explicitly mandate the inclusion of GBV content or its management within Bachelor Nursing programs. Work Integrated Learning (WIL) frameworks and competency assessments focus on general clinical skills without specifying GBV management. This policy gap contributes to inconsistent institutional implementation.

The findings from document reviews resonate strongly with nurse lecturers lived experiences and observations. Lecturers consistently highlight the insufficiency of GBV education within current nursing curricula, noting that while GBV is occasionally discussed, the lack of dedicated modules, structured clinical exposure, and practical

skills training undermines students' readiness to manage GBV cases effectively. This alignment between documentary evidence and experiential insights strengthens the case for curriculum reform that explicitly incorporates GBV management competencies and practical training. The consistency of these perspectives lends credibility to the argument that current curricula fall short of adequately preparing nursing professionals to respond to GBV in clinical settings, necessitating targeted enhancements informed by both policy and practitioner input.

iv. Nursing education and training standards document from the South African Nursing Council (South African Nursing Council 2021c)

The document does not explicitly state that all Bachelor Nursing programs must address Gender-Based Violence (GBV). It primarily outlined the general competencies and standards required for nursing education in South Africa. While it emphasises the importance of addressing healthcare needs and priorities, it does not explicitly mention GBV in the context of curriculum requirements. The document provides a broad framework for Work Integrated Learning (WIL), focusing on the practical application of theory in real-world settings. However, it does not mention including Gender-Based Violence management within the WIL. The emphasis is on acquiring competencies related to the scope of nursing practice; however, details on specific content, such as GBV management, are not provided. There is no explicit mention of assessing skills specifically for managing Gender-Based Violence. This document discusses the assessment of competencies in general, ensuring that students meet the required professional and regulatory standards. The focus is on overall clinical competence rather than specific skills related to GBV. Given the aims and objectives of this research, there might be a gap in the current curriculum guidelines regarding the explicit inclusion and assessment of GBV management. This gap could form a significant part of the study, especially in developing recommendations for integrating comprehensive GBV management into the nursing curricula.

v. **Bachelor's degree in nursing and midwifery qualification framework document from the South African Nursing Council** (South African Nursing Council 2021a)

The document does not explicitly state that all Bachelor Nursing programs must address Gender-Based Violence (GBV). It outlines a broad curriculum framework that emphasises comprehensive nursing care, ethics, and professionalism, but does not mention GBV as a required component. Work Integrated Learning (WIL). It is described as essential to the program, focusing on the practical application of the theory in clinical settings. However, there is no specific mention of GBV management as part of the WIL. The guidelines emphasise supervised and mentored clinical experience but do not detail specific content areas, such as GBV management. The document provides a framework for assessing nursing competencies in general, however, does not explicitly address the assessment of skills related to managing Gender-Based Violence. The focus is on broad clinical competencies, ethical practices, and evidence-based care, without detailed reference to GBV-specific skills. Given the research aims, there is an opportunity to further integrate GBV management into the nursing curriculum. The absence of explicit guidelines on GBV could be a critical area for this study, particularly in developing targeted recommendations for curriculum enhancement to prepare future nurses for GBV recognition and response.

vi. **The South African Nursing Council document the relationship between the scopes of practice, practice standards, and competencies** (South African Nursing Council 2021d)

The document does not explicitly mention Gender-Based Violence (GBV) within the context of Bachelor Nursing programs. It focuses on the broader scope of nursing practice, standards, and competencies without detailing specific curriculum content such as GBV. There is no explicit mention of GBV management in the context of Work Integrated Learning (WIL). The guidelines are more concerned with defining the scope of practice and competencies in general terms, rather than specifying issues such as GBV. The document outlines the need for competencies and skills assessment, but does not explicitly address the skills assessment related to managing Gender-Based Violence. The focus was on ensuring safe, competent, and ethical practices across nursing roles. Given the research aims, this document does not provide explicit

insights into GBV management within nursing education. This suggests a gap in the curriculum guidelines, highlighting an opportunity for the research to advocate for the inclusion of GBV-specific management training and assessment in nursing programs.

The absence of explicit GBV requirements within SANC curriculum guidelines creates a policy vacuum that risks perpetuating inadequate preparation of nursing students for frontline GBV management. Without clear mandates, nursing education institutions face challenges prioritising GBV content and practical skill development within already crowded curricula. This gap calls for urgent policy revision to embed GBV management as a core competency, driving uniform curriculum enhancements across institutions. The present study's triangulated findings provide compelling evidence to advocate for such reforms, emphasising the need for regulatory bodies to lead in standardising GBV education to better equip future nurses for their critical roles in addressing this pervasive social and health issue.

6.2 SUMMARY OF THE CHAPTER

These findings collectively advocate for strategic curriculum enhancements that address current educational challenges and better prepare nursing students for the realities of healthcare practice, particularly in the management of gender-based violence. The comparative analysis highlights critical gaps between SANC policy frameworks and institutional curriculum implementation, compounded by congruent concerns raised by nursing lecturers regarding insufficient practical training and assessment of GBV competencies. To bridge these divides, curriculum reforms must explicitly integrate GBV management content, supported by clear regulatory mandates and practical learning opportunities. Strengthening nursing education in this way will empower future nurses to deliver comprehensive, empathetic care to GBV survivors and contribute to broader efforts to eliminate gender-based violence within healthcare settings.

CHAPTER SEVEN
DISCUSSION OF FINDINGS

7.1 INTRODUCTION

The previous two chapters presented detailed results from the three phases of data collection. This chapter moves beyond summarising these findings to critically engage with the data in relation to the study's objectives and existing literature. A deeper theoretical interrogation is necessary, particularly to understand why gender-based violence (GBV) has historically been marginalised in nursing curricula.

The predominance of the biomedical model within healthcare education has traditionally emphasised pathophysiological processes and clinical interventions, often sidelining social, psychological, and structural determinants of health such as GBV (Fitzgerald 2017: 112). This biomedical dominance prioritises acute care and disease treatment over holistic, person-centred approaches that consider trauma and social context (Green and Thorogood 2018: 45). Consequently, nursing curricula developed under this paradigm tend to focus on clinical competencies at the expense of psychosocial issues, leading to insufficient preparation of nurses to engage with complex social problems like GBV (Hegarty, Tarzia, Valpied, Murray, Humphreys, Taft and Feder 2019: 87).

The theoretical underpinning of this study draws heavily on the Social Ecological Model (Bronfenbrenner 1979: 22), which situates GBV within multiple interacting levels from individual to societal factors highlighting the need for nursing education to address these layers comprehensively. Additionally, the Trauma-Informed Care Framework (Fallot and Harris 2009) guides the discussion on the importance of nurse preparedness to deliver empathetic, sensitive care to GBV survivors. These frameworks inform the interpretation of data and underscore the multidimensional challenges nurses face, advocating for curricula that integrate knowledge, skills, and attitudes aligned with trauma-informed principles.

The chapter is structured to first synthesise and critically engage with empirical findings from professional nurses and nurse lecturers, followed by an in-depth analysis

of curriculum documents and guidelines. The integrated discussion highlights systemic barriers and opportunities for reform in nursing education, culminating in recommendations for embedding trauma-informed, interdisciplinary GBV management into curricula aligned with national standards.

This study makes a novel contribution by critically exposing how the preparedness of professional nurses to manage gender-based violence (GBV) in South African Higher Education Institutions (HEIs) is constrained, not only by educational gaps, but also by regulatory silence and institutional inertia. While national priorities emphasise GBV, existing institutional and regulatory frameworks including those of the South African Nursing Council (SANC) do not mandate explicit GBV content or competencies, resulting in systemic neglect. This research operationalises these insights by providing evidence-based recommendations and guidelines to bridge this critical gap in nursing education, as further developed in Chapter 8 (South African Nursing Council 2021a; World Health Organisation 2019b; Evans 2023: 60).

7.2 SECTION A: FINDINGS RELATED TO THE INTERVIEWS WITH PROFESSIONAL NURSES EMPLOYED AT THE STAFF AND CAMPUS CLINICS IN HEIs

7.2.1 ENHANCING INTERDISCIPLINARY COLLABORATION AND SUPPORT THROUGH EFFECTIVE REPORTING, REFERRAL, AND RESOURCE UTILISATION

Professional nurses emphasise the need to secure victims' permission before reporting cases of gender-based violence (GBV) to authorities such as the police and social workers (Stevens, Bennett, Cotton, Rockowitz and Flowe 2024: 1). This practice respects the autonomy and confidentiality of the victims, which are critical in the therapeutic relationship (Jones and Brown 2020: 47). However, nurses also recognised their legal and ethical obligations to report specific cases, especially those involving minors, even without the victim's consent (leer-Salvesen 2018: 75). This dual responsibility underscores the complexity of handling GBV cases within Higher Education Institutions (HEIs) and highlights the need for clear guidelines and training

(White 2019: 34). By balancing respect for victim autonomy with mandated reporting, nurses navigate a challenging landscape that requires empathy and adherence to the legal requirements.

Thuthuzela Care Centers have been identified as crucial facilities for managing cases of sexual abuse and offering comprehensive support services, including medical care, legal assistance, and counselling (South African Government 2025). The role of these centres in providing holistic care is vital, as they ensure that victims receive immediate and appropriate help (Taylor 2021: 23). Nurses' reliance on such centres reflects the need for coordinated care pathways and the importance of having specialised facilities that can address the multifaceted needs of GBV victims (Johnson and Stylianou 2022a: 4).

Institutional policies and support systems, such as the Centre for Student Counselling and Development (CSCD), are essential for providing counselling services and facilitating further referrals (Davis 2018: 29). These structures enable professional nurses to deliver comprehensive care by connecting victims with necessary resources and professionals (Clark 2021: 67). The emphasis on collaboration with social workers, psychologists, and police services illustrates the interdisciplinary approach needed to effectively address GBV (Adams 2021: 45). This finding underscores the importance of having robust institutional frameworks that support nurses in their roles, thereby answering the research questions on institutional support.

Nurses reported using PACK guidelines to manage GBV cases. However, inconsistencies in availability and utilisation have been noted (Miller 2019: 58). This inconsistency points to a resource provision and training gap, which can hinder nurses' ability to respond effectively to GBV cases (Wilson 2020). Ensuring that all nurses have access to and are trained in these guidelines is critical for standardising care and improving victim outcomes (CARE-GBV 2022a: 4). This finding addresses the research question related to the challenges that nurses face in responding to GBV by highlighting these challenges.

The importance of referral systems to specialised centres and professionals, such as psychologists and social workers, was continually stressed by nurses (Lewis, Dowrick, Sohal, Feder and Griffiths 2019: 310). Interdisciplinary collaboration is crucial for

providing comprehensive care to GBV victims, as it allows for a more holistic approach to treatment and support (Jenney, Koshan, Ferreira, Nikdel, Tortorelli, Johnson, Allison, Krut, Weerahandi, Wollny and Pronyshyn 2023: 584). This finding answers the research question of how nurses collaborate with other professionals and emphasises the need for effective referral systems that facilitate seamless transitions between different levels of care.

Despite the acknowledged importance of interdisciplinary collaboration, such partnerships within HEIs are often informal, inconsistently applied, and lack clear institutional support structures. Nurses frequently rely on personal networks rather than formalised protocols, which undermines the reliability and continuity of care for GBV survivors. Moreover, institutional dependence on external facilities such as Thuthuzela Care Centres, while valuable, reflects a limited internal capacity to manage GBV comprehensively. This reliance raises concerns about sustainability and the missed opportunity for HEIs to develop robust, in-house GBV response teams that could provide immediate, contextually relevant care (Johnson and Stylianou 2022b; South African Government 2025). Strengthening internal multidisciplinary teams within HEIs could enhance timely interventions and empower nurses in their frontline roles.

The findings of this study align with previous research that underscores the importance of interdisciplinary collaboration and robust institutional support in managing GBV (Stevens *et al.* 2024: 1; Jones and Brown 2020: 45). Studies have consistently shown that holistic care models, which integrate medical, psychological, and legal support, are most effective in addressing the needs of GBV victims (Bress, Kashemwa, Amisi, Armas, McWhorter, Ruel, Ammann, Mukwege and Butler 2019: 3). The use of care kits such as the PACK guidelines has been highlighted in the literature as a best practice, although implementation challenges remain a common theme (CARE-GBV 2022b: 2).

The significance of these findings lies in their potential to inform policies and practices within HEIs. By identifying the strengths and gaps in the current systems, this study provides a foundation for developing more effective training programs and institutional policies that support professional nurses. The emphasis on interdisciplinary collaboration and resource utilisation highlights the need for integrated care models to improve the outcomes of GBV victims. In the broader nursing and public health

context, these findings contribute to the ongoing dialogue on improving GBV response and prevention strategies.

While these findings underscore the importance of interdisciplinary collaboration and resource utilisation, they also reflect systemic challenges rooted in nursing education's traditional focus. The biomedical model's prioritisation of clinical diagnosis and treatment often limits the scope of nursing roles to narrow medical tasks, underemphasising collaborative, psychosocial interventions essential in GBV care (Kendall-Taylor 2020: 56). This disciplinary siloing hampers effective communication between nurses, social workers, psychologists, and legal professionals, perpetuating fragmented care pathways (Colombini *et al.* 2022: 9). Moreover, institutional policies and guidelines frequently mirror biomedical paradigms by emphasising procedural compliance rather than holistic victim-centred support, which can diminish the therapeutic potential of nursing interventions in GBV contexts (Johnson and Stylianou 2022b: 7). The reliance on specialised centres such as Thuthuzela Care Centres signals recognition of GBV's complexity but also highlights the limited capacity of nursing education and institutional frameworks to equip nurses with the full spectrum of skills needed for integrated care (South African Government 2025).

Addressing these gaps requires a paradigmatic shift in nursing education from a predominantly biomedical model towards one that incorporates psychosocial and trauma-informed care principles. This transition would empower nurses to exercise clinical judgment that respects victim autonomy, legal obligations, and the nuanced realities of GBV survivors, thereby improving both educational outcomes and patient care.

7.2.2 SYSTEMIC, EDUCATIONAL, AND PROFESSIONAL DEVELOPMENT BARRIERS

One of the primary challenges hindering professional nurses' preparedness to recognise and respond to gender-based violence (GBV) in Higher Education Institutions (HEIs) is the persistent marginalisation of structured GBV training within undergraduate and postgraduate nursing curricula (Jiménez-Rodríguez *et al.* 2021: 9; CARE-GBV 2022b: 112). Despite national priorities addressing GBV, educational programs frequently omit comprehensive, standardised content, leaving nurses without the formal knowledge and skills necessary to manage GBV cases effectively

(Kurmi, Bijnr and James 2024: 284). Consequently, nurses often rely on personal experiences and informal learning methods to navigate GBV situations, which results in inconsistent care and response strategies across clinical settings (Craig, Schroeder and Roscoe 2020: 67; Kim 2021: 8; Murphy and Bourasaa 2021: 89).

Institutionally, organisational silence and systemic inertia contribute significantly to this educational gap. Although GBV is recognised as a national health priority, it remains marginalised within nursing education frameworks, reflecting entrenched biomedical dominance and discomfort in addressing complex social health issues (Colombini *et al.* 2022: 8). Nurses engaged in GBV work face professional and emotional risks, including legal exposure, compassion fatigue, and a lack of institutional support structures, which further perpetuate unpreparedness and discourage proactive engagement (Gilmore, Guillerot and Sandoval 2020: 5; Hegarty *et al.* 2019: 87). This structural neglect restricts the development of consistent, evidence-based practices for GBV management within HEIs.

Another critical barrier involves the insufficient and often incomplete information provided by victims, which complicates documentation and legal processes (Lewis *et al.* 2019: 58; Stevens *et al.* 2024: 1). Victims' fear of stigmatisation and retaliation frequently leads to withholding details, creating significant challenges for nurses who must balance empathetic support with the need for accurate reporting and intervention (Adams 2021: 89; Thompson 2021: 92). This dynamic underscores the urgent need for improved communication strategies and the establishment of safe, supportive environments that encourage fuller disclosure, as emphasised in previous studies (Park and Lee 2020: 3, 78).

The critical role of comprehensive education and training in overcoming these barriers is well documented. Research highlights that well-rounded programs combining theoretical knowledge with practical components are essential for developing nurses' competencies in GBV management (McLindon, Fiolet and Hegarty 2021: 16; Adánez-Martínez *et al.* 2023: 2; Chen *et al.* 2024: 12). Additionally, standardised curricula and reporting guidelines have been proposed to address inconsistencies and equip healthcare professionals with the necessary tools and frameworks to respond

effectively (Villardón-Gallego *et al.* 2023: 10; CARE-GBV 2022b: 102; World Health Organisation 2021).

By identifying these intertwined systemic, educational, and professional challenges, this study provides a foundation for targeted policy and curriculum reforms within HEIs. Addressing the marginalisation of GBV training, enhancing institutional support for nurses, and improving communication mechanisms for victims are critical steps toward ensuring healthcare professionals are better prepared to deliver comprehensive care. Ultimately, these efforts contribute to improved outcomes for GBV survivors and further the broader goal of reducing GBV prevalence in South African healthcare settings.

7.2.3 COMPETENCE AND SKILL OF PROFESSIONAL NURSES WHEN DEALING WITH GBV MATTERS

In the context of recognising and responding to gender-based violence (GBV), professional nurses often develop their competencies through hands-on experience (Mann and Lanning 2024: 45). This practical exposure is crucial, as it allows nurses to navigate complex situations and learn practical strategies directly from their work environment (Cassidy, Harrison, Godfrey, Nincic, Khan, Oakley, Ross-White, Grantmyre and Graham 2021: 23). Participants in the study highlighted the significant role of informal learning, where knowledge is shared among colleagues, fostering a supportive network of professionals who collectively improve their understanding and management of GBV cases (Tohidi, KarimiMoonaghi, Shayan and Ahmadinia 2019: 93). This finding directly addresses the research question regarding the clinical competencies of professional nurses as it underscores the importance of experiential learning alongside formal education.

Participants emphasised that approaching GBV victims with empathy and without judgment is crucial in building trust and effectively managing cases (Savarese, Carpinelli, Stornaiuolo, Bifulco, Bruno, Navarra and Carpinelli 2024: 8). Effective communication and listening skills are vital for understanding victims' needs and providing appropriate support (Clark 2018: 50). This part of the findings responds to the research question concerning professional nurses' knowledge and awareness of

various GBV forms (Alhalal 2020: 7). It underscores the necessity for nurses to develop both clinical and interpersonal skills that enable them to provide empathetic and supportive care to victims.

Incorporating human rights and ethical considerations into training is seen as beneficial for helping nurses grasp the broader context of GBV and the importance of respecting victims' rights (Van Vo, Majnoonian, Shabalala, Masuku and Fielding-Miller 2024: 5). This finding is particularly relevant to the research question concerning the gaps and needs within the current nursing curricula (Flaubert, Le Menestrel and Williams 2021: 68). By embedding these elements into educational programs, nurses are better prepared to handle GBV cases with a comprehensive understanding of ethical implications and human rights issues.

The significance of practical experience in developing nursing competencies has been well-documented in the literature. According to Mann and Lanning (2019: 45), hands-on experience and peer learning are critical components of professional development in nursing, particularly in specialised areas such as GBV management. Similarly, Haribhai-Thompson, McBride-Henry, Hales and Rook (2022: 5) argue that empathy and effective communication are fundamental skills that enhance patient care and support, aligning with the findings of this study. Haddad and Geiger (2023: 89) also supported the integration of human rights and ethical considerations in nursing education, emphasising the importance of a holistic approach to training that includes ethical dimensions and respect for patient autonomy.

The findings of this study are significant in the broader context of nursing and healthcare education as they highlight the multifaceted nature of competence development in GBV management. By emphasising practical experience, empathy, communication, and ethical training, nursing programs can better prepare professionals to handle the complexities of GBV cases. This approach not only boosts nurses' readiness but also fosters a more compassionate and effective healthcare response, leading to better outcomes for victims and pushing nursing education forward.

While experiential learning and empathetic care are vital to developing competence in GBV management, it is essential to balance individual nurse capabilities with systemic

responsibility. Nurses frequently undertake significant emotional labour, facing compassion fatigue without sufficient institutional safeguards or debriefing mechanisms (Haribhai-Thompson *et al.* 2022: 5). This highlights an ethical imperative for healthcare organisations to provide support structures that sustain nurse wellbeing and professional integrity. Linking competence development explicitly to ethics of care frameworks underscores the moral dimensions of GBV nursing practice, emphasising care as both a technical skill and an ethical commitment (Tronto 193).

7.3 SECTION B: FINDINGS FROM INTERVIEWS WITH THE NURSE LECTURERS EMPLOYED AT THE HEIs IN THE NURSING DEPARTMENT.

7.3.1 INCLUSION OF GBV CONTENT IN CURRENT NURSING CURRICULA

The transition from the R425 to the R174 nursing curriculum represents a structural regression in GBV education. Official curriculum documents from the South African Nursing Council confirm that dedicated GBV modules present in the former curriculum were omitted or significantly diluted in the current framework (South African Nursing Council 2021a). This change aligns with participants' experiences, who consistently highlighted the lack of formal training and education on GBV, resulting in reliance on informal learning and limited preparedness (see Theme 5.4.2.1). Such curriculum shifts substantially reduce students' exposure to comprehensive GBV education, undermining their preparedness to manage these cases effectively (Jiménez-Rodríguez *et al.* 2020: 10).

This study underscores the need for a core module dedicated to GBV in the nursing curriculum (Tomas and Rupare 2022: 5). Such a module would equip future nurses with comprehensive knowledge and skills to effectively address and manage GBV cases, covering various types of violence, management strategies, and referral processes (Van Vo *et al.* 2024: 5). This recommendation answers the research question about the content that nursing lecturers can include to prepare students adequately (Maquibar, Estalella, Vives-Cases, Hurtig and Goicolea 2019: 75). By adopting a focused approach, nursing programs can ensure that students graduate with the awareness, knowledge, skills (such as communication, risk assessment, trauma-informed care, and referral protocols), and attitudes necessary to effectively recognise and respond to GBV.

Nursing lecturers encounter multiple obstacles when trying to integrate GBV-related topics into their courses. These include limited resources, lack of institutional backing, and insufficient collaboration with field experts (Villardón-Gallego *et al.* 2023: 10). The study highlights that working alongside professionals like social workers and psychologists is key to improving the quality of GBV education, directly addressing the research question on how such partnerships can enhance educational outcomes (Stewart-Tufescu, Kurbatfinski, Ross, Pohl, Graham and Letourneau 2025: 7). By fostering partnerships with multidisciplinary experts, nursing curricula can offer a more robust and comprehensive education on GBV.

The inadequacy of current nursing curricula in addressing GBV is a concern echoed in the literature. According to Dafny, McCloud, Pearson, Brown, Phillips, Waheed, Freeling, Parry and Champion (2023: 6156), many nursing programs lack a dedicated focus on GBV, resulting in ill-prepared graduates managing such cases effectively. Similarly, Jeffreys (2021: 187) argued that integrating standalone modules on GBV is essential for providing students with the necessary skills and knowledge. The challenges educators face in incorporating GBV content are also documented by Sabri, Sellke, Smudde, Bourey and Murray (2023: 13), who emphasise the importance of institutional support and collaboration with external experts to enhance curriculum quality.

The results of this study hold important implications for nursing education and healthcare at large. By pinpointing weaknesses in the existing curriculum and suggesting the creation of a dedicated GBV module, it adds to the ongoing conversation about enhancing nursing training. Addressing these gaps is crucial for preparing nurses who are not only clinically competent but also equipped to handle complex social issues such as GBV. This approach aligns with the global movement towards more holistic and socially conscious healthcare education, ultimately benefiting patients and communities.

7.3.2 PRACTICAL TRAINING AND CLINICAL PLACEMENT FOR GBV RESPONSE

This study reveals that the absence of structured practical training and clinical placements focused on GBV significantly undermines nursing students' preparedness to manage such cases. Without formal learning objectives, supervision, and assessment related to GBV, clinical placements offer inconsistent and insufficient experiential learning, limiting students' ability to translate theory into practice.

Participants emphasized that practical methods such as role-plays and scenario-based learning enhance skills in interviewing, initial support, and referral processes, which are critical to an effective GBV response. This aligns with existing literature highlighting experiential learning as essential for developing clinical competence in sensitive areas like GBV (Heron and Eisma 2021: 624; de Villiers, Mayers, and Khalil 2014671).

The findings suggest that nursing curricula must integrate structured, supervised clinical experiences with clear GBV competencies to bridge the gap between knowledge and practice. Addressing this gap is vital not only for student preparedness but also for improving patient outcomes and reinforcing nurses' roles as frontline responders to GBV.

7.3.3 INTERDISCIPLINARY APPROACH FOR GBV MANAGEMENT

It is important to clearly differentiate between interdisciplinary clinical collaboration where nurses work alongside social workers, psychologists, and other professionals in patient care and interdisciplinary education, which involves joint teaching, curriculum design, and training activities.

In clinical collaboration, power dynamics and role ambiguity often complicate teamwork, with nursing roles insufficiently defined within GBV response teams, potentially marginalising their contributions (Ajduković, Car, Päivinen, Sala-Bubaré, Vall and Husso 2021: 7). Addressing these professional hierarchies in practice is essential to foster effective, survivor-centred care.

In interdisciplinary education, challenges arise when nursing curricula lack dedicated focus on collaborative teaching and integration of GBV content alongside other

disciplines. This gap fails to provide nursing students with the comprehensive understanding necessary to address GBV effectively (Smith 2019: 58). For example, the R174 nursing curriculum is characterised by limited instructional hours on GBV and content that does not reflect current best practices or emerging psychosocial perspectives (DeWit and Williams 2013: 72). This finding directly addresses the research questions concerning the scope of GBV content currently taught and the challenges faced by nursing lecturers in integrating GBV education (Jiménez-Rodríguez et al., 2020: 10).

This study underscores the importance of a multidisciplinary strategy in GBV education, involving collaboration with social workers, psychologists, and community care workers (Colombini et al. 2022: 8). This comprehensive educational approach prepares nursing students for real-world collaborative healthcare work (Hattery 2021: 801) and answers the research question about how such partnerships enhance the quality of GBV-related education (Ajduković et al. 2021: 5). Nursing programs that draw on diverse professional expertise provide students with multiple perspectives and skills, fostering empathy and competence in managing GBV cases.

Creative teaching methods such as problem-based learning and role-play actively engage students and help them navigate the complexity of GBV (Oo and Davies, 2021: 1). These strategies provide practical, hands-on experience critical for developing skills and attitudes necessary to recognise and respond to GBV (Stewart-Tufescu et al., 2025: 7). This finding relates to the research question on assessing nursing students' awareness, knowledge, skills, and practices regarding GBV education outcomes (Taylor 2021: 99).

This study confirms the inadequacy of current nursing curricula in providing comprehensive GBV education, echoing critiques that nursing education remains anchored in biomedical traditions that marginalise social determinants of health (Smith 2019: 61). Specifically, the R174 curriculum is considered outdated because it allocates limited hours to psychosocial topics like GBV and largely omits contemporary, survivor-centred approaches and interdisciplinary content (DeWit and Williams 2013: 75). This outdatedness contributes to resistance in integrating complex social issues such as GBV into nursing education.

The recommendation for a multidisciplinary teaching approach involving social workers, psychologists, and community care workers aligns with global calls to reframe nursing education within a biopsychosocial model recognising the multifactorial drivers of GBV (Colombini et al. 2022: 10). Such collaborative education enriches students' understanding and counters the fragmentary effects of biomedical reductionism, fostering holistic competencies essential for empathetic, survivor-centred care (Ajduković et al. 2021: 7).

Innovative pedagogical methods like problem-based learning and role-plays serve as practical strategies to disrupt traditional didactic teaching, promoting active engagement with GBV's complexities and preparing nurses for real-world interdisciplinary collaboration (Oo and Davies 2021: 3). Effective GBV management requires not only clinical protocols but also attitudinal shifts and critical reflexivity, often lacking in biomedical models.

However, to reform curricula effectively, one must be knowledgeable about the processes involved, including stakeholder engagement, curriculum mapping, policy alignment, resource allocation, and faculty development. Embedding interdisciplinary and psychosocial content is essential to redress historical neglect of GBV education and prepare nurses to navigate survivors' multifaceted realities. This reform is critical not only for educational outcomes but also for ensuring equitable and compassionate health system responses to GBV.

7.3.4 TEACHING STRATEGIES AND METHODOLOGIES FOR GBV PREPAREDNESS IN NURSING

This section examines teaching strategies and barriers to GBV preparedness as interpretive responses to the structural, emotional, and pedagogical gaps identified within nursing education. Approaches such as problem-based learning and role-play serve not merely as pedagogical innovations but as necessary adaptations to compensate for the persistent curriculum silences and institutional deficits surrounding GBV education (Oo and Davies 2021: 3). The emotional challenges faced by nursing lecturers further reflect systemic under-support, underscoring the need for institutional

attention beyond individual coping mechanisms. Detailed implementation recommendations are reserved for Chapter 8.

Nursing lecturers' personal experiences with GBV shape their teaching approaches, often fostering empathy and deeper understanding that enrich GBV education (Melendez-Torres *et al.* 2024: 9). Yet, these experiences also introduce challenges in maintaining professional boundaries, highlighting emotional and ethical complexities in delivering sensitive content (Nowrouzi-Kia *et al.* 2024: 9). These dynamics reveal the emotional labour embedded in GBV education and underscore the necessity for structural support systems for educators to manage these influences effectively (Alderton *et al.* 2020: 15).

The involvement of external experts through workshops and guest lectures emerges as a key factor in enhancing the educational environment. This collaboration provides current, real-world insights and supports educators in delivering up-to-date GBV content (Yount *et al.* 2023: 7; Kim and Lee 2021: 8; Van Vo *et al.* 2024: 5). Such interdisciplinary engagement reflects wider trends towards more integrated and contextually relevant healthcare education.

Collectively, these findings illustrate how innovative teaching strategies respond to the gaps created by traditional curricula and institutional constraints. They highlight the complex interplay of pedagogical adaptation, emotional labour, and collaborative knowledge exchange necessary to prepare nursing students for GBV management in clinical contexts (Johnson and Lee 2023: 56; McLean 2023: 479; Sammut *et al.* 2023: 1477).

7.3.5 CHALLENGES AND BARRIERS IN GBV PREPAREDNESS FOR NURSES

The emotional impact of GBV education emerges as a profound barrier affecting both lecturers and students. Personal histories with GBV among educators can complicate classroom dynamics, necessitating sensitive pedagogical approaches and institutional recognition of these emotional complexities (Smith and Ulus 2020: 112; Sabri and Granger 2018: 7; Coffey *et al.* 2023: 630). These findings foreground the emotional

labour entailed in engaging with GBV content, pointing to a need for structural supports that extend beyond individual resilience.

Curricular rigidity further constrains GBV education, as limited instructional hours and inflexible program structures exemplified by the R174 curriculum restrict the integration of standalone GBV modules (AORN 2021; Anderson 2005; Latshaw 2015: 278). This structural inflexibility contributes to marginalisation of GBV content, which is often relegated to minor components within broader subjects, undermining depth and focus. Such stagnation reflects broader systemic resistance to embedding complex social health issues within nursing education (Tomas and Rupare 2022: 5).

Compounding these challenges is the limited expertise among nursing lecturers, many of whom lack formal GBV training themselves (Leyva-Moral *et al.* 2023: 5). This gap affects educators' confidence and capacity to teach GBV effectively, despite some advocating strongly for its inclusion (Maquibar *et al.* 2018: 211; WHO 2019b). This highlights a dual challenge of content integration and educator preparedness within nursing programs.

Notwithstanding these barriers, there is growing recognition of GBV education's critical importance. Advocates within nursing education increasingly push for curricula that equip students with empathetic and competent GBV management skills (Villardón-Gallego *et al.* 2023: 10; Jiménez-Rodríguez *et al.* 2021: 11; Sammut *et al.* 2023: 1477). These efforts reflect a shifting awareness of the need to overcome systemic, pedagogical, and emotional obstacles to provide comprehensive GBV education.

7.3.6 STRATEGIES TO OVERCOME BARRIERS IN GBV PREPAREDNESS FOR NURSES

The findings emphasise the necessity of embedding thorough GBV education within nursing curricula to equip future nurses with essential competencies, such as evidence collection, documentation (including J88 forms), and appropriate referral processes (Tomas and Rupare 2022: 5; Davila 2006: 174; Taylor 2024: 67; Williams 2021: 110). This reflects recognition of the pivotal frontline role nurses play in GBV response, underscoring the educational imperative to prepare them adequately.

Interdisciplinary collaboration is identified as a significant factor enriching GBV education by integrating expertise from social workers, psychologists, and other professionals (Meads *et al.* 2008: 61; Villardón-Gallego *et al.* 2023: 10; Harris and Patel 2020: 102). Such collaboration broadens students' perspectives, compensates for lecturers' varying levels of GBV expertise, and enhances the relevance of educational content to real-world clinical practice.

Creative and interactive teaching methods including role-play, problem-based learning, and visual aids are understood as critical pedagogical responses to the complexities of GBV education (Cahill and Dadvand 2022: 320; Roberts and Marsh 2022: 428). These approaches foster engagement and critical skill development, essential for preparing nurses to manage GBV cases with empathy and competence. The ongoing need for curriculum review and specialised training workshops is highlighted as a mechanism for maintaining the relevance and efficacy of GBV education (Villardón-Gallego *et al.* 2023: 10; OECD 2021: 36; Sammut *et al.* 2023: 1477; Lalonde *et al.* 2020: 6). Such processes enable nursing programs to remain responsive to emerging challenges and evolving best practices.

Institutional policies that recognise the emotional impact of GBV content on educators and provide accommodations such as workload adjustments are crucial for sustaining education quality (Pain 2022: 1799; Pispira *et al.* 2022: 3; Dahal *et al.* 2022: 11). These supports help educators navigate the emotional complexities inherent in GBV teaching, ultimately benefiting student learning outcomes.

Together, these findings illustrate a multifaceted and systemic approach to addressing barriers in GBV preparedness, highlighting the interplay of curriculum content, pedagogical innovation, interdisciplinary collaboration, and institutional support structures essential for effective nursing education.

7.4 DOCUMENT REVIEWS OF CURRICULUM DOCUMENTS, STUDY GUIDES, LEARNER GUIDES, AND SOUTH AFRICAN NURSING COUNCIL CURRICULUM GUIDELINES.

7.4.1 Curriculum documents from Institution One (1) and Institution Two (2)

The review of curriculum documents from Institution One (1) and Institution Two (2) reveals a critical gap in integrating GBV as a core component of nursing education. While these institutions incorporate GBV discussions in modules such as Sociology, Midwifery, and Mental Health in Nursing, the content does not adequately prepare nursing students to manage GBV cases in clinical settings. This finding directly addresses the research question concerning the extent of knowledge and training that professional nurses possess regarding GBV recognition and response. The emphasis in these modules is primarily on understanding the various forms of GBV. However, they fail to provide the necessary practical skills and knowledge for the effective intervention and management of GBV cases. This shortfall highlights the need for a curriculum overhaul to prioritise comprehensive GBV management training, aligning with the research objective of examining existing nursing curricula and identifying gaps.

The inadequacy of GBV training in these curricula can be mainly attributed to the South African Nursing Council's curriculum guidelines, which do not prioritise comprehensive GBV management training (South African Nursing Council 2021c). This finding is pertinent to the research question about professional nurses' challenges in recognising and responding to GBV in academic settings. Current guidelines focus more on general nursing competencies, leaving a significant gap in specialised training for GBV management. Addressing this shortcoming is critical to ensuring that nursing graduates are well equipped to handle GBV situations, as emphasised in the research objective of exploring nursing lecturers' recommendations in curriculum development (Tomas and Rupare 2022: 5).

The findings of this study are consistent with existing literature that highlights the inadequacies of nursing curricula in addressing GBV. Many nursing programs globally fail to incorporate comprehensive GBV training, which can hinder nurses' ability to respond effectively to GBV cases. Similarly, a study by Tomas and Rupare (2022: 5)

emphasised the need to integrate practical GBV management skills into nursing education to prepare nurses for the complexities of modern healthcare environments.

The significance of these findings lies in their potential influence on nursing education policies and practices. By highlighting the gaps in GBV content within nursing curricula, this study advocates for a comprehensive approach to nursing education that includes GBV management. Integrating GBV-specific training into nursing curricula can enhance nurses' preparedness to address such cases, ultimately improving health care outcomes for GBV survivors. In the broader context of healthcare education, these findings emphasise the importance of curricula that address critical social issues with competence and empathy, ensuring that future healthcare professionals are well equipped to manage complex situations.

7.4.2 Study guides from Institution One (1) and Institution Two (2).

The analysis of study guides from Stellenbosch University and the University of the Western Cape reveals a predominant focus on the theoretical aspects of Gender-Based Violence (GBV), with insufficient emphasis on practical application. This finding directly addresses the research question concerning the extent of knowledge and training that professional nurses possess regarding GBV recognition and response. The study guides follow the wider curriculum framework set by the South African Nursing Council, which currently doesn’t explicitly require comprehensive GBV management skills to be included (South African Nursing Council 2021). This gap underscores the need for curriculum enhancements incorporating detailed GBV management strategies. Such improvements would equip future nurses with the skills necessary to effectively recognise, respond to, and manage GBV cases, aligning with the research objectives of examining and addressing gaps in nursing curricula.

The findings from the study guide highlight a significant opportunity to advocate for curriculum enhancements that integrate detailed GBV management strategies. This theme addresses the research question concerning professional nurses' challenges in recognising and responding to GBV in academic settings. By advocating for curriculum improvements, the study aligns with the research objective of exploring nursing lecturers' recommendations for curriculum development. Adding hands-on

GBV management training to the curriculum would better equip nursing students to deal with these cases, which would improve healthcare outcomes for victims.

The findings of this study are consistent with existing literature that highlights the inadequacies of nursing curricula in addressing practical GBV management. Many nursing programs worldwide focus more on theoretical knowledge than practical skills, hindering nurses' ability to effectively manage GBV cases. Similarly, Jiménez-Rodríguez *et al.* (2020: 10) stressed the importance of incorporating practical GBV management skills into nursing education to ready nurses for the challenges of today's healthcare settings.

These findings matter because they have the potential to shape nursing education policies and practices. By highlighting the gaps in GBV content within nursing study guides, this study advocates for a comprehensive approach to nursing education that includes GBV management. Integrating GBV-specific training into nursing curricula can enhance nurses' preparedness to address such cases, ultimately improving healthcare outcomes for GBV survivors. Within the wider field of healthcare education, these findings highlight the need for curricula that tackle important social issues with both skill and compassion, preparing future healthcare workers to handle challenging situations effectively.

7.4.3 Curriculum Submission Template for Nursing Education Institutions documents from the South African Nursing Council.

This finding directly answers the research question regarding the scope of GBV content in the nursing curriculum currently taught to students (Linda, Phetlhu and Klopper 2020: 6). The guidelines emphasise the general structure, resources, and adherence to the nursing education standards set by Nursing Act No. 33 of 2005 (South African Nursing Council 2019), focusing predominantly on overall competencies and practical skills (Boehning and Haddad 2023: 78). However, the absence of specific content areas such as GBV underscores a significant gap in the curriculum.

The document outlines the inclusion of Work Integrated Learning (WIL) and stresses teaching strategies and assessment of clinical competence. However, it fails to

explicitly address GBV management integration within the WIL. This finding relates to the research question concerning the challenges nursing lecturers encounter when incorporating GBV-related content (Mutinta 2022: 13). Without explicit guidelines, educators may struggle to effectively integrate GBV education, highlighting the need for additional resources and stakeholder input to ensure comprehensive coverage of GBV in nursing education.

The guidelines emphasise the evaluation of theoretical and clinical competencies but do not explicitly mention the assessment of skills related to managing GBV (Garcia and Murphy 2023: 35). This finding answers the research question of how nursing students' awareness, knowledge, skills, and practices are assessed in terms of GBV education outcomes (Maquibar *et al.* 2019: 75). The lack of specific assessment criteria for GBV-related skills points to a potential oversight in ensuring that nursing graduates are adequately prepared to address GBV cases in their professional practice.

Given the absence of explicit GBV content in the guidelines, this study highlights the necessity of exploring additional resources or inputs from stakeholders in nursing education. This recommendation aligns with the research question regarding nursing lecturers' recommendations for curriculum development (Maquibar *et al.* 2019: 75). By advocating for the inclusion of GBV management in curriculum guidelines, this study emphasises the importance of equipping future nurses with the necessary skills and knowledge to manage GBV cases effectively.

The findings of this study resonate with the existing literature that highlights gaps in the nursing curricula concerning GBV education. According to Jiménez-Rodríguez *et al.* (2020: 10), many nursing programs lack explicit content on GBV, which can impede nurses' ability to manage such cases effectively. Similarly, Yang (2020: 13) emphasised the importance of integrating GBV education into nursing curricula, arguing that explicit guidelines are necessary to ensure comprehensive training.

The importance of these findings rests in their ability to shape nursing education policies and practices. This study points out the gap in curriculum guidelines where explicit GBV content is missing, stressing the need for a more thorough approach to nursing education. Incorporating GBV management into nursing curricula can

enhance nurses' preparedness to address GBV cases, ultimately improving survivors' healthcare outcomes. In the broader context of healthcare education, these findings advocate for a more holistic approach to curriculum development, ensuring that future healthcare professionals are equipped to manage complex social issues with competence and empathy.

7.4.4 Nursing Education and Training Standards document from the South African Nursing Council.

The review of the South African Nursing Council's Nursing Education and Training Standards document reveals a significant finding: the absence of explicit guidance on including GBV in Bachelor Nursing programs (South African Nursing Council 2021c). This finding directly addresses the research question regarding the extent of knowledge and training professional nurses possess. It highlights a gap in the curriculum concerning the recognition and response to GBV (Ruiz-Fernández *et al.* 2022: 6). While the document outlines the general competencies and standards required for nursing education, it lacks specificity regarding GBV content, underscoring the need for targeted curriculum development to equip nurses adequately in this critical area.

The document emphasises Work Integrated Learning (WIL), focusing on the practical application of theoretical knowledge in real-world settings (South African Nursing Council 2021c). However, it does not mention the inclusion of GBV management within WIL. This aligns with the research question about the challenges professional nurses face in recognising and responding to GBV within academic settings (Javed and Chattu 2020: 33).

The document discusses the assessment of competencies but does not explicitly mention the evaluation of GBV management skills (Garcia and Murphy 2023: 35). This finding is pertinent to the research question concerning the assessment of nursing students' awareness and skills related to GBV education outcomes (Sabri *et al.* 2023: 13). The focus on overall clinical competence rather than on specific skills associated with GBV suggests that current assessment practices may not fully address the unique challenges posed by GBV cases. This gap highlights the need to develop assessment criteria that ensure graduates are prepared to respond effectively to GBV incidents.

This study's findings echo earlier research emphasising the need to include GBV education in nursing programs. Adánez-Martínez *et al.* (2023: 5) note that many nursing curricula lack explicit GBV content, limiting the effectiveness in handling these cases. Nathan and Ferrara (2020: 338) also argue that thorough GBV training prepares nurses to face today's healthcare challenges. Together, these studies back the call for curriculum improvements highlighted here, stressing the importance of giving nurses the skills they need to address GBV.

The value of these findings comes from their ability to influence nursing education policies and practices. By revealing the lack of clear GBV content in explicit curriculum guidelines, this study highlights the urgent need for a more thorough approach to nursing education. Integrating GBV management into nursing curricula can enhance nurses' preparedness to address such cases, ultimately improving survivors' healthcare outcomes. In the broader context of healthcare education, these findings advocate for a curriculum that addresses critical social issues with competence and empathy, ensuring that future healthcare professionals are well equipped to manage complex situations.

7.4.5 Bachelor's Degree in Nursing and Midwifery Qualification Framework document from the South African Nursing Council.

The Bachelor's Degree in Nursing and Midwifery Qualification Framework document from the South African Nursing Council provides a comprehensive curriculum framework emphasising ethics, professionalism, and comprehensive nursing care (South African Nursing Council 2021a). However, it lacks explicit guidance on including Gender-Based Violence (GBV) as a required component. This absence directly addresses the research question concerning the extent of knowledge and training possessed by professional nurses in recognising and responding to GBV (Jiménez-Rodríguez *et al.* 2020: 10). The document's focus on broad competencies without specifically mentioning GBV highlights a critical gap in the current curriculum that needs to be addressed to ensure that nurses are adequately prepared to manage GBV cases.

The document underscores the essential role of Work Integrated Learning (WIL) in nursing programs, focusing on the practical application of theory in clinical settings

(South African Nursing Council 2021a). Despite this emphasis, there is no specific mention of GBV management as part of WIL. This gap directly pertains to the research question about the challenges professional nurses face in recognising and responding to GBV in academic settings (Jiménez-Rodríguez *et al.* 2020: 10). The lack of targeted GBV content within the WIL suggests that students may not receive the practical training necessary to handle GBV cases effectively, indicating a significant area for curriculum enhancement.

While the framework provides guidelines for assessing nursing competencies, it does not explicitly address evaluating skills related to managing GBV (South African Nursing Council 2021a). The focus remains on broad clinical competencies, ethical practices, and evidence-based care, without detailed reference to GBV-specific skills. This finding is relevant to the research question regarding the assessment of nursing students' awareness and skills related to GBV education outcomes (Sabri *et al.* 2023: 13). The absence of explicit assessment criteria for GBV management underscores the need to develop targeted assessment tools to ensure that nursing graduates respond effectively to GBV situations.

This study's findings align with existing research that highlights the importance of incorporating GBV education into nursing curricula. According to Sammut *et al.* (2023: 1477), many nursing programs lack explicit GBV content, hindering nurses' ability to address such cases effectively. Similarly, Maquibar *et al.* (2018: 211) highlighted the importance of comprehensive training in GBV management to prepare nurses for the challenges of modern healthcare environments. These studies corroborate the need for curriculum enhancement identified in this research, underscoring the importance of equipping nurses with the skills necessary to manage GBV effectively. The findings are significant because they can potentially shape nursing education policy and practice. This study advocates a more comprehensive approach to nursing education by highlighting the absence of explicit GBV content in the curriculum guidelines. Integrating GBV management into nursing curricula can enhance nurses' preparedness to address such cases, ultimately improving healthcare outcomes for survivors. In the broader context of healthcare education, these findings emphasise the need for curricula that address critical social issues with competence and empathy,

ensuring that future healthcare professionals are well equipped to manage complex situations.

7.4.6 The Relationship Between the Scopes of Practice, Practice Standards, and Competencies document from the South African Nursing Council.

Suggestion of a revised and shortened but conceptually strong section: The SANC document on the Relationship Between the Scopes of Practice, Practice Standards, and Competencies provides a comprehensive framework outlining expectations for nursing practice, standards, and competencies (SANC, 2021d). However, the document does not explicitly address gender-based violence (GBV) within the context of Bachelor of Nursing programmes. This omission is directly relevant to the research question concerning the extent of knowledge and training required for recognising and responding to GBV (Human Sciences Research Council, 2024). The absence of GBV-specific guidance highlights a critical gap in nursing education and underscores the need for targeted curriculum development to adequately prepare nurses to manage GBV cases.

Furthermore, the document's guidelines on Work Integrated Learning (WIL) emphasize the development of competencies and scope of practice in broad terms, without explicit reference to GBV management (South African Nursing Council, 2021d). This gap is significant in relation to the research question addressing the challenges nurses face in recognizing and responding to GBV within academic and clinical training environments. The lack of GBV-specific content within WIL suggests that nursing students may not receive sufficient practical exposure or training to effectively respond to GBV, thereby indicating a critical area for curriculum enhancement.

In addition, although the document outlines the importance of competency-based assessment, it does not explicitly include assessment criteria related to GBV management. The emphasis remains on general principles of safe,

competent, and ethical practice across nursing roles, without delineating GBV-specific competencies (Immonen et al., 2019: 10). This omission is pertinent to the research question concerning the assessment of nursing students' awareness and skills related to GBV education outcomes. The absence of explicit GBV-related assessment criteria suggests the need for the development of targeted evaluation tools to ensure that graduates are adequately prepared to respond to GBV cases.

These findings are consistent with existing literature, which identifies persistent gaps in nursing education regarding GBV preparedness. Many nursing programmes inadequately integrate GBV-specific content, thereby limiting nurses' capacity to respond effectively to survivors. Similarly, Garcia and Murphy (2023: 35) emphasise the necessity of embedding GBV management training within nursing curricula to meet the demands of contemporary healthcare settings. Collectively, these studies reinforce the need for curriculum reform to strengthen GBV-related competencies in nursing education.

The significance of these findings lies in their implications for nursing education policy and practice. By exposing the absence of explicit GBV content in regulatory and curriculum guidelines, this study advocates for a more comprehensive and responsive approach to nursing education. Integrating GBV-specific training and assessment into curricula has the potential to enhance nurses' preparedness and improve healthcare outcomes for survivors. More broadly, these findings highlight the importance of aligning healthcare education with pressing social and public health challenges, ensuring that future professionals are equipped to respond with competence, accountability, and empathy.

A cross-analysis of South African Nursing Council (SANC) curriculum guidelines and institutional documents reveals a pervasive regulatory silence

on GBV, meaning that explicit directives or requirements for GBV content are largely absent. This absence results in fragmented and inconsistent integration of GBV topics across nursing curricula, contributing to gaps in student preparedness to address GBV effectively. This disjuncture between national GBV discourse and nursing standards reflects a regulatory blind spot that undermines accountability. Assessment frameworks prioritize broad competencies, thereby marginalizing GBV-specific skills and implicitly signalling their lesser value within nursing education. Consequently, nurses may be inadequately prepared to fulfill their professional responsibilities related to GBV, raising critical concerns regarding the profession's scope of practice and its accountability in responding to this public health crisis (SANC, 2021a–d; Garcia and Murphy, 2023).

7.5 INTEGRATION OF DATA SOURCES: SYNTHESISING INTERVIEWS AND DOCUMENTARY FINDINGS

This section compares and contrasts themes emerging from Professional Nurses (Chapter 5, Section 5A), Nurse Lecturers (Chapter 5, Section 5B), and documentary review findings, GBV preparedness, curriculum gaps, and challenges.

An integrated analysis of qualitative data from professional nurses and nurse lecturers, alongside documentary reviews, reveals overlapping themes that underscore the multifaceted challenges associated with GBV management education. Both participant groups identified insufficient curriculum content on GBV, corroborated by the sparse references found in policy documents (South African Nursing Council 2021a; World Health Organization 2019b). Furthermore, interviews data emphasized practical challenges such as a lack of interdisciplinary collaboration and inadequate opportunities for experiential learning, which are not adequately addressed in curricular guidelines. This convergence points to a critical need for curriculum reform that bridges theoretical knowledge and practical application (Evans 2023: 55). Documentary analysis further substantiates these findings, revealing inconsistent integration of GBV-related content across nursing modules (Lausi et al., 2023: 9). Collectively, the triangulation of these data sources strengthens the validity of the

findings and underscores the urgent need for a comprehensive and integrated approach to GBV education within nursing programmes.

7.6 SUMMARY OF THE CHAPTER

This chapter findings reveal how systemic deficiencies in nursing education, policy, and institutional practice that hinder effective recognition and response to GBV in HEIs. The study exposes how regulatory omissions, curricular gaps, and organisational silence contribute to the persistent unpreparedness of professional nurses. Through the integration of empirical data with documentary evidence, the study identifies critical gaps in GBV training and interdisciplinary collaboration. These findings justify the development of targeted guidelines in Chapter 8, designed to embed comprehensive, trauma-informed GBV management into nursing curricula, ultimately enhancing healthcare outcomes for survivors and professional accountability.

CHAPTER EIGHT
PROPOSED GUIDELINES TO INFORM THE INCLUSION OF COMPREHENSIVE GBV MANAGEMENT INTO THE NURSING-RELATED MODULES WITHIN THE NURSING UNDERGRADUATE CURRICULA AND CO-CURRICULA

8.1 INTRODUCTION

In the previous chapter, we covered the study's results and the theoretical framework that shaped it. Guidelines serve many functions but primarily focus on improving patient care quality and helping healthcare workers prevent adverse events (Prentice, Moore, Crawford, Lankshear and Limoges 2020: 1; Maharaj 2021: 98). This chapter introduces the proposed guidelines and recommendations aimed at integrating comprehensive GBV management into nursing-related modules within the undergraduate nursing curriculum and co-curricula. This integration is a part of the study's overall goal and the sixth, final objective.

8.2 THE PROCESS IN THE DEVELOPMENT OF THE GUIDELINES

The proposed guidelines were created from the findings of this study, which came from addressing the first five objectives and the questions raised during the interviews. The objectives of this study are as follows:

1. Assess the preparedness of Professional Nurses employed at HEIs' Campus Health Clinics in recognising and responding to gender-based violence.
2. Identify challenges encountered by these nurses in managing GBV cases within academic settings.
3. Examine the extent and manner in which GBV content is included in current nursing curricula.
4. Determine gaps in nursing education related to GBV from the perspectives of both nurses and lecturers.
5. Explore nursing lecturers' recommendations for improving GBV-related education within nursing programs.

6. Develop guidelines to inform the integration of comprehensive GBV management into undergraduate nursing curricula and co-curricular activities.

The themes and sub-themes that emerged from the objectives that guided this study were used in developing the proposed guidelines. The developed guidelines should be subjected to external reviews to ensure content validity, clarity and applicability (Movsisyan, Rehfuess and Norris 2020: 1).

In the context of this study, developing guidelines for incorporating comprehensive GBV management into nursing curricula is a critical step towards enhancing the preparedness of Professional Nurses. This process was grounded in a complex perspective, recognising the multifaceted nature of GBV and its implications for nursing education and practice. The guidelines development process involves a systematic five-step approach, ensuring that the recommendations are evidence-based, contextually relevant, and aligned with the needs of stakeholders.

Integrating a complexity perspective allowed for a more nuanced exploration of the issues related to GBV, considering the interplay of various factors, such as geographical, socio-cultural, and legal contexts. This approach ensures that the guidelines are non-involvement, sub-application and able to different settings and populations. The five-step process includes (1) guideline scoping, (2) formulating questions, (3) retrieving and synthesising evidence, (4) assessing the evidence, and (5) developing recommendations, as detailed by Movsisyan, Rehfuess, and Norris (2020: 1).

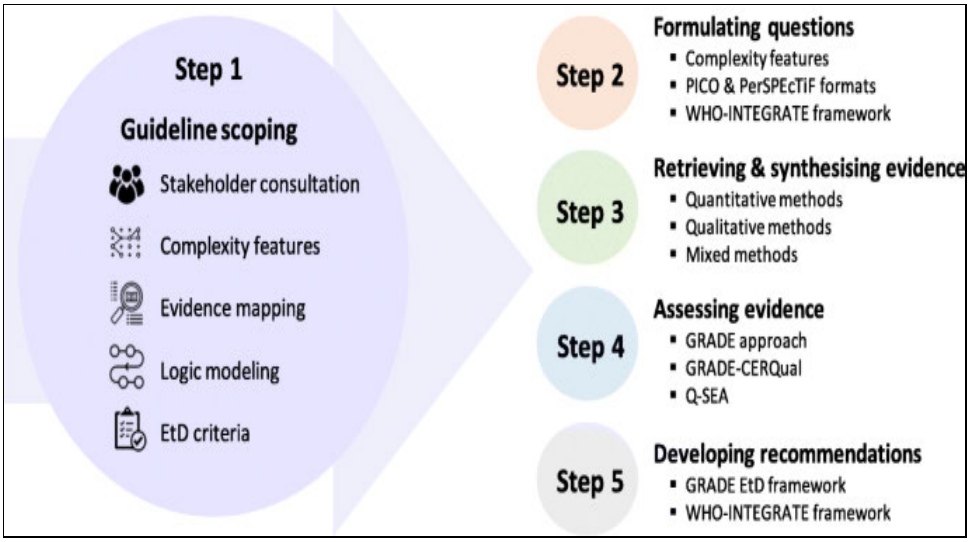


Figure 8.1 Guideline development

Source: Movsisyan, Rehfuess and Norris (2020: 3).

8.2.1 Step 1: Guideline scoping

Guideline scoping involved engaging key stakeholders, including Professional Nurses and Nurse Lecturers, to identify specific needs and contextual factors influencing nursing curricula. Their input revealed curriculum gaps such as insufficient practical training and misalignment with standards, which informed the decision to adopt a comprehensive, context-specific approach for guideline development.

8.2.2 Step 2: Formulating questions

Formulating questions from a complexity perspective affects their focus and wording. Typically, guidelines prioritise effectiveness; however, public health interventions affect systems in multifaceted ways, influenced by geographical, socio-cultural, and legal factors (Movsisyan, Rehfuess and Norris 2020: 3). In this study, input from Professional Nurses and Nurse Lecturers was crucial in highlighting critical improvement areas in GBV education. Questions were crafted to address South Africa's complexities, ensuring the guides were relevant and actionable.

8.2.3 Step 3: Retrieving and synthesising evidence

Standard approaches to evidence retrieval and synthesis were employed to explore evidence related to the study's topic (Movsisyan, Rehfuess and Norris 2020: 8). The process involved collecting data from literature and stakeholder feedback. Subgroup

analyses were conducted to explore intervention effects across diverse South African contexts. Participants' contributions provided valuable context, helping to identify relevant evidence and ensure that guidelines address specific challenges faced by nursing educators and practitioners.

8.2.4 Step 4: Assessing the evidence

Assessing evidence quality involves evaluating both effectiveness and broader complexity-related questions (Movsisyan, Rehfuess and Norris 2020: 9). Stakeholder consultations helped establish meaningful thresholds for GBV management within the nursing curricula. A significant finding was the lack of GBV content in the existing curricula, with participant input being crucial in identifying areas needing enhancement. This assessment guided the development of context-specific recommendations, ensuring that guidelines are practical and effective.

8.2.5 Step 5: Develop recommendations

Recommendations were developed by integrating stakeholder perspectives and evidence within Evidence to Decision frameworks. Professional Nurses and Nurse Lecturers contributed to formulating practical recommendations focused on improving nursing education through interactive, experiential learning.

8.2.6 Implementation and Challenges

Implementing these guidelines involves collaboration with educational institutions to address potential challenges such as resource constraints and institutional resistance. Strategies include securing funding, advocating for policy changes, and engaging stakeholders to champion guideline adoption. Acknowledging limitations, such as time constraints and the representativeness of stakeholders, is essential for refining the guidelines and ensuring their long-term success.

By adapting the guideline development process to the specific context of GBV in South African nursing curricula, this study provided a robust framework for enhancing nursing education and improving GBV management practices.

8.3 SCOPE AND INTENDED USERS

The proposed guidelines are designed primarily for Curriculum Developers at Higher Education Institutions (HEIs) in the City of Cape Town, with applicability to both public and private institutions involved in undergraduate nursing education. These guidelines aim to inform the integration of comprehensive GBV management into nursing-related modules, as well as co-curricular activities within undergraduate nursing. The scope is focused on the context of HEIs functioning as critical sites of healthcare provision and professional socialization for nursing students.

While the study was conducted within selected HEIs in Cape Town, the findings offer cautious insights that may be applicable to similar nursing education settings nationally. However, transferability beyond this geographical and institutional scope should be considered with caution due to variations in institutional policies, resources, and demographic factors (Maree 2016: 112). The guidelines are intended to support educators, nursing lecturers, and curriculum developers in enhancing GBV-related education to better prepare nursing students for clinical practice within South Africa's unique socio-cultural and legal environment.

8.4 PURPOSE AND RATIONALE

The purpose of these guidelines is to provide structured recommendations that support the inclusion of comprehensive GBV management education in nursing curricula and co-curricular offerings. This is in response to identified gaps in current curricula, where GBV content is either insufficiently represented or fragmented, limiting nurses' preparedness to effectively recognise and respond to GBV cases in clinical settings.

The rationale for developing these guidelines stems from the critical role nurses play as frontline healthcare providers in identifying and managing GBV, coupled with the absence of formalised and comprehensive training on this topic within existing nursing programs (Anderson 2024). The integration of these guidelines into nursing education has the potential to ensure that students acquire the necessary knowledge, clinical skills, and ethical competencies required for holistic GBV care. This includes the provision of psychosocial support, appropriate referral processes, and an understanding of medico-legal responsibilities (Cook, 2020: 1; Lausi et al., 2023: 9).

In the context of the recent implementation of the Bachelor of Nursing curriculum in South Africa, these guidelines provide a timely and relevant framework for strengthening GBV education within an evolving regulatory environment.

8.5 CURRICULUM CONTEXT AND COMPARISON: R425 AND R174 FRAMEWORKS

A key aspect informing these guidelines is the comparison between the previous R425 nursing curriculum and the current R174 framework approved by the South African Nursing Council (SANC). A documentary analysis of curriculum documents from one of the Higher Education Institutions involved in data collection revealed that the R425 curriculum explicitly included GBV as a standalone module, focusing on recognition, response, and management strategies. As this finding is based on institutional document analysis, no formal published reference is available. This dedicated focus facilitated comprehensive education on the multifaceted nature of GBV and its health impacts.

In contrast, the R174 framework integrates GBV content implicitly within broader health topics, lacking a distinct module or clear learning outcomes specific to GBV management (South African Nursing Council 2021a; 2021b). This shift has raised concerns regarding the visibility and emphasis of GBV education, with implications for students' ability to develop specialised competencies in this area (Muller and Bezuidenhout 2022: 45). The reduced explicit attention to GBV in the R174 curriculum may contribute to ongoing gaps in professional preparedness to manage GBV effectively in clinical practice.

This comparison underscores the need for targeted guidelines that address these curricular limitations by recommending the reintroduction of formal GBV education components, aligned with international best practices and contextualised for South African nursing education (World Health Organisation 2019b).

This curriculum context provides a critical foundation for developing targeted guidelines to address the identified gaps and enhance GBV education within nursing programs. The following section summarises the proposed guidelines that address these curricular challenges and study findings directly.

8.6 SUMMARY OF PROPOSED GUIDELINES

This section presents a consolidated overview of the proposed guidelines designed to inform the inclusion of comprehensive GBV management within nursing-related modules in undergraduate nursing curricula and co-curricular programmes. Table 8.1 serves as a summary matrix, outlining key guidelines directed at Curriculum Developers within Higher Education Institutions (HEIs).

The guidelines address multiple dimensions critical to enhancing GBV preparedness among nursing students, including foundational education, practical training, interdisciplinary collaboration, continuous professional development, and curriculum support. These recommendations stem from the empirical findings of this study, incorporating perspectives of professional nurses and nurse lecturers, and are aligned with international standards and best practices in GBV management (Dewidar *et al.* 2023: 190; World Health Organisation 2019b).

Key thematic areas covered by the guidelines include:

1. Integration of formal GBV education across undergraduate and postgraduate curricula to ensure nurses acquire essential recognition and response skills.
2. Development of dedicated modules on GBV to provide comprehensive content encompassing human rights, ethical considerations, legal frameworks, and management strategies.
3. Emphasis on interdisciplinary teaching involving social workers, psychologists, and community care workers to foster holistic care approaches.
4. Inclusion of practical experience through simulation exercises and structured clinical placements to build competence and confidence in managing GBV cases.
5. Provision of ongoing in-service training and specialised workshops to maintain up-to-date knowledge and support educators and students.
6. Adoption of innovative teaching methodologies, such as problem-based learning and role-play, to enhance student engagement and learning outcomes.
7. Regular curriculum review and educator support to ensure relevance, adaptability, and quality of GBV education.

The guidelines collectively aim to equip nursing students with the knowledge, skills, and attitudes necessary to effectively recognise, respond to, and manage GBV within clinical and community settings. By implementing these recommendations, HEIs can contribute to closing existing gaps in nursing education and improving healthcare responses to GBV in South Africa.

Table 8.1: Summarises these guidelines in detail, providing a clear framework for curriculum development and enhancement.

STAKEHOLDER	GUIDELINES
Higher Education and Training Institutions (HEIs)	1. Embed Mandatory GBV education in curricula (see 8.7.1.1)
	2. Establish a dedicated GBV module (see 8.7.1.2)
	3. Integrate ethical and human rights considerations (see 8.7.1.3)
	4. Implement interdisciplinary teaching (see 8.7.1.4)
	5. Include practical training and simulations (see 8.7.2.1)
	6. Provide structured clinical placements (see 8.7.2.2)
	7. Develop sensitive documentation protocols (see 8.7.2.3)
	8. Offer ongoing in-service training (see 8.7.3.1)
	9. Support educators and students with specialised workshops and policies (see 8.7.3.2)
	10. Use innovative teaching methods (see 8.7.4.1)
	11. Emphasise interdisciplinary collaboration on reporting and referrals (see 8.7.4.2)
	12. Regular curriculum review and updates (see 8.7.5.1)

8.7 PROPOSED GUIDELINES FOR CURRICULUM INTEGRATION

This section presents detailed guidelines for integrating comprehensive Gender-Based Violence (GBV) management into nursing undergraduate curricula and co-curricular programmes. Each guideline is grounded in empirical findings, supported by relevant literature, and designed to address identified gaps in nursing education.

8.7.1 Foundational Education

8.7.1.1 Guideline 1: Embed Mandatory GBV Recognition and Response Training Across Nursing Programmes

Nurses are often the first point of contact for GBV survivors seeking healthcare (World Health Organisation (WHO) 2019b). Formal education equips nurses with the knowledge and skills to identify and appropriately respond to GBV cases. The study highlighted the lack of formal GBV training as a significant barrier to effective care, underscoring the need to embed this content systematically within nursing programs.

Topics to cover include:

- Definitions and forms of GBV affecting all genders
- Recognition of clinical signs and psychosocial symptoms
- Dynamics of violence in intimate relationships
- Initial victim assessment and triage
- Safe communication strategies to encourage disclosure
- Tailoring care plans to individual needs
- Evaluating intervention effectiveness

Rationale: Structured education enhances nurses' preparedness and supports unbiased, empathetic care (Anderson 2024). Comprehensive training helps address survivors' reluctance to disclose due to stigma or hostile attitudes (Lausi *et al.* 2023: 9).

8.7.1.2 Guideline 2: Establish a dedicated module on GBV within the nursing curriculum to ensure comprehensive education.

A standalone GBV module allows for in-depth exploration of its multifaceted impact on physical, psychological, sexual, and reproductive health (Cook 2020: 1). Specialised modules improve students' ability to recognise and manage GBV effectively (Johnson and Lee 2023: 56). The omission of such a module in the transition from the R425 to the R174 curriculum highlights the need for re-establishment.

Topics to cover:

- Prevalence and health impacts of GBV
- Legal frameworks including the Sexual Offences Act and Victims Charter
- GBV management strategies and referral pathways
- Integration with other healthcare topics
- Evaluation and feedback mechanisms

Rationale: This approach ensures holistic education, preparing nurses to address GBV comprehensively (Smith 2022; Lausi *et al.* 2023: 9).

8.7.1.3 Guideline 3: Integrate ethical and human rights considerations into GBV education.

GBV fundamentally violates human rights such as the right to life and freedom from torture (Cook 2020: 1). Nursing curricula should prepare students to manage GBV with sensitivity, respect for autonomy, and ethical responsibility.

Topics to cover:

- Healthcare's role and systemic barriers in GBV response
- Nursing ethics related to confidentiality and informed consent
- Application of human rights frameworks
- Respect for cultural diversity and power dynamics

Rationale: Embedding ethics and human rights education fosters empathetic, victim-centred care essential for effective GBV management (Thompson 2024; Lausi *et al.* 2023: 9).

8.7.1.4 Guideline 4: Integrate interdisciplinary teaching involving social workers, psychologists, and community care workers.

Interdisciplinary collaboration is vital for the effective management of GBV. Incorporating social workers and psychologists into the teaching process ensures a holistic approach to care, addressing not just the medical but also the social and psychological needs of GBV survivors (Onyango and Elliott 2023: 2). Interdisciplinary

education enhances students' ability to manage complex social issues, such as GBV, and improve collaborative skills (Garcia and Martinez 2023: 46).

Topics to Cover:

- Referral Pathway Core Concepts
- Evidence collection and Referral Pathway Benefits
- Specialised Women's Support Services
- Collaborative case management involving multiple disciplines
- Understanding the roles of each discipline in GBV intervention
- Conflict resolution and negotiation skills in interdisciplinary settings
- Benefits and challenges of a multidisciplinary approach
- Developing collaborative care plans for GBV victims

Rationale: GBV is a multifaceted issue that benefits from a multidisciplinary approach, enriching students' understanding and preparing them for teamwork in healthcare settings (Davis 2022). Interdisciplinary collaboration enhances healthcare practitioners' ability to provide comprehensive support to GBV survivors (Lausi *et al.* 2023: 9). This approach ensures that the diverse needs of survivors, including medical, psychological, and social support, are effectively met.

8.7.2 Practical Training and Experience

8.7.2.1 Guideline 5: Incorporate practical experience and simulation exercises to provide hands-on GBV management training.

Simulations create a safe environment for nurses to practice sensitive skills, reinforcing theoretical knowledge. Nurses in the study valued practical experience from specialised units, advocating for simulation-based learning.

Topics to cover:

- Recognising GBV symptoms and signs
- Conducting sensitive inquiries about violence
- Medical examination and care procedures
- Use of documentation tools such as the J88 form

- Risk assessment and safety planning
- Crisis intervention and de-escalation role-plays
- Reflective practice and debriefing

Rationale: Practical and simulated training increases nurses' confidence and competence in managing GBV cases (Williams and Carter 2023: 67; Lausi *et al.* 2023: 9).

8.7.2.2 Guideline 6: Introduce structured practical training sessions and clinical placements focused on GBV management.

Structured placements and role-play sessions provide real-world exposure, fostering clinical competence and critical thinking.

Topics to cover:

- Screening techniques and criteria for GBV inquiry
- Developing safety plans with patients
- Multidisciplinary team collaboration
- Clinical exposure in shelters or specialised units
- Student evaluation and reflective feedback

Rationale: Hands-on experience is essential for skill development and improving confidence in managing GBV (Miller 2023: 172; Anderson 2022; Lausi *et al.* 2023: 9).

8.7.2.3 Guideline 7: Develop protocols for accurate and sensitive documentation of GBV cases.

Accurate documentation supports both medical care and legal processes (WHO 2019b). Protocols must address challenges such as incomplete disclosures while protecting confidentiality.

Topics to cover:

- Injury recording and classification
- Documentation ethics and legal implications
- Photography and evidence collection

- Techniques to elicit detailed disclosures with care
- Use of standardised templates

Rationale: Proper documentation improves case management quality and legal outcomes (Garcia and Murphy 2023: 35; Lausi *et al.* 2023: 9).

8.7.3 Advanced and Continuous Training

8.7.3.1 Guideline 8: Offer regular in-service training and workshops to keep nurses updated on GBV practices.

Ongoing education ensures nurses remain current on evolving GBV management research and techniques.

Topics to cover:

- Forensic examination updates
- Trauma-informed care advancements
- Use of technology in GBV management
- Self-care strategies for healthcare providers

Rationale: Continuous professional development maintains high-quality care standards (Smith 2023; Lausi *et al.* 2023: 9).

8.7.3.2 Guideline 9: Conduct specialised workshops and implement institutional policies supporting GBV education for educators and students.

Institutional backing fosters an environment conducive to learning and teaching GBV management.

Topics to cover:

- Risk assessment and safety planning
- Overcoming personal and systemic barriers
- Policy development and resource allocation
- Building advocacy and resilience skills

Rationale: Supportive policies and workshops enhance educational effectiveness despite challenges (Harris and Johnson 2023; Lausi *et al.* 2023: 9).

8.7.4 Innovative and Interdisciplinary Approaches

8.7.4.1 Guideline 10: Employ innovative teaching methods such as problem-based learning, role-play, and visual aids.

These methods increase engagement and retention of complex GBV topics.

Topics to cover:

- Interactive case scenarios
- Multimedia and gamification tools
- Workshop facilitation and seminars
- Assessment of teaching effectiveness

Rationale: Diverse approaches accommodate varied learning styles and promote active learning (Nguyen 2022; Kim and Park 2023: 88; Lausi *et al.* 2023: 9).

8.7.4.2 Guideline 11: Develop modules emphasising interdisciplinary collaboration for effective reporting, referral, and resource utilisation in GBV cases.

Collaboration with social workers, psychologists, and law enforcement is vital for holistic care.

Topics to cover:

- Roles of multi-disciplinary team members
- Communication strategies
- Legal and ethical reporting obligations
- Partnerships with community organisations

Rationale: Interdisciplinary collaboration ensures comprehensive survivor support and improves outcomes (Cook 2020: 1; Johnson and Stylianou 2022b: 507; Lausi *et al.* 2023: 9).

8.7.5 Curriculum Development and Support

8.7.5.1 Guideline 12: Regularly review and update the curriculum to maintain relevance and provide support for educators.

Ongoing evaluation and educator support improve GBV education quality and adaptability.

Topics to cover:

- Identifying and overcoming educational barriers
- Resources and training for educators
- Community involvement in curriculum development
- Monitoring impact on student learning

Rationale: Continuous curriculum review ensures alignment with evolving GBV knowledge and supports high teaching standards (Roberts 2023; Lausi *et al.* 2023: 9).

These guidelines ensure a comprehensive approach to integrating GBV management into nursing education, effectively preparing students for the complexities of GBV cases in their professional practice. By implementing these guidelines, nursing education programs can ensure that future nurses are well-prepared to address GBV in healthcare settings, fostering a more structured and practical approach to GBV management. These recommendations draw on both the qualitative insights from professional nurses and the supporting literature, ensuring a comprehensive and evidence-based approach to curriculum development.

Table 8.2 provides a summary of proposed guidelines that address the emerging themes from Professional Nurses and Nurse Lecturers.

Table 8.2: Proposed guidelines that address the emerging themes from Professional Nurses and Nurse Lecturers.

Themes	Proposed Guidelines
Professional Nurses: Enhancing Interdisciplinary Collaboration and support through effective reporting, referral, and resource utilisation	• Develop and include modules that emphasise interdisciplinary collaboration, focusing on effective reporting, referral, and resource utilisation in GBV cases.
Professional Nurses: Systemic, educational, and professional development barriers	• Develop protocols for accurate and sensitive documentation of GBV cases, addressing common challenges such as incomplete disclosures and insufficient information. • Offer regular in-service training and workshops to keep nurses updated on GBV management practices. • Conduct specialised training workshops and implement institutional policies that support educators and students in GBV education.
Professional Nurses: Competence and skill of professional nurses when dealing with GBV matters	• Incorporate practical experience and simulation exercises into the curriculum to provide hands-on GBV management training. • Introduce structured practical training sessions and clinical placements focused on GBV management.

Nurse Lecturers: Inclusion of GBV content in current nursing curricula	• Embed Mandatory GBV Recognition and Response Training Across Nursing Programmes • Establish a dedicated module on GBV within the nursing curriculum to ensure comprehensive education on the subject. • Regularly review and update the curriculum to incorporate comprehensive GBV education and provide support for educators. • Integrate ethical and human rights considerations into nursing curricula to inform GBV management.
Nurse Lecturers: Practical training and clinical placement for GBV response	• Incorporate practical experience and simulation exercises into the curriculum to provide hands-on GBV management training. • Introduce structured practical training sessions and clinical placements focused on GBV management.
Nurse Lecturers: Interdisciplinary approach for GBV management	• Integrate interdisciplinary teaching, involving social workers, psychologists, and community care workers. • Develop and include modules that emphasise interdisciplinary collaboration, focusing on effective reporting, referral, and resource utilisation in GBV cases.

Nurse Lecturers: Teaching strategies and methodologies for GBV preparedness in nursing	• Employ innovative teaching methods such as problem-based learning, role play, and visual aids to engage students. • Conduct specialised training workshops and implement institutional policies that support educators and students in GBV education.
Nurse Lecturers: Challenges and barriers in GBV preparedness for nurses	• Regularly review and update the curriculum to incorporate comprehensive GBV education and provide support for educators.
Nurse Lecturers: Strategies to overcome barriers in GBV preparedness for nurses	• Conduct specialised training workshops and implement institutional policies that support educators and students in GBV education.

8.7.6 Visual Flow of GBV Integration through the Nursing Degree

To illustrate the structured progression of GBV education throughout the nursing program, the following flowchart presents a comprehensive overview of how GBV-related knowledge and skills are integrated progressively across the four academic years. This visual representation highlights the shift from foundational concepts to advanced professional readiness, aligning with the detailed guidelines outlined above.

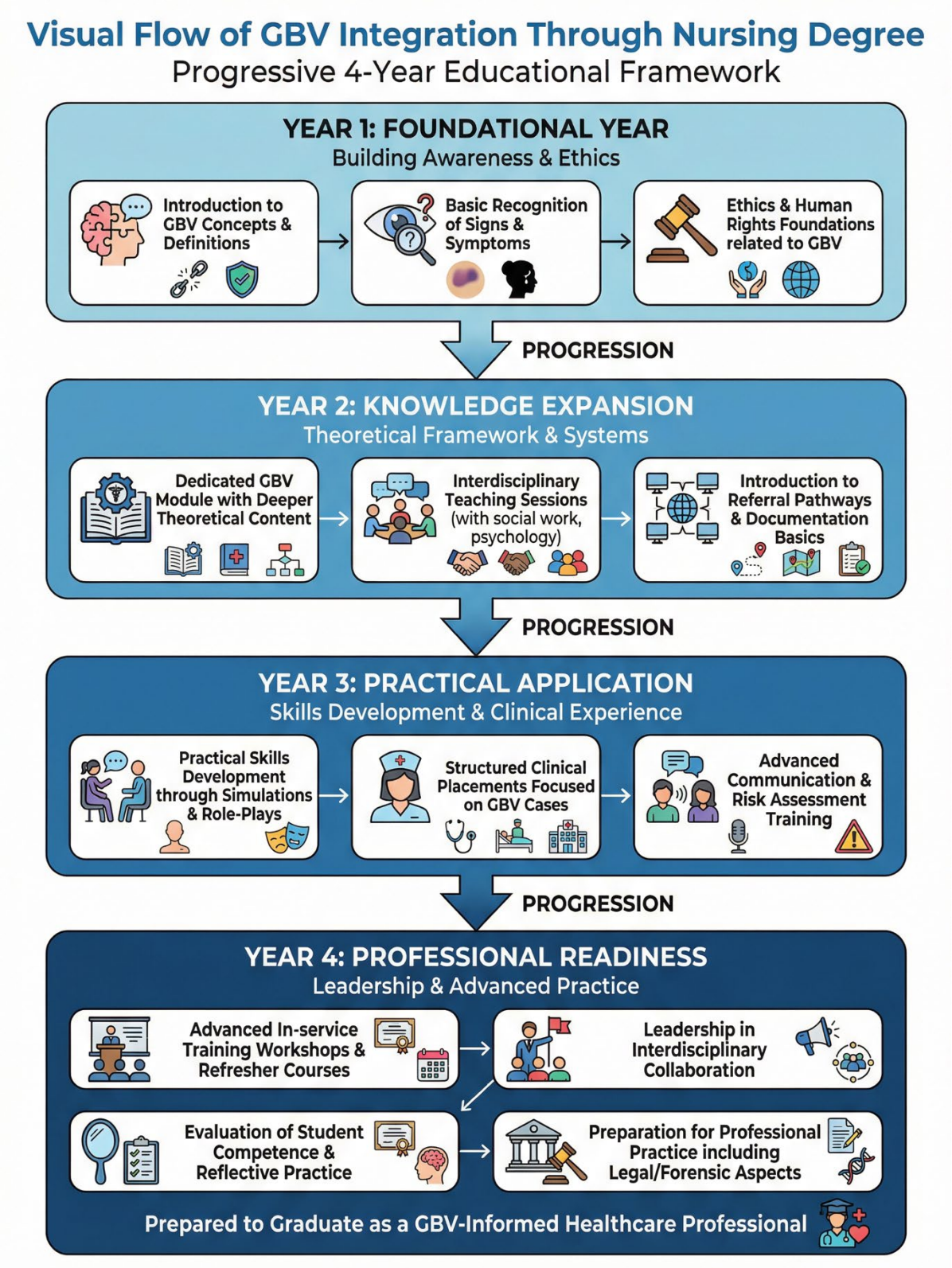


Figure 8.2: Visual Flow of GBV Integration through the Nursing Degree

Source: Compiled by the researcher

Summary of the Visual Flowchart

The infographic depicts the progressive integration of GBV training through the 4-year nursing degree program:

- **Year 1 (Foundation):** Introduction to GBV concepts, basic recognition skills, and ethics/human rights foundations.
- **Year 2 (Knowledge Expansion):** Dedicated GBV modules, interdisciplinary teaching, and introduction to referral systems.
- **Year 3 (Practical Application):** Hands-on skills development through simulations, clinical placements, and advanced communication training.
- **Year 4 (Professional Readiness):** Advanced workshops, leadership development, competency evaluation, and legal/forensic preparation.

Using a professional healthcare colour scheme and clear progression arrows, the flowchart effectively organises content by year, making it easy to understand how GBV education builds from foundational awareness to professional competency throughout the nursing program.

8.8 ANALYSIS AND EVALUATION OF THE GUIDELINES

This study set out to develop guidelines to help weave knowledge, skills, and attitudes about GBV into nursing education and practice at higher education institutions. It also aimed to pinpoint best practices that could enhance existing approaches to GBV prevention and response, both at home and abroad.

The proposed guidelines were subjected to a rigorous appraisal to enhance their credibility and reliability. This appraisal process used a guideline and framework with predefined criteria, allowing for a systematic assessment of the quality used and alignment with the study's objectives. This framework enables the assessment and comparison of guidelines using consistent criteria, enhancing the transparency and rigor of the evaluation. As Graham and Harrison (2005: 214; Thomas 2017: 38) note, evaluating guidelines allows readers to draw informed conclusions about their validity and potential impact. Thomas (2017: 38) outlines eleven characteristics to ensure the effectiveness of the guidelines. The table below aims to present these characteristics.

Table 8.3: Thomas' Characteristics for effective guideline development and evaluation (Thomas 2017: 38)

Characteristics	Explanations
Clarity	Guidelines must be clearly written and easily understood by the intended audience, including professional nurses, nurse lecturers, and other relevant stakeholders. Ambiguity can hinder implementation and reduce the effectiveness of the guidelines. Recommendations should be supported by rationale to ensure clarity.
Comprehensiveness	The guidelines should address all relevant aspects of GBV prevention and response within HEIs. This includes recognition, assessment, intervention, and referral protocols, leaving no critical area unaddressed.
Applicability	The extent to which the guidelines can be readily implemented within existing healthcare and educational settings is crucial. This considers the available resources, infrastructure, and potential barriers to implementation.
Credibility:	The guidelines must be based on sound evidence and expert consensus, reflecting current best practices in GBV prevention and response. Credibility is enhanced through rigorous literature reviews, consultation with experts, and consideration of stakeholder input.
Reproducibility	Triangulating the study's findings will strengthen the guidelines, ensuring they consistently reflect the same recommendations drawn from the research.
Representative Development	Guideline development should include the stakeholders of research teaching and lecturing in nursing.
Meticulous Documentation	The development of the guidelines should include details about the participants, the methods employed, and how the recommendations relate to the study's findings.

Clinical Flexibility	Student training outcomes should be taken into consideration to ensure that the developed guidelines are clinically flexible.
Scheduled and Unscheduled Review	Before being shared for use, the developed guidelines should be reviewed and validated by experts in the field, like research supervisors. As these guidelines are implemented in nursing programs, regular reviews and updates will be carried out worldwide to keep up with evolving trends and ensure research teaching methods remain current and effective.

By evaluating the guidelines against these characteristics, this study sought to ensure that they are evidence-based, practical, but also relevant, adaptable, and likely to improve GBV prevention and response in HEIs.

8.9 DISSEMINATION OF THE PROPOSED GUIDELINES

To maximise the impact of this research, the developed guidelines will be actively disseminated to key stakeholders involved in addressing GBV within HEIs in Cape Town. These stakeholders include professional nurses working in student and staff Campus Health Clinics, nurse lecturers involved in undergraduate curriculum development, student affairs personnel, and relevant administrative staff within HEIs.

Dissemination strategies will include:

1. **Distribution of the Thesis:** Both hard and soft copies of the complete thesis document will be made accessible through the Durban University of Technology library, providing a comprehensive resource for researchers, practitioners, and policymakers interested in GBV prevention and response in HEIs.
2. **Publication of Research Papers:** Key findings and recommendations from this study will be submitted for publication in peer-reviewed journals, increasing the visibility and impact of research within the academic community. Presentations at relevant conferences and workshops will further disseminate these findings to a broader audience of healthcare professionals and educators.

3. **Integration into Nursing Curriculum:** Steps will be taken to embed the guidelines into the undergraduate nursing curriculum, so future nurses gain the knowledge, skills, and attitudes to identify and address GBV confidently. This will involve working closely with the South African Nursing Council to integrate the guidelines into current courses and strengthen GBV response training. The guidelines will be available online through a dedicated website or institutional repository, providing easy access to stakeholders both within and outside the university. This will include a user-friendly format that allows for easy downloading and printing.
4. **Targeted Workshops and Training Sessions:** Workshops and training sessions will be conducted for professional nurses and other relevant staff within HEIs to provide practical guidance on implementing the guidelines in their daily practice. These sessions incorporate interactive activities, case studies, and opportunities for discussion and feedback.

This multi-faceted dissemination strategy aligns with the World Health Organisation's (WHO) recommendations for effective guideline dissemination (World Health Organisation 2012: 51), ensuring that the research findings reach a wide range of audiences and contribute to improved GBV prevention and response in HEIS. Although translation into multiple languages is beyond the scope of this project, the potential for future adaptation and dissemination in other contexts will be explored.

8.10 PROPOSED RECOMMENDATIONS TO THE SOUTH AFRICAN NURSING COUNCIL:

To address the gaps identified in this research concerning the inadequate inclusion of Gender-Based Violence (GBV) management in there are some recommendations for the South African Nursing Council regarding the bachelor of nursing curricula, here are some recommendations for the South African Nursing Council. These recommendations are grounded in these findings to better prepare nurses for managing GBV cases.

Table 8.4 presents a concise overview of the suggested recommendations.

Table 8.4: Proposed recommendations to the South African Nursing Council (SANC) to ensure the inclusion of comprehensive GBV management into the nursing-related modules within the nursing undergraduate curricula and co-curricula

STAKEHOLDER	RECOMMENDATIONS
South African Nursing Council (SANC)	1. Incorporate GBV Management into Core Curriculum
	2. Enhance Work Integrated Learning (WIL) with GBV Focus
	3. Develop Comprehensive Assessment Tools for GBV Competencies
	4. Faculty Training and Development
	5. Engage Stakeholders for Curriculum Development

8.10.1 Recommendation 1: Incorporate GBV Management into Core Curriculum:

Revise the curriculum guidelines to include GBV management as a core component of nursing education. This should include the theoretical knowledge and practical skills required for effective GBV interventions. Studies indicate that healthcare providers with formal training in GBV are more confident and effective in managing such cases (World Health Organisation (WHO) 2019b).

Rationale: Current guidelines lack explicit mention of GBV, as highlighted in the Curriculum Submission Template and Nursing Education and Training Standards documents (South African Nursing Council 2021b). Including GBV in the core curriculum ensures that all nursing graduates are equipped to handle such situations.

8.10.2 Recommendation 2: Enhance Work Integrated Learning (WIL) with GBV Focus:

Integrate GBV management into Work Integrated Learning (WIL) programs to provide students with real-world experience of GBV cases. Practical exposure during training

has improved competency in managing GBV (Jina, Thomas and Mouton 2020: 714). The Bachelor's Degree in Nursing and Midwifery Qualification improved WIL but lacks specific guidance on GBV (South African Nursing Council 2021a). Including GBV in WIL will bridge the gap between theory and practice.

8.10.3 Recommendation 3: Develop Comprehensive Assessment Tools for GBV Competencies:

Create specific assessment tools to evaluate students' competencies on and response. Targeted as competencies assessments have been proven to enhance learning outcomes in specialised areas of healthcare (Brown, Belfield and Field 2018).

Rationale: Existing assessments focus on general competencies without a specific reference to the GBV (South African Nursing Council 2021a). Tailored assessments ensure that students meet the necessary standards for GBV management.

8.10.4 Recommendation 4: Faculty Training and Development:

Implement training programs for educators to ensure they can effectively teach GBV-related content. Professional development for educators is crucial for effective curriculum delivery (Kirkpatrick and Kirkpatrick 2006).

Rationale: Faculty members require adequate preparation to deliver comprehensive GBV education.

8.10.5 Recommendation 5: Engage Stakeholders for Curriculum Development:

Collaborate with stakeholders, including GBV experts, NGOs, and policymakers, to develop a curriculum that reflects current needs and practices. Multi-stakeholder involvement in curriculum design has improved educational relevance and effectiveness (Frenk, Chen, Bhutta, Cohen, Crisp, Evans and Zurayk 2010: 1325).

Rationale: Engaging diverse stakeholders provides a comprehensive perspective on GBV management.

These recommendations, supported by evidence and research, support the current nursing education framework, ensuring that future nurses are better prepared to effectively manage GBV.

8.11 Manage GBV effectively

This chapter presents guidelines for incorporating GBV management in nursing undergraduate curricula and co-curricula. The guidelines are based on a study that analysed challenges faced in recognising and responding to GBV, examining existing nursing curricula, identifying gaps, and exploring nursing lecturers' recommendations in curriculum development. They are recommended for Curriculum Developers from Higher Education and Training Institutions (HEIs) to ensure undergraduate nursing students are trained to recognise and respond to GBV, primarily by identifying and managing signs of violence in their patients.

Efforts will focus on embedding the guidelines into the undergraduate nursing curriculum to ensure future nurses develop the knowledge, skills, and attitudes to identify and respond to GBV confidently. The process will include close collaboration with the South African Nursing Council to incorporate the guidelines into existing courses and enhance GBV response training. Healthcare professionals must be knowledgeable about GBV and provide appropriate care and referrals to relevant service providers.

Healthcare facilities and providers must ensure that the minimal requirements are met when enquiring about GBV and prioritising safety. After revealing GBV, health care professionals must conduct medical evaluations and offer medical treatment. Empathy from care providers can aid in the emotional healing process following an assault. Inadequate collaboration between healthcare providers and law enforcement officials can lead to loss of crucial evidence.

Health practitioners play a crucial role in referring victims to specialised support services, which can assist them in assessing their risk and creating safety plans. A multi-sectoral approach is essential for ensuring complete care for survivors of GBV, with standardised care pathways and women's organisations playing a vital role in the

multi-sectoral response. Chapter 9 presents the conclusions, recommendations, and limitations of this study.

8.12 INTEGRATED PRESENTATION AND DISCUSSION OF GUIDELINES

The proposed guidelines presented herein were developed through an integrated analysis of data from professional nurses, nurse lecturers, and documentary reviews. Each guideline reflects a synthesis of these sources, ensuring relevance and practicality. For instance, the emphasis on interdisciplinary collaboration arises from nurses' accounts of challenges in referral systems and lecturers' calls for integrated teaching, supported by documentary evidence advocating multi-sectoral approaches (WHO 2019b; SANC 2021a). This integrated approach ensures that guidelines address both educational and clinical realities, fostering comprehensive GBV management education.

CHAPTER NINE
CONCLUSION, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

9.1 INTRODUCTION

The final chapter of this study delves into the practical applications and broader implications of the research findings, focusing on advancing nursing education and practices concerning GBV management. This chapter combines the developed guidelines and recommendations to bridge the gaps identified within the nursing curricula. By addressing the integration of comprehensive GBV education, this chapter underscores the critical roles of interdisciplinary collaboration, practical training, and continuous curriculum development. It provides a roadmap for curriculum planners, policymakers, healthcare practitioners, and educational administrators to implement these guidelines effectively. The recommendations outlined catalytic reform, emphasising the need for educational frameworks responsive to societal challenges and equipped to prepare future nurses for real-world scenarios. This chapter also considers how the study adds to existing knowledge, recognises its limitations, and proposes directions for further research. This thorough approach aims to equip nursing professionals to provide compassionate and skilled care to survivors of GBV.

9.2 THE AIMS AND OBJECTIVES OF THE STUDY

The study's first aim was to assess the current state of preparedness among Professional Nurses employed in student and staff Campus Health Clinics in HEIs. The second aim was to explore the recommendations of nursing lecturers on enhancing nursing curricula that can equip future Professional Nurses with the knowledge, skills, and attitudes necessary to recognise and respond effectively to GBV. The ultimate aim was to develop guidelines for integrating comprehensive GBV management into nursing-related modules within the undergraduate nursing curricula and co-curricula, ensuring a more structured and practical approach to addressing GBV in healthcare settings.

Objectives of the study

1. Assess the preparedness of Professional Nurses employed at HEIs' Campus Health Clinics in recognising and responding to gender-based violence.
2. Identify challenges encountered by these nurses in managing GBV cases within academic settings.
3. Examine the extent and manner in which GBV content is included in current nursing curricula.
4. Determine gaps in nursing education related to GBV from the perspectives of both nurses and lecturers.
5. Explore nursing lecturers' recommendations for improving GBV-related education within nursing programs.
6. Develop guidelines to inform the integration of comprehensive GBV management into undergraduate nursing curricula and co-curricular activities.

9.3. RECOMMENDATIONS

9.3.1 Recommendations for nursing education and nursing practice

Integrating thorough GBV management training into nursing education is crucial for preparing nurses to handle the challenges they'll face in clinical practice. The developed guidelines provide a structured framework for embedding GBV education across various levels of nursing programs, ensuring that students acquire both theoretical understanding and practical skills. Formal education on GBV should encompass the multifaceted nature of the issue, covering topics such as the psychological, social, and medical dimensions of violence. By integrating these components into core curricula, nursing students can develop a holistic perspective on GBV, understanding its impact on individuals and communities. This foundational knowledge is crucial for fostering empathy and enhancing the capacity of future nurses to deliver sensitive and informed care to survivors.

Hands-on training plays a crucial role in these guidelines, aiming to close the gap between theory and real-world practice. Activities like simulated exercises, role-playing, and clinical placements in settings with frequent GBV cases significantly boost students' preparedness. These practical opportunities let nursing students hone essential risk assessment, safety planning, and trauma-informed care skills. Simulations create a safe space for learners to build confidence and competence by

practising without real-world consequences. Meanwhile, well-structured clinical placements expose students to the realities of GBV care, enabling them to observe and participate in multidisciplinary efforts and gain a richer understanding of teamwork in patient support.

Interdisciplinary collaboration is another cornerstone of the guidelines, emphasising the importance of working alongside social workers, psychologists, and other professionals in managing GBV cases. Such joint training sessions can be facilitated through collaborative workshops, integrated modules within nursing curricula, and shared clinical placements or simulation exercises in settings where multiple disciplines converge, such as campus health clinics, community health centres, and specialised GBV care units. Nursing students should be encouraged to engage in these multidisciplinary learning opportunities, learning to coordinate care and communicate effectively within a team. This collaborative approach enriches the educational experience and mirrors the integrated care model necessary to address GBV comprehensively. Highlighting teamwork across disciplines in nursing programs equips future nurses to handle the challenges of GBV cases with greater skill, which ultimately improves outcomes for those affected.

9.3.2 Recommendations for the use of the developed guidelines:

- **Curriculum Integration:** It is recommended that higher education and training institutions consider integrating the developed guidelines into their nursing curricula. Such integration would support comprehensive coverage of GBV management in both undergraduate and postgraduate nursing programs, emphasising theoretical knowledge alongside practical skills.
- **Nurse Educator Training:** Nursing educators should be trained to deliver GBV-related content effectively. This includes thoroughly understanding the guidelines and being equipped with the tools and methodologies necessary to teach this sensitive subject matter.
- **Institutional Adoption:** Universities and nursing schools should adopt institution-wide guidelines to foster an environment prioritising GBV education. This adoption can be facilitated through workshops, seminars, and continuous professional development opportunities.

- **Policy Development:** Policymakers, such as the Department of Health, and statutory bodies like the South African Nursing Council (SANC), should use the guidelines as a foundation for developing regulations and standards that mandate the inclusion of GBV management in nursing education. This collaboration would help ensure a standardised approach across all educational institutions.
- **Resource Allocation:** Institutions should allocate resources towards the implementation of these guidelines, including funding for training programs, development of educational materials, and support systems for both educators and students.
- **Monitoring and Evaluation:** Set up systems to oversee how the guidelines are implemented and assess their effects on nursing education and clinical work. Regular feedback loops from students, educators, and healthcare professionals should inform ongoing guideline improvements.
- **Collaborative Networks:** Encourage the formation of collaborative networks among educational institutions, healthcare organisations, and community leaders to share best practices and resources related to GBV management education.
- **Public Awareness:** Leverage the guidelines to shape public health campaigns and community education initiatives, increasing awareness of healthcare professionals' roles in preventing and responding to GBV.
- **Flexible Implementation:** Recognise the need for flexibility in how the guidelines are implemented, allowing for adaptations based on specific institutional contexts, regional needs, and available resources.

These recommendations aim to guarantee the guidelines are applied effectively to close gaps in nursing education around GBV, thereby improving the care survivors receive and supporting broader efforts to fight GBV in society.

9.3.3 Recommendations for curriculum planners

Curriculum planners in nursing education must leverage the guidelines developed from this study to design, structure, and revise academic programs to address societal challenges like GBV better. This involves:

- Integrating GBV content into core modules, such as ethics, community health, mental health, and primary healthcare.
- Developing specialised elective modules focused entirely on GBV, including theoretical and practical aspects.
- Encouraging interdisciplinary teaching involving social workers, psychologists, legal experts, and public health professionals.
- Utilising problem-based learning (PBL) and simulation-based education to prepare students for real-life scenarios involving GBV cases.

9.3.4 Recommendations for policymakers

Policymakers at the national and provincial levels can use the findings of this research to

- Mandate the integration of GBV-related training within the national nursing education framework.
- Formulate and revise accreditation standards that require nursing institutions to include GBV training in their curricula.
- Provide funding and resources to support curriculum transformation, capacity building, and monitoring implementation.
- Promote multi-sectoral policies that align health, education, social development, and justice systems to ensure a comprehensive GBV response.

9.3.5 Recommendations for institutional administrators

University executives, nursing deans, and programme directors are encouraged to:

- Support the adoption and implementation of GBV content in academic and cocurricular programmes.
- Facilitate faculty development workshops to ensure educators are well-prepared to teach GBV-related content with sensitivity and depth.
- Invest in simulation labs and practical training platforms that allow students to practice responding to GBV in safe, supervised environments.
- Promote a zero-tolerance culture regarding GBV and ensure institutional values reflect this stance.

9.3.6 Recommendations for healthcare practitioners

Continuous professional development (CPD) for nurses and allied health professionals should include:

- Comprehensive training on GBV recognition, management, and referral pathways.
- Workshops on trauma-informed care, legal reporting obligations, and multidisciplinary collaboration.
- Regular refresher courses to update practitioners on evolving best practices and policies related to GBV.
- Encouraging practitioners to act as mentors or role models for nursing students in clinical settings to deal with GBV-related cases.

9.3.7 Recommendations for nursing students

Students should be empowered through:

- Integrated learning opportunities that address GBV from clinical, ethical, legal, and psychosocial perspectives.
- Participation in interactive sessions, role-playing, and community outreach activities focused on GBV awareness and response.
- Encouragement to engage in research and advocacy projects related to GBV to strengthen their understanding and develop critical thinking skills.
- Exposure to case studies and simulations reflecting real-world GBV scenarios enhances preparedness and confidence.

9.3.8 Recommendations for GBV survivors

Survivors must receive care from professionals trained in GBV sensitivity. This includes:

- Ensuring nurses and healthcare staff provide non-judgmental, empathetic, and holistic care.
- Creating safe spaces within healthcare settings where survivors feel supported and understood.

- Training nurses to facilitate referrals to psychosocial, legal, and shelter services.
- Advocating for survivor-centred protocols that prioritise confidentiality, autonomy, and empowerment.

9.3.9 Recommendations for Public Health organisations

Public health departments and NGOs can utilise a trained workforce to:

- Develop and implement community-based GBV awareness campaigns.
- Mobilise healthcare professionals for outreach services and early intervention programs.
- Partner with educational institutions to monitor and evaluate GBV response initiatives.
- Promote a preventive public health approach that addresses root causes and societal norms related to GBV.

9.3.10 Recommendations for community leaders and organisations

Community-based stakeholders play a crucial role in shaping social norms. Their involvement includes:

- Using data and findings from this study to design tailored community education programs on GBV.
- Establishing community support groups and referral networks in collaboration with healthcare and legal systems.
- Advocating for grassroots interventions that include men and boys in GBV prevention efforts.
- Enhancing trust and dialogue between healthcare providers and the communities they serve.

9.3.11 Recommendations for legal and law enforcement agencies

Law enforcement must work in partnership with trained healthcare providers to:

- Ensure a holistic, survivor-focused legal process, including proper documentation and forensic procedures by trained nurses.

- Provide joint training programs that bridge healthcare and legal systems for efficient GBV case handling.
- Create protocols for interdisciplinary collaboration in which healthcare professionals are actively involved in the legal investigations of GBV.
- Improve the accessibility of justice for survivors through sensitive interviewing, secure evidence collection, and prompt responses.

9.3.12 Recommendations for future research

Future research should focus on examining the long-term impacts of integrating. GBV management in nursing curricula on healthcare outcomes. This exploration is crucial for understanding how enhanced education on GBV translates into real-world improvements in patient care and support for survivors. Longitudinal studies could track cohorts of nursing graduates who have received comprehensive GBV training, evaluating their effectiveness in clinical settings over time. Such research could measure various outcomes, including the quality of care provided to GBV survivors, the nurses' ability to identify and intervene in GBV cases, and the overall impact on patient satisfaction and recovery. By providing empirical evidence of the benefits of GBV-focused education, these studies could further underscore the importance of curricular reforms and justify allocating resources to this critical area of healthcare training.

In addition to evaluating healthcare outcomes, future research should investigate the effectiveness of interdisciplinary approaches in GBV education. Understanding how collaboration between different fields, such as nursing, social work, psychology, and law, enhances healthcare professionals' educational experiences and preparedness is essential. Studies could explore how interdisciplinary teaching methods and joint training sessions affect students' collaborative ability to manage GBV cases. Furthermore, the role of technology in enhancing learning experiences should be examined. Research could focus on how digital tools, e-learning platforms, and virtual simulations contribute to a more engaging and effective educational process. By analysing these aspects, future research can offer insights into innovative teaching strategies and collaborative models that maximise healthcare professionals'

preparedness to tackle GBV, ultimately leading to more comprehensive and empathetic care for survivors.

9.4 CONTRIBUTION OF THE STUDY TO THE BODY OF KNOWLEDGE

This study contributes substantially to the body of knowledge by meticulously identifying and highlighting critical gaps in the current nursing education landscape regarding Gender-Based Violence (GBV) management. By conducting a thorough analysis of curriculum documents, engaging with professional nurses, and reviewing existing educational practices, the research uncovers significant deficiencies in the theoretical and practical training provided to nursing students. These gaps underscore the pressing need for a comprehensive overhaul of nursing curricula to include focused GBV content, ensuring that future healthcare professionals are sufficiently prepared to address and manage such cases effectively.

A critical analysis of the South African Nursing Council's curriculum frameworks reveals substantive differences between the former R425 Diploma curriculum and the current R174 Bachelor of Nursing curriculum. Documentary evidence shows that the R425 curriculum (South African Nursing Council 2012) incorporated GBV-related content primarily within community health and forensic nursing modules, providing explicit learning outcomes on recognising and responding to GBV. In contrast, the R174 curriculum (South African Nursing Council 2021a) notably reduces explicit GBV content, instead embedding it implicitly within broader clinical practice outcomes. This regulatory silence and reduced curricular visibility have contributed to gaps in nurses' preparedness to manage GBV effectively, underscoring the necessity of the guidelines developed in this study.

Theoretically, this research contributes to curriculum theory by illustrating how explicit curricular visibility and content emphasis directly influence learner competence in sensitive health topics like GBV. Furthermore, it extends practice-readiness frameworks by demonstrating the importance of integrating experiential learning and formal content to prepare nursing students adequately for complex clinical realities involving GBV. These contributions deepen understanding of how curriculum design and institutional accountability affect professional preparedness and patient care outcomes.

This study goes beyond merely identifying these gaps; it offers evidence-based recommendations and meticulously crafted guidelines to integrate GBV education into nursing programs. These recommendations are grounded in empirical findings and provide a robust framework for educational institutions. By detailing specific curricular components, such as dedicated modules, practical training exercises, and interdisciplinary approaches, the study lays out a clear pathway for enhancing nursing students' preparedness. This proactive approach equips future nurses with the critical skills and knowledge to provide sensitive, informed, and effective care to GBV survivors.

Furthermore, the study emphasises the vital role of interdisciplinary collaboration and continuous education in managing GBV cases effectively. It supports bringing social workers, psychologists, and other experts into the training process to build a comprehensive understanding of GBV and encourage teamwork in care. By stressing continuous education and professional growth, the study promotes a flexible and up-to-date approach to managing GBV, helping healthcare workers stay current with new insights and effective methods. This comprehensive contribution enriches the academic discourse surrounding nursing education and GBV, and catalyses meaningful changes in healthcare practices.

9.5 LIMITATIONS OF THE STUDY

While this study provides valuable insights into the integration of GBV management into nursing education, several limitations must be acknowledged:

a) **Geographic Scope**:
   The research was conducted at two higher education institutions in the Western Cape, South Africa, within a particular geographic and institutional setting. Because of this, the findings might not easily apply to other regions or countries where the education systems, cultures, and healthcare structures differ. Differences in policies, available resources, and social norms could influence how well the recommendations fit elsewhere.

b) **Self-reported data:**

The study relied heavily on self-reported data from participants, including nursing educators and professional nurses. This approach may introduce a response bias, as participants might overestimate or underestimate their knowledge, attitudes, or practices due to social desirability, recall bias, or fear of judgment.

c) **Stakeholder Representation**:

The study primarily focused on the perspectives of nursing education stakeholders, potentially overlooking the views of other key players in GBV management such as social workers, psychologists, legal professionals, survivors, and community-based organisations. Including these perspectives could offer a more holistic understanding of the challenges and opportunities in GBV education.

d) **Cross-Sectional Design**:

The study employed a cross-sectional design, gathering data at one specific moment, which restricts its capacity to track changes or progress in knowledge, attitudes, and practices over a period. A longitudinal design would offer more profound insight into the sustained impact of curriculum interventions on GBV management competencies.

e) **Curriculum Evaluation Constraints**:

The evaluation of the nursing curricula for GBV content was based on available documentation and self-reporting by educators. There may be discrepancies between the stated curriculum content and actual teaching practices, which could affect the accuracy of the curriculum assessment.

f) **Limited Practical Observation**:

Due to logistical constraints, the study did not include direct observation of teaching or clinical practice related to GBV management. Observational data could have enriched these findings by providing evidence of how GBV-related content is delivered and applied in real-world educational or healthcare settings.

9.6 RESEARCHER'S REFLECTION

Reflecting on this research journey, I am struck by the profound need for educational reform in nursing curricula to address Gender-Based Violence (GBV). Analysing curriculum documents, conducting interviews, and developing guidelines have been challenging and enlightening. I appreciate the intricate balance required to integrate sensitive issues such as GBV into formal education while considering the emotional and ethical implications for educators and students. Engaging with various stakeholders, including professional nurses and nurse lecturers, has deepened my understanding of real-world challenges faced in healthcare settings. This research has strengthened my conviction that education can drive social change, especially by equipping healthcare professionals to support survivors of GBV better. The study's findings and recommendations are set to guide policy updates and encourage educational institutions to take a more thorough approach to GBV management, improving the care available to those who need it most.

9.7 CONCLUSION

The study underscores the urgent need for comprehensive and structured education on gender-based violence within nursing curricula. By addressing the identified educational gaps and implementing the proposed guidelines, nursing education can be improved to prepare healthcare professionals for the complexities of GBV cases. This transformation will enhance the quality of care provided to survivors and contribute to broader societal efforts to prevent and address GBV.

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APPENDICES

Appendix 1: University Ethics Clearance

Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

6 December 2024

Mr S D Hlope
1 Bester Road
Belville South
Cape Town
7530

Dear Mr Hlope

Preparedness of Professional Nurses to recognize and respond to gender-based violence in Higher Education Institutions in the City of Cape Town, South Africa
Ethics Clearance Number: 073/24

The DUT-Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of your data collection tool.

Kindly ensure that participants used for the pilot study are not part of the main study.

In addition, the DUT-IREC acknowledges receipt of your gatekeeper permission letters.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the DUT-IREC according to the DUT-IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the DUT-IREC as outlined in the DUT-IREC SOP's.

It is compulsory for a student or researcher to apply for recertification on an annual basis. The failure to do so will result in withdrawal of ethics clearance. It is the responsibility of the researcher and the supervisor to apply for recertification.

Please note that you are required to submit a Notification of Completion of Study form together with an abstract to the DUT-IREC office on completion of your study.

Yours Sincerely

Professor P Mashau
Chairperson: DUT-IREC

Appendix 2a: Permission Letter to Universities

Appendix 2a: Permission Letter to Universities

1 Bester Road
Bellville South
Cape Town
7530

The Chairperson
The University Ethics Committee

Re: REQUEST FOR PERMISSION TO CONDUCT STUDY

I am currently registered as a Doctoral student with the Durban University of Technology with the Department of Nursing. The proposed title of my research study is **Preparedness of Professional Nurses to recognize and respond to gender-based violence in Higher Educations Institutions in the City of Cape Town, South Africa.** The aim of this study is to determine the current state of preparedness among Professional Nurses employed in student and staff Campus Health Clinics in HEIs including knowledge, skill, and resources utilised by the professional nurse related to GBV recognition and response. The second aim is to explore what are the recommendations of nursing lecturers in the development of nursing curricula that equips future Professional Nurses with the knowledge, skills, and attitudes necessary to recognise and respond effectively to GBV. Furthermore, the study seeks to develop guidelines for additional inclusion of comprehensive GBV management into the nursing-related modules within the nursing undergraduate curricula and co-curricular.

The data for this study will be collected via interviews with the Professional Nurses working at the Campus Health Clinics at the selected universities and Nurse lecturers the Department of Nursing who lecture the Social Science modules or related modules with GBV content at Universities in the City of Cape Town. The researcher, therefore, seeks to provide a detailed description of participants' perspectives regarding GBV that can assist in preparing nurses to recognise and respond to gender-based violence.

I hereby request your permission to conduct a study at your institution and enclose a copy of my proposal and supporting documentation for your perusal. Your support and permission will be appreciated. The supervisors of this project are Dr. V Naidoo and Dr. N Naranjee and both can be respectively contacted at VasanthrieN@dut.ac.za, or NellieN1@dut.ac.za.

Yours Sincerely

Mr Siphesihle Delani Hlophe
Email: nursesiphe@gmail.com
Tel: +27 66 202 5953

Appendix 2B: Approval Letter from Institution One (1)

UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvennoot • your knowledge partner

INSTITUTIONAL PERMISSION:

AGREEMENT ON USE OF PERSONAL INFORMATION IN RESEARCH

Name of Researcher: Siphesihle Hlophe

Name of Research Project: Preparedness of Professional Nurses to recognize and respond to gender-based violence in Higher Education Institutions in the City of Cape Town, South Africa

Service Desk ID: IG - 4773

Date of Issue: 17 October 2024

The researcher has received institutional permission to proceed with this project as stipulated in the institutional permission application and within the conditions set out in this agreement.

1 WHAT THIS AGREEMENT IS ABOUT	
What is POPI?	1.1 POPI is the Protection of Personal Information Act 4 of 2013. 1.2 POPI regulates the entire information life cycle from collection, through use and storage and even the destruction of personal information.
Why is this important to us?	1.3 Even though POPI is important, it is not the primary motivation for this agreement. The privacy of our students and employees are important to us. We want to ensure that no research project poses any risks to their privacy. 1.4 However, you are required to familiarise yourself with, and comply with POPI in its entirety.

What is considered to be personal information?	1.5 'Personal information' means information relating to an identifiable, living, individual or company, including, but not limited to: 1.5.1 information relating to the race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the person; 1.5.2 information relating to the education or the medical, financial, criminal or employment history of the person; 1.5.3 any identifying number, symbol, e-mail address, physical address, telephone
	number, location information, online identifier or other particular assignment to the person; 1.5.4 the biometric information of the person; 1.5.5 the personal opinions, views or preferences of the person; 1.5.6 correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence; 1.5.7 the views or opinions of another individual about the person; and 1.5.8 the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.

Some personal information is more sensitive.	1.6 Some personal information is considered to be sensitive either because: 1.6.1 POPI has classified it as sensitive; 1.6.2 if the information is disclosed it can be used to defraud someone; or 1.6.3 the disclosure of the information will be embarrassing for the research subject. 1.7 The following personal information is considered particularly sensitive: 1.7.1 Religious or philosophical beliefs; 1.7.2 race or ethnic origin; 1.7.3 trade union membership; 1.7.4 political persuasion; 1.7.5 health and health related documentation such as medical scheme documentation; 1.7.6 sex life; 1.7.7 biometric information; 1.7.8 criminal behaviour; 1.7.9 personal information of children under the age of 18; 1.7.10 financial information such as banking details, details relating to financial products such as insurance, pension funds or other investments.
	1.8 You may make use of this type of information, but must take extra care to ensure that you comply with the rest of the rules in this document.
2 COMMITMENT TO ETHICAL AND LEGAL RESEARCH PRACTICES	
You must commit to the use of ethical and legal research practices.	2.1 You must obtain ethical clearance before commencing with this study. 2.2 You commit to only employing ethical and legal research practices.
You must protect the privacy of your research subjects.	2.3 You undertake to protect the privacy of the research subjects throughout the project.
3 RESEARCH SUBJECT PARTICIPATION	

Personal information of identifiable research subjects must not be used without their consent.	3.1 Unless you have obtained a specific exemption for your research project, consent must be obtained in writing from the research subject, before their personal information is gathered.
Research subjects must be able to withdraw from the research project.	3.2 Research subjects must always be able to withdraw from the research project (without any negative consequences) and to insist that you destroy their personal information.
Consent must be specific and informed.	3.3 Unless you have obtained a specific exemption for your research project, the consent must be specific and informed. Before giving consent, the research subject must be informed in writing of: 3.3.1 The purpose of the research, 3.3.2 what personal information about them will be collected (particularly sensitive personal information), 3.3.3 how the personal information will be collected (if not directly from them), 3.3.4 the specific purposes for which the personal information will be used, 3.3.5 what participation will entail (i.e. what the research subject will have to do), 3.3.6 whether the supply of the personal information is voluntary or mandatory for purposes of the research project, 3.3.7 who the personal information will be shared with,
	3.3.8 how the personal information will be published, 3.3.9 the risks to participation (if any), 3.3.10 their rights to access, correct or object to the use of their personal information, 3.3.11 their right to withdraw from the research project, and 3.3.12 how these rights can be exercised.
Consent must be voluntary.	3.4 Participation in the research project must always be voluntary. You must never pressure or coerce research subjects into participating and persons who choose not to participate must not be penalised.

Using the personal information of children?	3.5 A child is anybody under the age of 18. 3.6 Unless you have obtained a specific exemption in writing for your research project, you must obtain 3.6.1 the consent of the child's parent or guardian, and 3.6.2 if the child is over the age of 7, the assent of the child, before collecting the child's information.
Research subjects have a right to access.	3.7 Research subjects have the right to access their personal information, obtain confirmation of what information is in your possession and who had access to the information. It is strongly recommended that you keep detailed records of access to the information.
Research subjects have a right to object.	3.8 Research subjects have the right to object to the use of their personal information. 3.9 Once they have objected, you are not permitted to use the personal information until the dispute has been resolved.
4 COLLECTING PERSONAL INFORMATION	
Only collect what is necessary.	4.1 You must not collect unnecessary or irrelevant personal information from research subjects.
Only collect accurate personal information.	4.2 You have an obligation to ensure that the personal information you collect is accurate. Particularly when you are collecting it from a source other than the research subject.
	4.3 If you have any reason to doubt the quality of the personal information you must verify or validate the personal information before you use it.
5 USING PERSONAL INFORMATION	
Only use the personal information for the purpose for which you collected it.	5.1 Only use the personal information for the purpose for which you collected it. 5.2 If your research project requires you to use the personal information for a materially different purpose than the one communicated to the research subject, you must inform the research subjects and Stellenbosch University of this and give participants the option to withdraw from the research project.

Be careful when you share personal information.	5.3 Never share personal information with third parties without making sure that they will also follow these rules. 5.4 Always conclude a non-disclosure agreement with the third parties. 5.5 Ensure that you transfer the personal information securely.
Personal information must be anonymous whenever possible.	5.6 If the research subject's identity is not relevant for the aims of the research project, the personal information must not be identifiable. In other words, the personal information must be anonymous (de-identified).
Pseudonyms must be used whenever possible.	5.7 If the research subject's identity is relevant for the aims of the research project or is required to co-ordinate, for example, interviews, names and other identifiers such as ID or student numbers must be collected and stored separately from the rest of the research data and research publications. In other words, only you must be able to identify the research subject.
Publication of research	5.8 The identity of your research subjects should not be revealed in any publication. 5.9 In the event that your research project requires that the identity of your research subjects must be revealed, you must apply for an exemption from this rule.
6 SECURING PERSONAL INFORMATION	
You are responsible for the confidentiality and security of the personal information	6.1 Information must always be handled in the strictest confidence. 6.2 You must ensure the integrity and security of the information in your possession or under your control by taking appropriate and reasonable technical and organisational measures to prevent:

	6.2.1 Loss of, damage to or unauthorised destruction of information; and 6.2.2 unlawful access to or processing of information. 6.3 This means that you must take reasonable measures to: 6.3.1 Identify all reasonably foreseeable internal and external risks to personal information in your possession or under your control; 6.3.2 establish and maintain appropriate safeguards against the risks identified; 6.3.3 regularly verify that the safeguards are effectively implemented; and 6.3.4 ensure that the safeguards are continually updated in response to new risks or deficiencies in previously implemented safeguards.
Sensitive personal information requires extra care.	6.4 You will be expected to implement additional controls in order to secure sensitive personal information.
Are you sending any personal information overseas?	6.5 If you are sending personal information overseas, you have to make sure that: 6.5.1 The information will be protected by the laws of that country; 6.5.2 the company or institution to who you are sending have agreed to keep the information confidential, secure and to not use it for any other purpose; or 6.5.3 get the specific and informed consent of the research subject to send the information to a country which does not have data protection laws.
Be careful when you use cloud storage.	6.6 Be careful when storing personal information in a cloud. Many clouds are hosted on servers outside of South Africa in countries that do not protect personal information to the same extent as South Africa. The primary example of this is the United States. 6.7 It is strongly recommended that you use hosting companies who house their servers in South Africa. 6.8 If this is not possible, you must ensure that the hosting company agrees to protect the personal information to the same extent as South Africa.
7 RETENTION AND DESTRUCTION OF PERSONAL INFORMATION	
You are not entitled to retain personal information when you no longer need	7.1 Personal information must not be retained beyond the purpose of the research project, unless you have a legal or other justification for retaining the information.

it for the purposes of the research project.	
If personal information is retained, you must make sure it remains confidential.	7.2 If you do need to retain the personal information, you must assess whether: 7.2.1 The records can be de-identified; and/or whether 7.2.2 you have to keep all the personal information. 7.3 You must ensure that the personal information which you retain remains confidential, secure and is only used for the purposes for which it was collected.
8 INFORMATION BREACH PROCEDURE	
In the event of an information breach you must notify us immediately. This is the procedure you must follow.	8.1 If there are reasonable grounds to believe that the personal information in your possession or under your control has been accessed by any unauthorised person or has been disclosed, you must notify us immediately. 8.2 We will notify the research subjects in order to enable them to take measures to contain the impact of the breach. 8.3 You must follow the following procedure: 8.3.1 Contact the Division for Institutional Research and Planning at 021 808 9385 and permission@sun.ac.za; 8.3.2 you will then be required to complete the information breach report form which is attached as Annexure A. 8.4 You are required to inform us of a information breach within 24 hours. Ensure that you have access to the required information.
9 MONITORING	
You may be audited.	9.1 We reserve the right to audit your research practices to assess whether you are complying with this agreement. 9.2 You are required to give your full co-operation during the auditing process. 9.3 We may also request to review: 9.3.1 Forms (or other information gathering methods) and notifications to research subjects, as referred to in clause 3; 9.3.2 non-disclosure agreements with third parties with whom the personal

	information is being shared, as referred to in clause 5.4; 9.3.3 agreements with foreign companies or institutes with whom the personal information is being shared, as referred to in clause 6.5.
10 CHANGES TO RESEARCH	
You need to notify us if any aspect of your collection or use of personal information changes.	10.1 You must notify us in writing if any aspect of your collection or use of personal information changes (e.g. such as your research methodology, recruitment strategy or the purpose for which you use the research). 10.2 We may review and require amendments to the proposed changes to ensure compliance with this agreement. 10.3 The notification must be sent to permission@sun.ac.za.
11 CONSEQUENCES OF BREACH	
What are the consequences of breaching this agreement?	11.1 If you do not comply with this agreement, we may take disciplinary action or report such a breach to your home institute. 11.2 You may be found guilty of research misconduct and may be censured in accordance with Stellenbosch University or your home institute's disciplinary code.
You may have to compensate us in the event of any legal action.	11.3 Non-compliance with this agreement could also lead to claims against Stellenbosch University in terms of POPI and/or other laws. 11.4 Unless you are employed by or studying at Stellenbosch University, you indemnify Stellenbosch University against any claims (including all legal fees) from research subjects or any regulatory authority which are the result of your research project. You may also be held liable for the harm to our reputation should there be an information breach as a result of your non-compliance with this agreement.
12 CONTACT US	
Please contact us if you have any questions.	Should you have any questions relating to this agreement you should contact permission@sun.ac.za.

Annexure 'A'

Instruction:

Please send this **Notice** to permission@sun.ac.za. If you have any difficulty completing the **Notice**, please contact the Division for Institutional Research and Planning at 021 808 9385. You must confirm that the **Notice** was received.

NOTIFICATION OF INFORMATION BREACH

Name of Researcher: _____

Name of Research Project: _____

Service Desk ID: _____

A security breach happens when you know (or you **reasonably believe)** that there has been:

(a) loss of Personal Information ("PI")
(b) damage to PI
(c) unauthorised destruction of PI
(d) unauthorised access to PI
(e) unauthorised processing of PI

Date and time of security breach:	
Brief description of the security breach (what was lost and how). Please identify the equipment, software and/or physical premises and whether it is by hacking, lost device, public disclosure (email), theft or other means:	
Name of the person/s responsible for the security breach (if known):	
Is the security breach ongoing?	
Describe the steps taken to contain the security breach:	
What steps are being taken to investigate the cause of breach?	

Appendix 2C: Approval Letter from Institution Two (2)

UNIVERSITY OF THE WESTERN CAPE
PERMISSION TO CONDUCT RESEARCH

DEAR **Siphesihle Delani Hlophe**

This serves as acknowledgement that you have obtained and presented the necessary ethical clearance and your institutional permission required to proceed with the project referenced below:

RESEARCH TOPIC

Preparedness of Professional Nurses to recognize and respond to gender-based violence in Higher Education Institutions in the City of Cape Town, South Africa

Name of researcher	:	Siphesihle Delani Hlophe
Permission valid till	:	6 December 2025
Institution	:	Durban University of Technology
Ethics reference	:	IREC 073/24
Permission reference	:	UWCRP849271

You are required to engage this office (researchperm@uwc.ac.za) in advance if there is a need to continue with research outside of the stipulated period. The manner in which you conduct your research must be guided by the conditions set out in the annexed agreement: Conditions to guide research conducted at the University of the Western Cape.

Please be at liberty to contact this office should you require any assistance to conduct your research or require access to either staff or student contact information.

Regards
Dr Ahmed Shaikjee
Deputy Registrar Academic Administration

Approval status: **APPROVED** 6 December 2024

To verify or confirm the authenticity of this document please contact the University at researchperm@uwc.ac.za.

UNIVERSITY OF THE WESTERN CAPE
Robert Sobukwe Road, Bellville, 7535, Republic of South Africa

Appendix 2D: Permission Letter to Institution Two (2) School of Nursing

Appendix 2D: Permission Letter to UWC School of Nursing

1 Bester Road
Bellville South
Cape Town
7530

Head of Department
Prof P Martin

Re: REQUEST FOR PERMISSION TO CONDUCT STUDY

I am currently registered as a Doctoral student with the Durban University of Technology with the Department of Nursing. The proposed title of my research study is **Preparedness of Professional Nurses to recognize and respond to gender-based violence in Higher Educations Institutions in the City of Cape Town, South Africa.** The aim of this study is to determine the current state of preparedness among Professional Nurses employed in student and staff Campus Health Clinics in HEIs including knowledge, skill, and resources utilised by the professional nurse related to GBV recognition and response. The second aim is to explore what are the recommendations of nursing lecturers in the development of nursing curricula that equips future Professional Nurses with the knowledge, skills, and attitudes necessary to recognise and respond effectively to GBV. Furthermore, the study seeks to develop guidelines for additional inclusion of comprehensive GBV management into the nursing-related modules within the nursing undergraduate curricula and co-curricular.

The data for this study will be collected via interviews with the Professional Nurses working at the Campus Health Clinics at the selected universities and Nurse lecturers in the Department of Nursing who lecture the Social Science modules or related modules with GBV content at Universities in the City of Cape Town. The researcher, therefore, seeks to provide a detailed description of participants' perspectives regarding GBV that can assist in preparing nurses to recognise and respond to gender-based violence.

The researcher will further require recruited participants from the School of Nursing to be able to assist with issuing or providing information for the documents to be reviewed. These documents include curriculum documents, study guides, learner guides, and South African Nursing Council curriculum guidelines related to the topic of inquiry.

I hereby request your permission to conduct a study at your department (School of Nursing) and enclose a copy of my proposal and supporting documentation for your perusal. Your support and permission will be appreciated. The supervisors of this project are Dr. V Naidoo and Dr. N Naranjee and both can be respectively contacted at VasanthrieN@dut.ac.za, or NellieN1@dut.ac.za.

Yours Sincerely

Mr Siphesihle Delani Hlophe
Email: nursesiphe@gmail.com
Tel: +27 66 202 5953

Appendix 2E: Approval Letter from Institution Two (2) School of Nursing

Date: 12 November 2024

Dear Mr. Hlope

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE SCHOOL OF NURSING, UNIVERSITY *of the* WESTERN CAPE

Name of Researchers: Mr. Siphesihle Hlophe
Institution: Durban University of Technology
Research Topic: Preparedness of Professional Nurses to recognize and respond to gender-based violence in Higher Education Institutions in the City of Cape Town, South Africa
Ethics Clearance Reference No.: IREC 073/24
UWC Permission Reference Code: UWCRP681567
Target population: UWC School of Nursing lecturers
Data collection method: Face-to face or virtual interviews
Validity Period: until 21 May 2025

As per your request and evidence provided, we acknowledge that you have obtained the necessary permission and ethics clearance. Permission is therefore granted for you to conduct your research as outlined in your proposal.

Please note that while permission is granted to conduct your research (i.e. interviews and surveys) staff and students at the School of Nursing are not compelled to participate and may decline to participate or withdraw should they wish to.

Should you wish to make use of or reference the School's name, spaces, identity, etc. in any publication/s, you must first furnish the School with a copy of the proposed publication/s so that the School can verify and grant permission for such publication/s to be made publicly available.

As per your letter of permission to conduct research at the UWC from Dr Ahmed Shaikjee, Deputy Registrar, assistance to access UWC School of Nursing lecturers contact information, must be done through the office of the Deputy Registrar.

We wish you success with your research.

Yours sincerely

Prof Penelope Martin
Director: School of Nursing
Faculty of Community and Health Sciences
UNIVERSITY *of the* WESTERN CAPE
T: 021 959 9345
E: pmartin@uwc.ac.za

Appendix 3: Letter of information for participant

Appendix 3: Letter of information for participants



LETTER OF INFORMATION

Thank you for agreeing to participate in this study. Your input is highly appreciated.

Title of the Research Study: Preparedness of Professional Nurses to recognise and respond to gender-based violence in the City of Cape Town, South Africa.

Principal Investigator/s/researcher: Mr Siphesihle Delani Hlophe, Doctor of Nursing Student
Co-Investigator/s/supervisor/s: Dr. V Naidoo: D-Nursing (Supervisor) and Dr. N Naranjee: D-Nursing (Co-supervisor).

Brief Introduction and Purpose of the Study: Nurses, who are usually the first contact of GBV victims/patients play a vital role in their nursing and medical management, making it imperative for undergraduate nurses to have the academic competencies and nursing skills to recognise and support gender-based violence victims in and out of hospital and via primary health care initiatives like community education. Therefore, the aim is to analyse the determine the current state of preparedness among Professional Nurses employed in student and staff Campus Health Clinics at the selected HEIs including knowledge, skill, and resources utilised by the professional nurse related to GBV recognition and response. The second aim is to explore what are the recommendations of nursing lecturers in the development of nursing curricula that equips future Professional Nurses with the knowledge, skills, and attitudes necessary to recognise and respond effectively to GBV. Furthermore, the study seeks to develop guidelines for additional inclusion of comprehensive GBV management into the nursing-related modules within the nursing undergraduate curricula and co-curricular.

Greetings: Good day Sir/Madam

Introduce yourself to the participant: I am Siphesihle Delani Hlophe – Doctor of Nursing Student

Invitation to the potential participant: I would like to invite you to participate in this research study.

9 June 2022

What is Research: Research is a systematic search or enquiry for generalized new knowledge. This would entail an in-depth investigation of the proposed topic which in this study is to analyse the Preparedness of Professional Nurses to recognize and respond to gender-based violence in Higher Educations Institutions in the City of Cape Town, South Africa. The collected of data will be interpreted and analysed to reach results that will be used to add to the body of knowledge. In this interview, you may feel free to ask questions and query anything you may need to know to ensure that you are comfortable in your participation. You may discuss this with your family and friends and are under no obligation to participate. For this purpose, a copy of the letter of information document will be given to you.

Outline of the Procedures: Outline of the Procedures: The researcher will be conducting the interviews online, and face-to-face where permissible, and all concerns related to abiding by the Covid-19 Protocol will be duly addressed. The interview sessions will span approximately thirty (30) to forty-five (45) minutes, and responses will be recorded online or audio-recorded with participant permission.

The researcher's objective is also to examine documents from the Department of Nursing at selected HEIs such as curriculum documents, study guides, learner guides, and curriculum guidelines related to the topic of inquiry. This will help improve the researcher to understand the gaps within the curriculum which will allow the chance to develop guidelines for additional inclusion of comprehensive GBV management into the nursing-related modules within the nursing undergraduate curricula and co-curricula.

Risks or Discomforts to the Participant: There are no anticipated risks nor discomfort.

Explain to the participant the reasons he/she may be withdrawn from the Study: Participation in this study is voluntary and you may withdraw at any time by informing the researcher

Benefits: The results of the study will be useful in determining gaps in the teaching and learning in the undergraduate nursing curriculum as well as identifying strengths that we can draw from as we will be relating the results of different identified universities within the City of Cape Town, South Africa. Therefore, the results from this study can be possibly used to develop guidelines for the incorporation of GBV into the nursing-related modules within the nursing undergraduate curricula and co-curricula.

Remuneration: There will be no remuneration for your participation
Costs of the Study: You will incur no costs to participate in this study

Confidentiality: The information you provided during the interview will remain strictly confidential. Data collected will be coded and your participation is strictly confidential as there will be no disclosure of names at any time. Your interview will take place privately by

arrangement with you at your convenience. All records and data collected will be kept under lock and key by the researcher

Research-related Injury: There is no foreseeable form of injury that could take place during the study.

Storage of all electronic and hard copies including audio recordings: Data in the form of hard copies from transcribed interviews and records, interview notes and voice recordings as well as all electronic data will be stored in sealed boxes in a locked storage access-controlled facility. The study supervisor will have a key for access to these for the duration of the study and thereafter kept in this safe measure for a period of five years. After the five- year period. In consultation with the supervisor and the university, all data will be permanently destroyed according to the university policy.

Persons to Contact in the Event of Any Problems or Queries: Please contact my supervisor, Dr. V Naidoo during office hours at +27 31-373 2606 and my co-supervisor, Dr. N Naranjee during office hours at +27 31-373 2606 or the DUT-Institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the Acting Director: Research and Postgraduate Support on researchdirector@dut.ac.za

9 June 2022

Appendix 4: Informed Consent

Appendix 4: Informed Consent

Consent

Full Title of the Study: Preparedness of Professional Nurses to recognize and respond to gender-based violence in Higher Educations Institutions in the City of Cape Town, South Africa

Names of Researcher/s: Mr Siphesihle Delani Hlophe, D-Nursing Student

- I hereby confirm that I have been informed by the researcher, Mr Siphesihle Delani Hlophe, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: IREC 073/24,
- I have also received, read and understood the above-written information (Participant Letter of Information) regarding the study.
- I am aware that the study's results, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full Name of Participant	**Date**	**Time**	**Signature / Right Thumbprint**

I, Mr Siphesihle Delani Hlophe herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher	**Date**	**Signature**
Full Name of Witness	**Date**	**Signature**
Full Name of Legal Guardian	**Date**	**Signature**

Appendix 5A: Interview guides for Professional Nurses

Appendix 5A: Interview guides for Professional Nurses

Date: _____

Participant code: _____

Institution code: _____

DEMOGRAPHIC DATA

1. GENDER OF PARTICIPANT	
2. AGE OF PARTICIPANT	
4. CURRENT LEVEL OF STUDY	

QUESTIONS THAT WILL GUIDE THE INTERVIEW

1. How do you, as a Professional Nurse, describe or understand the different types of GBV?
2. What are your perceptions of victims of GBV as a Professional Nurse?
3. What knowledge and awareness do Professional Nurses employed at HEIs student and staff Campus Health Clinics possess regarding the different forms of gender-based violence?
4. What knowledge and practice have you received as a Professional Nurses on GBV?
5. What clinical competencies do Professional Nurses employed at HEIs student and staff Campus Health Clinics possess in managing physical and psychological signs of gender-based violence among students and staff in HEIs?
6. Describe how you, as a Professional Nurse, regard yourself as being in a position to manage GBV victims.
7. What are the factors that have influenced/impacted your knowledge of GBV as a Professional Nurse?
8. What factors do you consider to influence Professional Nurses' skills in managing victims of GBV?
9. What are some of the challenges that Professional Nurses employed at HEIs student and staff Campus Health Clinics encounter when responding to gender-based violence cases within HEIs?

10. How do Professional Nurses employed at HEIs student and staff Campus Health Clinics collaborate with other professionals such as counsellors and social workers when responding to gender-based violence cases?
11. What institutional policies, resources, and support systems are in place within HEIs to facilitate the recognition and response to gender-based violence by Professional Nurses who are employed at the student and staff Campus Health Clinics?
12. Provide some suggestions that may be offered within the nursing curriculum that will assist in improving the skills and competencies of nurses in managing GBV victims

Any other probing questions following the participants' responses will be used to facilitate the discussion.

Appendix 5B: Interview guide for Nurse Lecturers

Appendix 5B: Interview guide for Nurse Lecturers

Date: _____

Participant code: _____

Institution code: _____

DEMOGRAPHIC DATA

1. GENDER OF PARTICIPANT	
2. AGE OF PARTICIPANT	
3.DURATION OF CURRENT POSITION AS AN EDUCATOR/LECTURER	
4. PROFESSIONAL QUALIFICATIONS	

QUESTIONS THAT WILL GUIDE THE INTERVIEW

1. What content is in the nursing curriculum that is currently thought to the nursing students?
2. Explain your understanding of how the nursing curriculum prepares nursing graduates to respond competently to GBV?
3. Explain what content you think should be included in curriculum and co-curriculum of the nursing program to prepare nurses to respond to GBV?
4. Describe what teaching strategies could be used to educate and train nursing students on GBV?
5. Discuss at what stage/stages of their nursing Education and Training should GBV management be included in the curriculum and co-curriculum?
6. Explain what do you think about the current notional hours for the GBV context or module in the nursing curriculum?
7. Discuss which competencies are done in the skills laboratory or bedside to train nursing students to manage victims of GBV?
8. What is the perception of nursing lecturers regarding the importance of integrating GBV-related education into nursing curricula?

9. What challenges do nursing lecturers encounter when incorporating GBV-related content into the nursing curriculum?
10. How does collaboration with experts and professionals such as social workers, psychologists enhance the quality of GBV-related education within nursing curriculum?
11. What content can nursing lecturers include in the nursing curriculum that would equip future Professional Nurses with the awareness, knowledge, skills, and attitudes necessary to recognize and respond effectively to GBV?
12. What recommendations /suggestions can you offer regarding the utilisation of other health professionals to facilitate or enhance the teaching and training of GBV to undergraduate nurses

Any other probing questions following the participants' responses will be used to facilitate the discussion.

Appendix 6: Document reviews guide

Appendix 6: Document reviews guide

Name of the Institution :_____

Date :_____

CRITERIA	*YES OR NO*		*COMMENTS*
1. CURRICULUM DOCUMENTS			
Does the curriculum address the Sustainable Developmental Goal (SDG) which strives to eliminate Gender-Based Violence			
Does the curriculum address the content of Gender-Based Violence			
Does the curriculum address the clinical management skills of Gender-Based Violence			
2. STUDY GUIDE / LEARNER GUIDE			
Clear module outcomes			
Any outcomes related to Gender-Based Violence			
Any outcomes related to Gender-Based Violence management			
Clinical skills for management of Gender-Based Violence			
3. SOUTH AFRICAN NURSING COUNCIL CURRICULUM GUIDELINES			
Does the curriculum guideline imply that all Bachelor Nursing programs address Gender-Based Violence?			

Do the guidelines address the inclusion of Gender-Based Violence management in Work Integrated Learning (WIL)?			
Do the guidelines address the necessity to for the assessment of skill to manage Gender-Based Violence			

Appendix 7A: Sample of the interview transcript of the Professional Nurse

Appendix 7A: Sample of the interview transcript of the Professional Nurse

Interviewer	Now I have explained the purpose in most of the layout of the study, so I'll just start by asking the demographic. Demographic information, right? So, What is your gender?
Participant 4	Male
Interviewer	OK, what is your age?
Participant 4	32.
Interviewer	What is your current level of study?
Participant 4	Diploma in nursing sciences.
Interviewer	OK. Thank you so much. That was for the demographic data. So now we just go into that interview I have some questions that are prepared that I will be asking you, please answer them to the best of your knowledge. If you want me to paraphrase any questions I can paraphrase for you, but I'm hoping that the questions will be clear to you as I am asking and also I would be asking probing questions in between. Depending on the answer or response that you give me, right. So the very first question is how do you as a professional nurse try or understand the types of gender based violence?
Participant 4	OK, I understand that GBV is act and actions that not concerned to an individual. It's when somebody can just do something to you without you being giving consent to just like Physical GBV, it's when somebody just comes to somebody and start beating them up or acting in a way that shows physical violence too. So in in, in types I would say that we have many, some of them being verbal GBV, sexual GBV and so forth.
Interviewer	OK. Can you just elaborate for us what do you mean by sexual GBV?
Participant 4	So sexual GPV it's when an individual, it could be a male or female being sexually that are not consent to just like me. OK, I'll give you an example with me, me being. Forcefully forcing myself to maybe a female individual without her consenting to my act
Interviewer	OK. And the you also mentioned that's one of the types that you mentioned was verbal GBV. Is there any example or clarity that you can give us based on the vibrational GBV?

Participant 4	Well, verbal GBV could mean that you speak to somebody in a way that I in an in an appropriate way. That somebody do not like simply, maybe because they are of a different gender.
Interviewer	OK, So What are your perceptions of gender based violence victim as a professional nurse?
Participant 4	My perception is that Professional Nurses view victims of GBV in different ways and we understand that GBV is relative to everyone. So by relative I mean by it it's different to everyone and we also understand that it's never an individual's, I mean, it's never an individual's choice to encounter any form of GBV. And we also review as we also approach it with non-judgmental manner in which as professional nurses we were trained to be empathetic to individuals who are subjected to GBV.
Interviewer	OK, I had that you mentioned that you approach it in a non-judgmental manner. What do you mean?
Participant 4	As when you approach someone who has been, let's say, maybe sexually violated, I'll put it in that way. You obviously do not judge them, you do not impose the idea of it being their fault that such happened. So if maybe it's a female who was sexually violated, you do not go to them. As with the with Ideations of saying that had you not addressed this way, did this wouldn't have happened
Interviewer	What knowledge and awareness do professional nurses employed at higher education institutions student encompass health possess regarding the different forms of gender based violence.
Participant 4	Firstly, it would be that basic nursing knowledge that we are taught at different nursing schools and that also human rights and as well as ethics.
Interviewer	OK. Human rights and ethics. Can you please clarify or just given elaboration on that one?
Participant 4	Human rights is understanding that every individual is subjected to Human rights. Every individual has rights to every life that is stipulated as our Constitution would mention so, not any, not any individual, must be subjected to adds, there are there are not lawful according to our institution of our country.

Interviewer	OK, So what knowledge and practise do you have you received as a professional nurse on gender based violence?
Participant 4	Knowledge and practise. It would be that. Yeah, like I said, it goes back to a basic nursing knowledge. And basic nursing fundamentals of nursing as well and as well as sometimes we go for conferences
Interviewer	So when it comes to basic nursing knowledge that you have mentioned, what content is there, what content does the curriculum make nursing include gender based violence on the knowledge? Is there any gender based violence and what is the knowledge that is there?
Participant 4	The content it would be that we are taught in different ways of approaching GBV victims. we are also taught on how to on how to conduct ourselves in front of them. Obviously we shouldn't joke around with sensitive issues. And also we must be welcoming, you must show support that they must have a trust in us. They must also be. A transparent we also so when we when we conduct this research with them, we must also make them understand that It can happen to anyone at any time since our country, it's not so, so safe.
Interviewer	OK. So what's clinical competencies do you as a professional nurse employed at the higher institutions of learning that caters for students and staff possess in managing the physical, psychological sons and symptoms of gender based violence amongst the student and the staff at the higher institution of learning?
Participant 4	Formal Education. we also have like workshops. We also have like a specialised Nurses that have obviously have gone through GBV courses that also equip them in in understanding on a deeper level as to how the GBV works.
Interviewer	OK. You mentioned that there's specialised nurses and they go for gender based violence courses with regards to your institution where you are currently working, have you been sent for these specialised courses?
Participant 4	No I have not been sent for any course related to GBV
Interviewer	Any clinical competencies that you have to manage GBV victims?
Participant 4	With regards to me, no, but we have nurses that understand GBV on a much deeper level because thet have forensic nursing speciality. But with us that that have not gone through that course,

	we also have we have courses that are short courses. And where we get equipped and we are trained on how to. To manage GBV victims.
Interviewer	OK so. Is this knowledge included in the undergraduate courses that you have?
Participant 4	Not it is not included in the undergraduate course. Even if it was there It's not that deep.
Interviewer	OK. Can you describe how you as a professional nurse regard yourself as being in a position to manage victims of gender based violence?
Participant 4	I said it's an under undergrad nurse. I would say that. Experience has helped a lot. Unlike somebody who has just come and they don't know the they don't have the know-how of working with gender based violence victims and I would say again that. These short course is also they really help because we also have go for debriefing. the institution provide the briefing programmes where we go and discuss with different institutions of how we deal with different situations of GBV
Interviewer	OK, So what are the factors that have influence or impacted your knowledge of gender based violence as a professional nurse?
Participant 4	The conferences that I've mentioned, the workshops. As well as being around people that have been in this fraternity for some time, they also have a different knowledge, and also another thing that's very important here It's how you deal with the victim that will also help you to somehow go on a deeper level and you have a proper understanding of GBV.
Interviewer	OK, so what's can you mention for us a few the names of the conferences or the workshops that say you have mentioned that have adjusted your knowledge when it comes to managing in terms of gender based violence?
Participant 4	Not necessarily the names, but like I said that the institution, a debriefing conference. It's where we would meet as a different institutions to go in and debrief and share with each other. A different, different ways of dealing with this with GBV and different ways of dealing with victims.
Interviewer	OK. So what factors do you consider to influence professional nurses skills in managing gender based violence?

Participant 4	Factors, I think if we had to develop a programme that will. make a professional nurse understand GBV As well as Creating programmes of GBV. because I feel like GBV isn't given like enough attention like other other things in the in Nursing Department.
Interviewer	What are some of the challenges that you as a professional nurse employed at higher institutions of learning, managing students and staff at the clinic encounter? When you are responding to gender based violence cases.
Participant 4	We face challenges that sometimes students, maybe I'll give an example with sexual violence because it's the one that is mostly prevalent, where a student comes to report the case and they do not give, like, enough information. And at some point, some of them would not agree to maybe being referred because our fearing for this stigmatisation associated with GBV. I think overall we need to find a way to encourage student and staff to report sexual violence or any form of gender based violence
Interviewer	OK. So you spoke about the challenges, especially when it comes to sexual violence. That's the students might not be giving enough knowledge and would not sometimes agree to being referred. So what knowledge do you feel that is not enough? That is not being given by the student?
Participant 4	Do not give a full story of what happened. So if a student does not give enough information and then it also puts us in a corner to not put enough information on the paper. Like if somebody gives like enough information that can be put on the paper and then surely maybe they could be a successful arrest of the perpetrator. Because if they don't give enough information, also it makes the case, it doesn't give way to the case. So we end up having many victims with perpetrators that are just working on the street.
Interviewer	OK. Thank you. You also mentioned that maybe they disagreed to be or do they do not agree to be referred, they fears stigmatisation. Can you just elaborate for us what do you mean by stigmatisation?
Participant 4	OK, stigmatisation is when they fear being labelled as someone who has been sexually I give. I like giving example with sexual violence. They fear to being labelled as sexually violated individuals because it's there's also an element of not trusting. So if

	you refer them to refer them, maybe to a psychology. And then maybe they know that psychologist, or maybe they know the social worker personally. So it's an issue of if I go there, obviously she will know or he will know the person that will know that I've been sexually violated. And then it also gives the same stigma decision that I mentioned, that they fear they have a fear of being labelled as the victim.
Interviewer	OK, How to how to professional nurses that are employed in higher education institution handling student and staff at the clinic collaborate with other professionals such as counsellors or social workers to manage gender-based violence victims?
Participant 4	Obviously it starts, it starts it's start by us as Professional Nurses. We do an assessment to a patient with clients and upon talking and realising that maybe there isn't enough information, or maybe there's a lot of trauma or even if there's not a lot of trauma, we still refer them for proper counselling to individuals that have been properly trained for counselling. So often we refer them to social workers. Also to psychologists, so that maybe they can have, like sessional counselling with them.
Interviewer	In OK you have mentioned that you once you have. You have picked up that the patient has went through trauma, then you would then decide as a professional nurse to refer them to other professionals such as. Social workers, psychologist and for counselling. Are these professionals available in your institution for referral of the students and staff?
Participant 4	Social workers available. Psychologist referral will be done by the doctor. And also we have social workers in place in our institution. We also have a psychologist, but then that will depend on the doctor to refer to a psychologist.
Interviewer	OK. Do you have any doctors that are available in your institution in order to make a referral?
Participant 4	Yes, we do.
Interviewer	OK, So what are the policies or resources that and support system that are in place in your institution which is higher education institution to facilitate the recognition and response of gender based violence by professional nurses who are employed at the campus health clinic?

Participant 4	I think mainly referrals and support. Like I said we refer to social workers and psychologist. And policies, there isn't much of policies.
Interviewer	OK so. Based on the you said you, you have referrals as a support to other professionals but, There is not much of the policies right, so can you provide any suggestions that may be offered within the nursing curriculum that will assist in the improving the skills and competencies of the nurses in managing the victims of gender based violence?
Participant 4	As we live in a country that GBV thrive and the statistics is very high. I would suggest that as undergraduate Qualification for students, to have like a properly formed programme that would facilitate a better knowledge in GPV. not only in nursing schools. This is the statistics is so high that I mean the reported cases. So I believe that there's many, many more cases that that I'm not been reported simply because we have societies that do not have a proper knowledge of how to report such cases. So also if they were to include it high schools and primary schools, that would also make a huge difference.
Interviewer	OK. So you mentioned that you're one of your suggestion is to have undergraduate curriculum that is a proper, proper programme that has gender based violence. Can you just elaborate, clarify for us what you mean by this suggestion?
Participant 4	Just like how we are taught with nursing ethics under fundamental nursing sciences. They should also be. A module that will give undergrad students. A proper understanding of GBV and how to deal with GBV On an individual level and also how to deal with GBV on a professional level.
Interviewer	OK, so that was my last question, but just to ensure that I've received all the knowledge that you wanted to say or maybe if there's anything that you would like to add based on the question that I have asked, is there anything that you want to say maybe?.
Participant 4	No
nterviewer	OK, so for the purpose of the record, we will end the interview. Thank you so much for your time and also your willingness to. To participate in the study and also to respond to the question at the best of your ability and knowledge. So for

	the purpose. I will now stop the transcribing

Appendix 7B: Sample of the interview transcript of the Nurse Lecturer

Appendix 7B: Sample of the interview transcript of the Nurse Lecturer

Interviewer	Alright, thank you. So I am recording and transcribing once again. Thank you so much for agreeing to participate in the study. We have went through the letter of information just now to orientate you on the study, although I have finished you with your own copy and thank you for signing the informed consent to say you agree to participate in the study so there's two sections in in, in, in the interview that will go about. The first section will be demographics and the second section will be questions that I will be asking.
Participant 10	OK.
Interviewer	What is your gender?
Participant 10	I'm a female.
Interviewer	How old are you?
Participant 10	42.
Interviewer	What is the duration of your current position?
Participant 10	It's just past the year now.
Interviewer	One year.
Participant 10	Yes.
Interviewer	OK, what is your highest Professional qualification?
Participant 10	Postgraduate Diploma
Interviewer	OK, so I will go on to the interview question. The first question of the interview is what content is in the nursing curriculum that is currently taught to the nursing student that has gender based violence.
Participant 10	Well, currently I'm teaching women and men's health, and included in that is the SRHR policy section, reproductive health and rights policy of South Africa and in there the gender based violence is included.
Interviewer	OK. Can you please just say enlighten us what is SRHR policy?
Participant 10	OK, it's the sexual and reproductive health and rights policy of South Africa. It's the 2019. I've got it here, But it's the South African national policy. It says national integrated sexual and reproductive health and rights Policy (Edition one).
Interviewer	Edition one.
Participant 10	Yes. There's no addition to you yet.
Interviewer	OK, so can you explain to us according to your understanding how does the curriculum prepare the professional nurses graduate to respond to gender based violence once they become professional nurses?

Participant 10	So, I'm only a part time lecturer. I need to put that out there. I'm not that involved with the other With the other subjects but In the women and men's health. Well, I wonder how we prepare it. We make them aware of it. And I talked to them about multidisciplinary involvement as well. And what signs to look out for? When people specifically come to the clinic, I presume in hospital as well. But I talk from a primary healthcare point of view as a clinical nurse practitioner. Yes, I think I would say that is it. I've talked to them about stuff like If someone always comes to the clinic along with A partner and they have to have to ask the clinic card from the partner.
Interviewer	OK. You, you mentioned that you make them as part of your teaching. You make them aware of it. What is the content that say you make them aware of? Yes, you have mentioned multidisciplinary team approach, signs of symptoms of gender based violence and also the science to look for, especially if someone comes to the clinic always with their partners asking permission from them. Is there anything else Maybe that's they are being taught Off.
Participant 10	In in terms of what? So I tell them signs and symptoms but. Then we elaborate on who can get involved, like the social worker, we also talk about the children abuse, refer them to the doctors. But it's not only the doctors, it's more to get help from the community. Referral to The right to care workers. We try to get them involved as well to follow up on the people, see how they are doing.
Interviewer	On the on the curriculum or on the module that you teach. Can you explain what content do you think should be included in the curriculum as a whole or in the Co-curricular of the Nursing programme in order to prepare the nurses to respond effectively and comprehensively in managing the victims of gender based violence.

Participant 10	in terms of content, They do have some psychology. I think something that would have a huge impact on me if I had that in my study years would be to if you had people coming from such abusive relationships to come and speak to the people or to the students so. I would I think that will make an impact if you get Role players to come and speak to the students. Instead of just, you know. Talking about policies which can be boring at times. But yes, there's multiple people involved in in the handling of gender based violence. And yeah, I also wanted to mention now that I'm thinking so the clinical placement of the first years that I helped with last year, they were also involved in the Safe House in Stellenbosch. So they came in contact with people who was affected by gender based violence. And I think that, but not all the students. So some of them were placed in different NGOs, but I think that opened their eyes specifically that group's eyes to, to gender based violence and the impact.
Interviewer	OK, with the placement to the same house with other students and others going to the NGO, is this a once off or all the first year student needs to go to this placement?
Participant 10	So the first years are divided into groups, so some of them are placed at the safe house. Some of them are placed at an old age home and some of them are placed called place Horizon, it's for people that's mentally challenged. So that's why I say only that group. It's a group of five on a Wednesday and a group of five on a Thursday. So 10 together of that Group, 10 in total of that group came contact with it. And they were placed there for the duration of 1 year.
Interviewer	For a year?
Participant 10	Yes.
Interviewer	How many students are in the first day we're in the first day during that time when these ones are allocated to the safe house.
Participant 10	About 50, if I have to take it up here, yes.
Interviewer	OK. Thank you. So you have mentioned that maybe during your during the teaching of gender based violence, one needs to think of involving role players. So what other teaching strategies can be used to educate nursing students on gender based violence?

Participant 10	But teaching strategies, as in maybe are you talking about maybe showing them videos or?
Interviewer	Yes, Now I have not said that you mentioned that role-playing.
Participant 10	Yes.
Interviewer	And also including the speakers from the outside who are first hand experience of tender base violence, what other method can we bring into class so that they can grasp or understand gender based violence?
Participant 10	I think people maybe from the Psychology department that can speak to the effects so that they can understand, because I think people a lot of the time they have the idea that Why don't the people you know, that's the victim. Why don't they just go? Why don't they just walk away and I don't think they always understand The psychology behind someone who's part of this gender based violence, or that's in the middle of it, the fact that maybe they are financially dependent. And. You know, children and that they've been isolated for maybe for a long time already, so that they don't necessarily know where they can go or that they are scared or they really think they will change. I think especially the younger you are, the more you are grounded in your own beliefs and. And I think to broaden their view, they need to be exposed and explained how it not how it works, but How people in that situation Might not be able to just walk away. It's more complicated than that.
Interviewer	OK. Can you discuss at what stages or year in the nursing education and training? Should the management of a gender based violence be included in the curriculum? Maybe I should start by saying. The module that we are teaching, is it a module or a unit?
Participant 10	It's a unit of contextual health. And it's 3rd year students. So I'm thinking it's well spaced from the first year where some of them came in contact. To the third year.
Interviewer	Sorry, I just I just lost you, did I? I the last time I heard you, you were mentioning that the unit is part of 3rd year students.
Participant 10	I think maybe they should be. It's difficult. It's a difficult question you ask. I think it's good to be exposed in their 1st year as an in the NGO environment and then to follow up on that In their third year. Through this module, but it feels like something that should be included in many more modules.

	I teach HIV and TB as well this semester, and I touch on it in there as well. But not as comprehensively as I do in the other module. Plus it's the same students that I teach. So yeah. So it's mentioned or I discuss it, but.
Interviewer	Oh.
Participant 10	I don't know if you are familiar with the this policy that I talked about (SRHR).
Interviewer	No, I've. I've not seen the policy.
Participant 10 Participant 10	So people from gender based violence or one of the key populations. People affected by gender based violence are one of the key populations of the sexual and reproductive health and rights policies. So yeah, that's where it comes into play as well. We talk about well, I focus a lot on the key population.
Interviewer	You mentioned that you also include gender based violence in other modules. Which other module or units you were referring to, the name? Just the name of the module or you need?
Participant 10	OK, so it's still contextual health in nursing, but it's in the HIV and TB unit. I mean, it goes without saying because it's very It's prevalent. You should mention you should talk about it in HIV and TB as well. It's applicable I think, yeah.
Interviewer	OK. Can you explain what do you think about the current national hours for gender based violence content or modules in the nursing curriculum?
Participant 10	I'm not sure if they discussed it in other you know units as well. Probably in ethics, I presume. A few lessons just on gender based violence and including other parties or bringing other parties to the table. I think it will have a bigger impact on the students. It's not necessarily about the hours I think, but about the impact you make when teaching it for them to understand.
Interviewer	Can you discuss maybe if you have knowledge, what's clinical competencies are done in the Skills lab or bedside for the nursing student to teach them on how to handle or manage gender based violence victims?
Participant 10	The bedside in the clinical competencies?
Interviewer	Or maybe at the Skills lab?
Participant 10	Nothing that I know of, there are no clinical competencies being taught to the nursing students. No, not that I'm aware of. No, and I had quite a thorough look

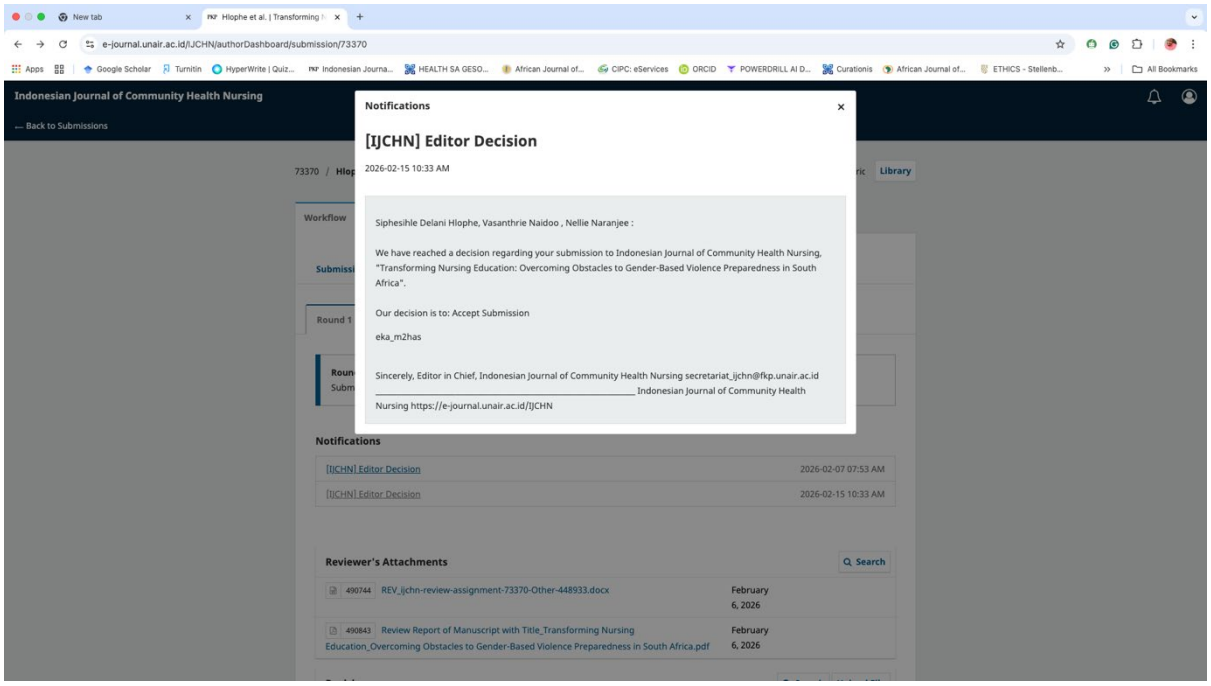
	through the skills tools previously. So no, I don't know about clinical competencies. But then just an aside question, do you not have to be qualified to collect samples like that? When I worked in the clinic, we usually refer them to the hospital so that. A qualified Dr can collect the samples. I'm not sure if that's applicable and or if it was, but that's what I've been told.
Interviewer	Yes, that is correct. But from the research of the interview. It says that other countries have already started that professional nurses are the ones that would collect the sample evidence, especially those that are working in primary healthcare settings or it hasn't happened in South Africa. Perhaps why I'm doing the study.
Participant 10	Yeah.
Interviewer	Because in most cases, especially in the rural areas. Victims will present in the clinic and be handled by the nurses, but in most cases, maybe they are not sure or what samples to do, how to fill in the J88 form and so forth.
Participant 10	Yeah.
Interviewer	And it takes it takes longer to transfer them perhaps Why I am actually advocating for the comprehensive inclusion of gender based violence management into the curriculum. It does is just that this is just a brief, brief background. That's why I'm asking for related to the competencies. If there's something they are being taught regarding.
Participant 10	I agree with you. I understand why, yes. Yeah, unfortunately not they are not taught any of clinical competencies. But I think it's a great idea, because if I just think about. You know, the way they have to travel, and even if you get them transport to the hospital, it's not necessarily that they'll get transport back and it's expensive to take 3 taxis to the place.
Interviewer	Hey, thank you so much and. So, what perceptions do the nurse lecturers have regarding the importance of gender based violence being included in the curriculum?
Participant 10	I well, one of my friends, that's a senior lecturer at the university It's a passion for her. She's very passionate about gender based violence. As for myself, I also am also passionate about it. I think from a broader perspective though, because I want people from the LGBT community to be included. In that, I think they also experience a lot of gender based violence. Yes. So, I would hope it's important for everyone.

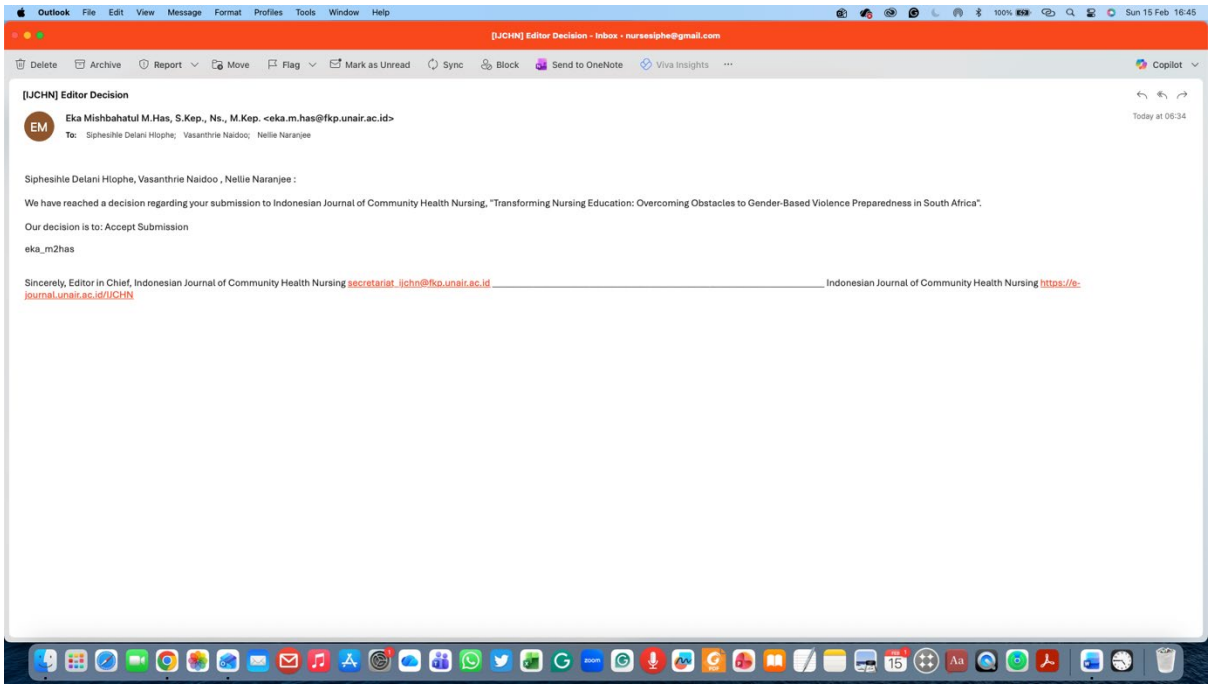
Interviewer	Is there any challenges that you anticipate with regards to the inclusion of complaints which in the past violence management into the curriculum?
Participant 10	I think maybe only time. It seems like there's a little time to cover to cover a lot of content. It feels like We should teach so much more, And so much more in depth discussions. I think my main concern is time or that's the only challenge I foresee
Interviewer	As a as someone who's working in the nursing education, how does collaboration with expect and other professions such as social workers and psychologists, and hence the quality of gender based violence related education within the nursing curriculum. Do you involve collaborate with other professionals?
Participant 10	At this stage I don't collaborate with other professionals in my teaching. I only have the six classes and that's total 12 hours to cover this whole women and men child that includes Cancers and sexually transmitted diseases and all of the other key populations, soi wish I had time to collaborate with other professionals. you ask something like?
Interviewer	How does the collaboration is?
Participant 10	OK. I think a they will be a better in depth understanding if we include other professionals. This might sound stupid or irrelevant, but I think having people come from other departments, but I would prefer someone specifically working, you know in NGO or someone working with gender based violence victims. It comes from a place of knowing and not from just a lecturer standing in front of the class. We can have discussions and talk about it, but if they hear from someone who deals with it on a daily basis, I think the impact is better than just having the same lecturer in front of you. I don't know. It might be a stupid suggestion, but and starting with.
Interviewer	No, it's a very it's a very good suggestion anyway. You mentioned that you have six classes that are totalling to 12 hours.
Participant 10	12 hours.
Interviewer	Is this in one unit? The one you said it's woman's health or it's?
Participant 10	Yes. Well, women and men's health.

Interviewer	What content can a nursing lecturers include in the in the nursing curriculum that would equip the future nurses to with the awareness, knowledge, skills and attitude necessary to recognise and respond effectively to gender based violence?
Participant 10	OK. Recognising the signs of someone not only the physical signs, but the emotional signs of disgrace as well. And. I think, Including it in your general assessment in a way that's not obvious. I think they should be taught, you know, ways to inquire about it without invading their personal space, but. That goes along with a lot of other problems then again. People who is overworked and no time, and you need to build a trusting relationship with the patient to do this or in order for them to trust you.
Interviewer	OK, so from the interview itself, what are the recommendations or suggestions that you can offer regarding the utilisation of other health professionals to facilitate or enhance the teaching and training of gender based violence to the nursing undergraduate student?
Participant 10	Like I said, I would like other role players that works with the daily to come and speak to them. To give them an in depth knowledge of what happens in real life. I don't know, including not only them, but From a maybe a psychologist to explain it a little bit better from a psychological.
Interviewer	OK.
Participant 10	And not just having a day to make you aware of gender based violence or a month, because that's not going to change the thing. The change will actually take place once. People really become involved and do it and not just say it.
Interviewer	OK. Thank you so much for your, for your willingness to agree to the study and thank you for being honest and also sharing the the answers and also responding to the question effectively and to your best ability and now I will just stop the recording because we are concluding the interview. Is it OK?
Participant 10	it's OK. Yes.

Appendix 8: Proof of published article (One)

Appendix 9: Proof of accepted article (Two)





Appendix 10: Letter from the professional editor

Appendix 11: Turnitin report done by Supervisor

Appendix 12: Turnitin report done by DUT Librarian