



Using simulation to help beginning nursing students learn about the experience of poverty: A descriptive study

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ABSTRACT

Background: Increased numbers of individuals and families in the United States are living below the poverty level. Beginning nursing students must start to develop an understanding of the constraints of living in poverty and its relationship with health.

Objectives: To describe the effects of a poverty simulation implemented in a freshman-level course as a beginning preparation for working with patients who face financial hardship.

Design: Descriptive study with a pre-test and post-test design.

Setting: School of Nursing within a private, religiously-affiliated university in the northeastern United States.

Participants: 170 freshman-level Bachelor of Science in Nursing (BSN) students.

Methods: Students participated in a poverty simulation designed to sensitize participants to the experience and realities of living in a typical low-income family. Using the Undergraduate Perceptions of Poverty Tracking Survey, data were collected on students' general attitudes toward poverty, empathy for those living in poverty, and commitment to addressing poverty, two weeks prior to and one week after the poverty simulation experience.

Results: A significant decrease was noted in total scores from pre-simulation to post-simulation with a mean decrease of 7.9 ± 10.1 points (\pm standard deviation), $p < .001$. Significant decreases were also noted in four of the six subscales, including the Welfare Attitudes, Poor are Different, Equal Opportunity and Lack of Resources subscales, $ps < .001$. Changes represent improvements in the students' attitudes toward poverty, empathy for those faced with poverty, and recognition of societal and structural barriers encountered by individuals living in poverty.

Conclusions: This poverty simulation contributed to building empathy among freshman, BSN students and preparing them, early on, to provide more sensitive care to economically-disadvantaged populations. Nursing programs should include similar learning experiences at the beginning of curricula, so that this knowledge becomes an integral part of the care students provide throughout their clinical experiences.

1. Introduction

Increasingly, individuals in the United States are living below the poverty level (11.1% in 1973 vs. 14.8% in 2014), including 20.7% of children < 18 years of age. Certain racial groups are affected in higher numbers, with > 26% of Black and 23.6% of Hispanic or Latino Americans living in poverty (Centers for Disease Control and Prevention and National Center for Health Statistics, 2016). Poverty—acting together with other social determinants of health, such as educational opportunities, housing quality, neighborhood safety, and employment status—is consistently connected with poorer health outcomes across the life span (Braveman and Gottlieb, 2014). As future members of the

largest group of healthcare providers, it is essential that nursing students develop an understanding of the barriers and constraints of living in poverty, how such constraints may impact the health disparities experienced by diverse groups, and what nurses can do to provide better and more compassionate care for patients with extremely limited resources.

2. Background

Experiential learning via *simulation* is commonly used to prepare nursing students for clinical experiences and can be defined as “a near representation of an actual event which may be presented by using

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computer software, role play, case studies or games that represent reality, and actively involve learners in applying the content of the lesson” (Billings and Halstead, 2005). However, a majority of simulation learning experiences focus on acute care settings using high-fidelity or other high-technology, equipment-laden scenarios (American Association of Colleges of Nursing, 2008). Recently, poverty simulations—experiential learning scenarios designed to help participants experience what living in a low-income family might be like—are being used in nursing curricula to help students learn about the challenges and societal barriers associated with living in poverty (Reid and Evanson, 2016).

A poverty simulation can be considered a case-based learning experience to assist students with developing empathy, adjusting attitudes toward patients, and recognizing biases and stigma (Nielsen et al., 2013). Poverty simulations have resulted in changes in attitudes and less judgmental behavior toward individuals who live in poverty (Nielsen et al., 2013; Patterson and Hulton, 2012; Yang et al., 2014); greater empathy for the realities, stressors and frustrations of underserved individuals (Johnson et al., 2015); and an enhanced understanding of the effect of poverty and structural barriers on health (Noone et al., 2012). Yet, poverty simulations have been implemented with junior- and senior-level (third and fourth year) nursing students (Menzel et al., 2014; Noone et al., 2012; Patterson and Hulton, 2012; Yang et al., 2014), who are already interacting with patients in clinical settings. These positive changes reported by students indicate that poverty simulations should occur earlier in the nursing curriculum, before clinical experiences begin, so that this knowledge can be interwoven with the care students plan prior to their actual clinical experiences.

Thus, the purpose of this paper is to describe the effects of a poverty simulation implemented in the freshman-level Service Learning course as a beginning preparation for working with vulnerable patients who face financial hardship. Specifically, we examined the effect of the simulation on students' 1) attitudes toward those living in poverty, 2) understanding and empathy for those living in poverty and 3) commitment to addressing poverty.

3. Methods

3.1. Design

A descriptive design was used to examine the effect of a poverty simulation intended to sensitize students to what it might be like to live in a typical low-income family and experience the daily realities faced by individuals with very limited resources.

3.2. Ethical Considerations

The study was approved as exempt research by the Institutional Review Board of the authors' university (Protocol #2017/06/9; date: 23 June 2017); this project was part of an evaluation of the poverty simulation as an educational strategy, and no identifiable information was collected from students.

3.3. Description of the Project

The 2-credit freshman-level nursing course in which the project took place, *UPNS 114 Service Learning: Health in Communities*, focuses on preparing nursing students for active and responsible community engagement as future professional nurses. Through didactic instruction, meaningful service and critical reflective thinking, students at the freshman level are first introduced to the communication skills and beginning professional knowledge needed to influence the health and wellness of diverse populations. Part of learning about the considerations of interacting with and caring for diverse patients within their communities includes learning about the potential socioeconomic

conditions and social determinants of health that may impact individuals. Because of this learning need, we implemented this experiential learning poverty simulation in the course to introduce freshman-level students to the experience of living in poverty, prior to their interactions with patients in the clinical setting.

The poverty simulation provided a brief opportunity for students to immerse in the lived experience of poverty as an individual, a member of a family, and a member of a community. Specific learning goals for the poverty simulation included:

1. The student will develop a more empathetic attitude toward individuals living in poverty.
2. The student will recognize structural barriers faced by individuals living in poverty.

3.4. Setting

The simulation was conducted using the Community Action Poverty Simulation originally developed by the Missouri Association on Community Action in 2003 to help participants understand the situations that families living in poverty experience every day, the decisions they have to make, and the fears and frustrations that they feel (Missouri Community Action Network, 2017). The poverty simulation was conducted in a large room on the university campus with the simulated “families” seated in groups in the center. Each student was assigned a role in 1 of 18 families living on a low-income budget and briefly took on the role of an individual facing financial hardship. Around the perimeter of the room were tables representing community resources and services for the families. These services included, for example, a bank, employer, utility company, pawn broker, grocery, social service agency, faith-based agency, payday loan service, school, and child care center. Faculty and nursing school staff volunteers were recruited to staff these resource tables and to assume the roles of employers in the various agencies. Volunteers interacted with families based on their assigned role. For example, the banker circulated among the families to collect on loans; the rent collector gathered rent payments, illegally evicting families who did not pay; and the pawnbroker offered families half the value of items they wanted to pawn, in addition to charging a transaction fee.

3.5. Procedures

The simulation experience was divided into four 15-minute “weeks” in which students needed to provide for their family, navigate assigned tasks and maintain their home. Some families were newly unemployed, some were recently deserted by the wage earner, some were homeless, and others were recipients of Temporary Assistance for Needy Families (TANF). Still others assumed the role of senior citizens receiving disability or Social Security or grandparents raising their grandchildren. Each family received an information packet with simulated tasks that needed to be completed during the 15-minute “week,” such as finding employment, buying groceries for the family, ensuring children have childcare or go to school, and navigating a complex web of community agencies that provide health and social services. Family members had to address difficult circumstances, such as making a decision to stay home from work to care for a sick child while losing a day's pay or choosing to pay the utility bills and rent in lieu of purchasing medications. Student participants were also provided with a limited amount of “money” and number of transportation passes. One transportation pass per person was required to “travel” to each service agency, store or other location. During each “week,” families had a limited amount of time to seek services, obtain support, accomplish their designated duties, and simply decide how to best spend the little money they had to survive the month.

The two hour and forty-five minute simulation experience consisted of 1 h for the instruction and orientation for volunteers, 1 h for the

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