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Featured Article

Impact of a Simulation on Nursing Students' Attitudes Toward Schizophrenia

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KEYWORDS

stigma;
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psychiatric nursing;
empathy;
hearing voices;
schizophrenia;
nursing students;
standardized patients

Abstract

Background: Individuals with schizophrenia experience disparities in health based in part on negative perceptions of nurses. Attitudes and behaviors toward schizophrenia may improve when opportunities for interaction are increased.

Method: This study compared the impact of a novel two-part simulation with a traditional didactic and clinical experience (N = 145). Measures included empathy, attitude, and intention of undergraduate student nurses toward individuals with schizophrenia. Analysis included testing for differences between control and intervention.

Results: Treatment group had significantly lower negative perceptions with no significant change in empathy.

Conclusions: Providing students opportunities to gain real or simulated experience with clients with schizophrenia may reduce negative perceptions.

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Negative attitudes and discriminatory behaviors of nurses and other health care professionals toward individuals with schizophrenia are prevalent and are associated with serious adverse consequences to the health, quality of care, and quality of life for individuals with severe mental illness and their families (Thornicroft, Rose, & Kassam, 2007; Arvantiti et al., 2009; Feret, Conway, & Austin, 2011). Although the

prevalence and incidence of schizophrenia are relatively low, individuals with schizophrenia have rates of morbidity and mortality that are two to three times higher than the general population (Brown, Kim, Mitchell, & Inskip, 2010b). Negative attitudes and behaviors of health care team members are associated with a reluctance of individuals with mental illness to seek help and contribute to under diagnosis and treatment of mental and comorbid physical conditions (Baumann, 2007; Ross & Goldner, 2009; Thornicroft et al., 2007; Horsfall, Cleary, & Hunt, 2010; O'Reilly, Bell, & Chen, 2010).

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Consequently, nurses regardless of their practice setting are likely to interact with individuals with schizophrenia and have the potential to positively or negatively impact the quality of care and quality of life of individuals with schizophrenia and their families.

Key Points

- The intervention showed improvement in negative emotions of student nurses related to individuals with schizophrenia, particularly for participants with less experience at baseline.
- Assessing baseline experience of students with individuals with mental illness may be useful in directing use of simulation.
- Providing opportunities to gain experience with clients with schizophrenia may help to reduce stigma.

Background

Individuals with schizophrenia experience the highest burden of stigma and discrimination (Mann & Himelein, 2004) and experience fear, blame, mistrust, assumption of dangerousness, violence, and expectations of limited recovery (Hinshaw & Stier, 2008). Consequently, negative attitudes may result in discriminatory behaviors by health care professionals such as a desire for social distance, fragmentation of client care, and devaluation of individuals with schizophrenia (Llerena, Caceres, & Penas-Lledo, 2002; Ross & Goldner, 2009; Feret et al., 2011;

O'Reilly et al., 2010).

Interventions aimed at increasing training and education related to the causes of mental illness has been shown to improve mental health knowledge; however, education alone has not been effective in changing attitudes and behaviors (Angermeyer, Holzinger, Carta, & Schomerus, 2011). Nurses who report higher amounts of contact with patients with mental illness generally have more positive attitudes and an increased intention to interact with patients with mental health needs (van der Kluit & Goossens, 2011). It is important to better understand how factors, such as empathy, contribute to nurses' attitudes. In a recent study of 214 undergraduate nursing students, Ward, Cody, Schaal, and Hojat (2012) found that empathy declined during the course of nursing school for students who had more hours of clinical exposure and previous health care experience. They recommended that experiential and standardized patient (SP) simulations be designed to improve empathy.

The evidence clearly supports the effectiveness of interactions with individuals with schizophrenia on practitioner development of knowledge, positive attitudes, and behaviors toward clients with this disorder; however, the likelihood that undergraduate nursing students will encounter an individual with schizophrenia during their clinical rotations is highly variable. The situated learning

aspect of simulation which requires contextual application of content knowledge allows for change in participants' stigmatized attitudes (Stein, 1998). One example of a situated learning activity is the *Hearing Voices that are Distressing: A Training Experience and Simulation* (Deegan, 1996). In this simulation learning activity, students engage in the lived world of an individual who is experiencing auditory hallucinations. Individuals who have participated in simulated hallucinations have reported increased empathy, understanding, and appreciation of how auditory hallucinations can be a barrier to accessing care and understanding of treatment options (Ando, Clement, Barley, & Thornicroft, 2011; Chaffin & Adams, 2013; Orr, Kellehear, Armari, Pearson, & Holmes, 2013). A systematic review of 10 studies using simulated hallucinations reported contradictory results that although simulated experiences consistently increased empathy for participants, the simulated experiences also increased the desire for social distance from individuals who are hallucinating (Ando et al., 2011). There was wide variability in the duration of the simulation and in debriefing in the reported studies. The authors of the review concluded that simulated hallucination as a teaching and/or learning strategy may be strengthened with the addition of contextual features (Ando et al., 2011). It is clear that further study of this teaching strategy is warranted to elucidate the components that positively impact student learning.

A second example of a situated learning activity is the use of SPs, which afford a supported opportunity to practice interacting with an actor who portrays symptoms of schizophrenia. Although there is support for the use of SPs as a learning strategy (Orr et al., 2013; Shawler, 2008; Sideras, et al., 2013) and strong support for live social interaction with an individual with schizophrenia in decreasing negative attitudes and social distancing (Brown, Evans, Espenschade, & O'Connor, 2010a; Clement et al., 2011; Corrigan et al., 2010, 2001), there are no published explorations on the impact of a learning activity that combines simulated auditory hallucinations in combination with an SP scenario to assess improved knowledge, attitudes, and behaviors of undergraduate nurses toward individuals with schizophrenia. Empirical evaluation of strategies to overcome the challenges of limited clinical experience opportunities for nursing students with clients with schizophrenia is lacking.

Preliminary Study

The authors conducted an exploratory pilot study with undergraduate students to test the feasibility and preliminary impact on student knowledge and behavior of a two-phase simulation. This simulation included an individual-simulated auditory hallucinations experience (Hearing Voices) followed by a three-case trajectory of illness simulation using an SP to portray needs of an individual with schizophrenia. A pre-post test design with

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