Featured Article

Utilization of Standardized Patients to Decrease Nursing Student Anxiety

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KEYWORDS
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Abstract
Background: Undergraduate nursing students often view the mental health clinical rotation as a
source of anxiety. This anxiety can have a negative influence on the establishment of a therapeutic
relationship, jeopardize patient safety, and impact student well-being and success in the program.
Incorporation of standardized patients (SPs) into the mental health specialty may be one strategy
to decrease student anxiety and ultimately improve patient outcomes.
Methods: This study utilized a quasi-experimental design to assess if SPs can reduce student anxiety
as measured by an anxiety visual analog scale and the State-Trait Anxiety Inventory (STAI). A conve-
nience sample of 69 senior level undergraduate nursing students participated in the study.
Results/Conclusion: The results of the study revealed a statistically significant reduction in student
anxiety after the interaction with the SP and provide preliminary support of incorporating SPs as a
teaching methodology in the mental health specialty.

Nurse educators are continually challenged to ensure that undergraduate students are equipped with *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN 2008) and the ability to provide safe high-quality nursing care. One obstacle that educators may face in ensuring these competencies is a high level of student anxiety, particularly in the clinical setting. Although all clinical rotations can be anxiety provoking, the mental health clinical rotation is often viewed by students as a major source of anxiety as students are taught that they will be the source of the nursing intervention through the establishment of a therapeutic relationship. The concept of "therapeutic use of self" and utilization of verbal and/or nonverbal communication skills being

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the main focus in the mental health clinical setting is quite different from other clinical settings in which interventions often consist of application of psychomotor skills.

Before the beginning of the mental health nursing rotation, students often express concern about "not knowing what to say" or fear that they will say something to the patient that will exacerbate the patient's condition. Additionally, many students have little to no experience interacting with suicidal, homicidal, manic, aggressive, or psychotic patients, which is another source of student anxiety. Student anxiety, fear, and limited experience may lead to lack of success in the mental health nursing course or possibly jeopardize patient and/or student safety.

> **Key Points**
> - Mental health nursing can be anxiety provoking for students.
> - SPs can be used as an educational strategy to reduce nursing student anxiety.
> - Reduction in student anxiety can enhance the nurse-patient therapeutic relationship.

Over the past five years, there has been an increase in research investigating the use of simulation in the mental health nursing specialty. Two recent studies investigated the use of high-fidelity patient simulation (HFPS) on undergraduate nursing student self-efficacy and anxiety before beginning the mental health nursing rotation. Both studies revealed that HFPS resulted in statistically significant findings of improving self-efficacy and decreasing student anxiety before communicating with patients experiencing mental illness (Kameg, Howard, Clochesy, Mitchell, & Suresky, 2010; Szpak & Kameg, 2013). Limitations noted in both studies included the lack of realism related to using a manikin for mental health simulations, particularly the inability of the manikin to display nonverbal communication. Recognition of patient nonverbal communication skills is an essential skill in the mental health nursing specialty and is more likely to be captured through the use of standardized patients (SPs) rather than high-fidelity simulators. The primary purpose of this study was to investigate the impact of either a depression or anxiety SP simulation scenario on nursing student anxiety before attending clinical and interacting with a mentally ill patient as measured by the State-Trait Anxiety Inventory (STAI) and an anxiety visual analog scale (VAS).

Review of the Literature

Undergraduate nursing students can be vulnerable to stress and anxiety as a result of their age and limited experience, the inherent demands of mental health nursing education, and challenges of everyday living (McGann & Thompson, 2008). Research has consistently identified that undergraduate nursing students express fear, anxiety, and uncertainty regarding mental health nursing and interacting with individuals diagnosed with mental illness (Corrigan, Kuwabara, & O'Shaughnessy, 2009; Happell & Gough, 2007; Happell, Robins, & Gough, 2008; Stuhlmiller, 2005). Educators are encouraged to identify innovative educational approaches that effectively prepare students for the demands in mental health nursing, reduce student anxiety, and ultimately, promote a positive view of this specialty (Happell, Platania-Phung, Harris, & Bradshaw, 2014; Happell & Gaskin, 2012).

Use of simulation as a teaching methodology may be one strategy that nurse educators can implement as a means to reduce student anxiety and enhance the mental health clinical experience. Various forms of simulation have been used for many years in the mental health nursing specialty beginning with informal role-playing to more structured experiences utilizing HFPS and SPs. Recently, educators have incorporated HFPS as a teaching methodology in the mental health specialty. Sleeper and Thompson (2008) provided students the opportunity to practice communication skills with a high-fidelity simulator depicting a patient with depression and suicidal ideation who needed to be assessed for safety before discharge. Based on the results of the study, the researchers concluded that HFPS could be helpful in augmenting theory and practice, providing timely student feedback, and enhancing transferability of skills to clinical practice. Kameg et al. (2010) and Szpak and Kameg (2013) found that HFPS resulted in statistically significant findings of improving self-efficacy ($p < .00$) and decreasing student anxiety ($p < .01$) before communicating with patients experiencing depression and anxiety. Strengths of both studies included the use of reliable measures to assess self-efficacy and anxiety. Limitations included small sample sizes and the inability of the manikin to display nonverbal communication.

Given that the affective learning domain is integral to the mental health specialty, use of HFPS has limitations, particularly the inability of the simulator to display nonverbal communication. Additionally, use of faculty or students taking on the role of the patient also may be difficult in that students may not take the simulation as seriously or there may be difficulty standardizing the scenarios without proper training. Another method of simulation that is being utilized by nurse educators is the use of SPs. SPs are individuals trained to consistently portray a patient or other individual in a scripted scenario for the purposes of instruction, practice, or evaluation (Robinson-Smith, Bradley, & Meakim, 2009). Utilization of SPs is useful because students and health care providers have an opportunity to improve their decision making, problem solving, and communication skills in a safe nonthreatening environment. Additionally, because of the nature of the interpersonal relationship that is inherent in the mental health nursing specialty, use of a person who is able to portray emotions and nonverbal communication is imperative in ensuring that students are competent in the affective learning domain.

Utilization of SPs in the mental health nursing specialty is not a novel teaching methodology; however, there has been