



## Relate better and judge less: Poverty simulation promoting culturally competent care in community health nursing



Kyeongra Yang<sup>a,\*</sup>, Gail Ratliff Woomer<sup>b,1</sup>, Kafuli Agbemenu<sup>c,2</sup>, Lynne Williams<sup>d</sup>

<sup>a</sup> Lienhard School of Nursing, College of Health Professions, Pace University, 861 Bedford Road, L306, Pleasantville, NY 10570, USA

<sup>b</sup> UMPC/Jefferson Regional Home Health, 1020 Lebanon Rd, W. Mifflin, PA 15122, USA

<sup>c</sup> Department of Health and Community Systems, School of Nursing, University of Pittsburgh, 415 Victoria Building, 3500 Victoria Street, Pittsburgh, PA 15261, USA

<sup>d</sup> Southwest PA Area Health Education Center, 5614 Elgin St, Pittsburgh, PA 15206, USA

### ARTICLE INFO

#### Article history:

Accepted 8 September 2014

#### Keywords:

Poverty simulation  
Community health nursing  
Cultural competency

### ABSTRACT

The study aim was to evaluate the effectiveness of a poverty simulation in increasing understanding of and attitudes toward poverty and resulting in changes in clinical practice among nursing seniors. A poverty simulation was conducted using a diverse group of nursing professors and staff from local community agencies assuming the role of community resource providers. Students were assigned roles as members of low-income families and were required to complete tasks during a simulated month. A debriefing was held after the simulation to explore students' experiences in a simulated poverty environment. Students' understanding of and attitude toward poverty pre- and post-simulation were examined. Changes in the students' clinical experiences following the simulation were summarized into identified categories and themes. The poverty simulation led to a greater empathy for the possible experiences of low income individuals and families, understanding of barriers to health care, change in attitudes towards poverty and to those living in poverty, and changes in the students' nursing practice. Use of poverty simulation is an effective means to teach nursing students about the experience of living in poverty. The simulation experience changed nursing students' clinical practice, with students providing community referrals and initiating inter-professional collaborations.

© 2014 Elsevier Ltd. All rights reserved.

### Introduction

Nursing is a field built upon the value of compassion with deep empathy for the patients at its core. Empathy is based upon the ability to understand other's joys and sorrows and often derives from personal experience; it is one of the attributes that develop a sense of cultural competency.

Simulation prepares nursing students for clinical experiences in a safe environment without fear of injuring real patients (Gillan et al., 2014). It has been used in settings ranging from acute or critical care nursing to end of life care, and helps in preparing healthcare providers for future interprofessional collaboration

(Gillan et al., 2014; Kowitlawakul et al., 2014; Murdoch et al., 2014). Simulation can take place in different forms, including case studies, role play, high-fidelity human patient simulation, or virtual simulation in an online environment. Depending on the form used, instruction can rely heavily on computer-driven models or be based on individual or group interaction (Dunnington, 2014; Foronda et al., 2014).

In an age when increasing numbers of U.S. families live below the poverty level, nursing students must develop an understanding of the barriers and frustrations experienced by persons with vastly limited resources. According to the 2011 report on the health status of the nation (National Center for Health Statistics, 2012), the number of U.S. families living below the poverty level has continuously increased for all races (11.1% in 1973 to 14.3% in 2009) with a higher number in minority groups (e.g., 25.8% in Black or African Americans and 25.3% in Hispanic or Latino populations in 2009). This report also showed that 20.1% of children under age 18 were affected by poverty in 2009, compared with 14.2% in 1973. In addition, as a social determinant of health, poverty is significantly

\* Corresponding author. Tel.: +1 914 773 3242; fax: +1 914 773 3357.

E-mail addresses: [kyang@pace.edu](mailto:kyang@pace.edu) (K. Yang), [ratliffwoomerv@upmc.edu](mailto:ratliffwoomerv@upmc.edu) (G.R. Woomer), [kaa45@pitt.edu](mailto:kaa45@pitt.edu) (K. Agbemenu), [lwilliams@southwestahec.org](mailto:lwilliams@southwestahec.org) (L. Williams).

<sup>1</sup> Tel.: +1 412 653 8142.

<sup>2</sup> Tel.: +1 412 624 7838; fax: +1 412 383 7293.

related to obesity among women (Ogden et al., 2010), sedentary lifestyles (Centers for Disease Control and Prevention, 2012), emergency room visits among young adults (Kirzinger et al., 2012), and an increase in cardiovascular risk factors (Seligman et al., 2010).

While there are numerous learning modalities for the nursing student, simulation is recognized as a valid tool in preparing the undergraduate student. Simulation increases students' confidence in their clinical skills (Harder, 2010) and enhances student self-efficacy in providing family centered care (Cardoza and Hood, 2012). Simulation is becoming an essential part of health care education because it can provide opportunities for student clinical preparation and enhancing learning in a safe environment. Simulation can also offer the opportunity to learn about aspects of culture, such as poverty, that effect health outside of traditional clinical environments. Simulation activities can supplement clinical learning and also boost students' self-confidence prior to the actual experience (Simones, 2008).

Existing evidence shows that a poverty simulation can help students in nursing better understand poverty (Noone et al., 2012; Patterson and Hulton, 2012) as well as students in other health science programs, such as social work (Vandsburger et al., 2010). Since exposure to poverty increases understanding of structural factors explaining poverty and health (Reutter et al., 2004), it is beneficial to implement a poverty simulation in educational settings with students who may not have had much exposure to poverty in their personal life.

Currently poverty simulation is used by nursing programs to facilitate nursing students' understanding of the challenges faced by individuals and families living in poverty. However, there is little information on how this simulation has influenced clinical practice. Although the simulation described may be similar to other simulated studies reported in the literature, this study is pertinent at this time to expand the literature on how students learn about the problems faced by families and individuals living below the poverty level. The purpose of this study was to evaluate effectiveness of a poverty simulation in increasing understanding of and attitudes toward poverty and changes in clinical practice among baccalaureate nursing seniors.

## Methods

### Simulation

We conducted a poverty simulation experience in the senior-level community health nursing course (three times for three different cohorts) using the Community Action Poverty Simulation, originally developed for the Missouri community (Missouri Association for Community Action, n.d.). The purposes of the simulation were to sensitize students to the day-to-day challenges faced by low-income families and to prepare students for their clinical practicum in the community where they interact, teach, and provide healthcare to individuals whose income is below the poverty level. In order ensure a more realistic experience we recruited a culturally diverse group of faculty, staff, and clinical preceptors from community agencies to assume various roles in the simulation as community resource providers. All had experience working with low-income individuals and families from different cultural groups and were sensitive to their needs and feelings. The students were assigned roles as members of fifteen low-income families (e.g., single parents, senior citizen, unemployed adults) and received a packet with simulated tasks to be completed during a simulated month (condensed into 15-min segments, each representing one week) while navigating a maze of community agencies that provide health and social services, financial support, and transportation to eligible individuals (e.g., social services,

school, bank, grocery, pawn shop). Examples of their tasks included: finding employment, feeding the family, paying rent, ensuring children enrolled in daycare or school and paying utility bills. The simulation was conducted in a large conference room with tables for community agencies surrounding the assigned student groups.

To provide a more relevant experience to our students, we invited local community agencies to be part of the simulation (e.g., Urban League of Greater Pittsburgh, Midwife Center for Birth & Women's Health, Mercy Parish Nurse and Health Ministry Program). Attempts were made to match community volunteers to their particular roles. For example, an employee of the energy assistance fund participated in the simulation as the "utilities" company employee. A week prior to the simulation, the students received background reading materials, such as the federal poverty level, national and local statistics of poverty, and its associated health outcomes. On the day of the simulation, students were again introduced to major concepts involved in the simulation and completed the pre-simulation survey.

Consideration of student safety in regards to potential emotional reactions to the simulation was made. During the introduction to the simulation, the nursing students were informed that while this activity was a simulation, it did in fact mirror some of the realities that individuals in the group might have experienced themselves or known family or friends who experienced the situations. In that manner, the students were encouraged to be respectful of each other, to realize that this was not a "game" but a learning experience, and that they should consider the simulation as a stepping point for learning and understanding. During the simulation, faculty members were available to identify any student who was emotionally affected by the poverty simulation experience and to debrief with them afterward if necessary.

At the conclusion of the two-hour simulation, students completed the post-simulation survey and participated in a debriefing session during which they had the opportunity to discuss their reactions to the simulated experience of living in poverty. The debriefing session was conducted by course faculty and some community agency personnel. The larger group of nursing students was divided into smaller groups in order to encourage discussion. During debriefing, small group leaders asked questions from a guide provided in the simulation packet. Examples of the questions included "What happened to families during the month in poverty?" "How did they improve their situation during the month?" "Discuss feelings experienced during month in poverty" "How did other people respond to your needs" and "Share insights or conclusions you have come to about the life experience of low-income families." In addition, nursing professors, staff, and community leaders who took part in the simulation also sat in on the groups and contributed their insight and personal experiences during the students' debriefing.

### Evaluation methods

After the simulation, the following questionnaires were used to evaluate the simulation experience. A semi-structured Poverty Simulation Reaction questionnaire was used to evaluate understanding of poverty. This questionnaire consists of five Likert-Type items (1 = no understanding, 2 = little understanding, 3 = moderate understanding, 4 = quite a bit of understanding, and 5 = almost complete understanding) and three open-ended questions. The five Likert-Type items evaluated understanding of the financial pressures, difficult choices faced by individuals with few resources, challenges in improving situation, emotional stresses, and impact of the social service system among individuals living in poverty (Greder and Warning, 2005). The three open-ended

Download English Version:

<https://daneshyari.com/en/article/10316031>

Download Persian Version:

<https://daneshyari.com/article/10316031>

[Daneshyari.com](https://daneshyari.com)