

USING SIMULATION TO TEACH ABOUT POVERTY IN NURSING EDUCATION: A REVIEW OF AVAILABLE TOOLS



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Poverty is one of the most significant social determinants of health, and as such, it is imperative that nurses have an understanding of the impact that living in poverty has upon one's life and health. A lack of such understanding will impede nurses from providing care that is patient centered, treats all patients fairly, and advocates for social justice. It is essential that nursing educators assure that poverty-related content and effective teaching strategies are used in nursing curricula in order to help students develop this understanding. Several poverty-simulation tools are available and may be able to assist with development of accurate knowledge, skills, and attitudes. Unfortunately, little evidence exists to evaluate most poverty simulation tools. This article will provide an introduction to several poverty-related simulation tools, discuss any related research that evaluates their effectiveness, and make recommendations for integration of such simulation tools into nursing curricula. (Index words: Poverty; Simulation; Nursing education; Vulnerable populations; Active learning) J Prof Nurs 32:130–140, 2016. © 2016 Elsevier Inc. All rights reserved.

POVERTY IS CONSIDERED to be one of the most influential determinants of health (World Health Organization, 2012). The challenge of addressing health inequalities has major implications for health professionals, including nurses, because nurses, regardless of employment setting, will encounter people living in poverty (Reutter, Sword, Meagher-Stewart, & Rideout, 2004). Developing an understanding of the impact of poverty on the lives and health of individuals for whom nurses provide care is crucial to addressing the causes and consequences of poverty-related disparities. A lack of such understanding will interfere with nurses' abilities to provide patient-centered care, treat all patients fairly, and advocate for social justice (Noone, Sideras, Gubrud-

Howe, Voss, & Mathews, 2012). Assuring that effective poverty-related teaching strategies are used in nursing curricula is vital to the knowledge, skills, and attitude development of nurses.

The purpose of this article is to provide a review of the evidence for simulations related to poverty and the implications for nursing education. Simulation tools to improve knowledge, skills, and attitudes toward individuals living in poverty are proposed. An overview of various poverty simulation tools, the related research evaluating their effectiveness, and recommendations for integration of such simulations into nursing curricula are provided.

Poverty in the United States

Poverty remains a persistent problem in the United States and other industrialized countries. Definitions of poverty vary greatly among sources. In the United States, the U.S. Census Bureau uses a set of financial income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the threshold, the family and every individual in it, is considered to be living in poverty (United States Census Bureau, 2014b). Reflecting the monetary focus, *poverty* is defined as the “state of one who lacks a usual or socially acceptable amount of money or material possessions”

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(Poverty, 2012, para. 1) or a “condition where people's basic needs for food, clothing, and shelter are not being met” (Poverty, 2014, para. 1). Some definitions contain elements related to beliefs and attitudes, such as “the condition or quality of being poor; indigence; need, deficiency in necessary properties or desirable qualities or in a specific quality, etc.; inadequacy” (Neufeldt & Guralnik, 1988, p. 1057) and “someone who is worthy of being pitied or being in a position to excite compassionate regard, inferior in quality, having little distinction or worth” (Gove, 1986). These multiple definitions and perspectives shape our attitudes and beliefs about those who live in poverty. The meaning may be interpreted differently by different individuals, across cultures, periods of time, ideologies, and circumstances (Guttmann & Cohen, 1992).

The poverty rate in the United States in 2010 was 15.1%, the highest rate since 1993. This translates to 46.2 million people living in poverty in 2010, the largest number in the 52-year history of gathering these data (United States Census Bureau, 2011). In 2012, this rate remained constant at 15.0% and decreased to 14.5% in 2013 (United States Census Bureau, 2014a). DeNavas-Walt, Proctor, and Smith (2011) found that during 2009, approximately 23.1% of the population had a period of poverty lasting 2 or more months.

Living in poverty has been associated with lower health status, as defined by morbidity, activity limitation, and life-expectancy or by self-report (United States Department of Health and Human Services & Agency for Healthcare Research & Quality (AHRQ), 2010). Poverty increases the chances of having poor health, and in turn, poor health traps individuals and communities in poverty (Health Poverty Action, n.d.). Nurses and other health professionals are in a unique position to advocate for populations living in poverty, through interventions at the individual, community, and policy levels (Reutter et al., 2004; Sword, Reutter, Meagher-Stewart, & Rideout, 2004).

Nursing Education

The behaviors and professional values of excellence, caring, respect, empathy, and compassion are the foundation of nursing practice. Nursing has a long tradition of being a profession highly respected for honesty and ethical standards (Gallup, 2013; Jones, 2010; Mendes, 2010). The *Essentials of Baccalaureate Education* specifically addresses providing care to all patients, including those of diverse culture, ethnicity, and socioeconomic status (American Association of Colleges of Nursing (AACN), 2008, p. 27). The AACN identifies social justice and respect for human dignity as two of the many professional values that are the essence of professional nursing. Nursing education curricula must include a means for students to recognize their personal values, attitudes, and expectations and the potential impact on those to whom they are providing nursing care (AACN, 2008, *Quality & Safety Education for Nurses*, 2012).

Stereotypes related to poverty persist in the media, classrooms, and society in general (Martin, 2010). There is little in the literature describing health

professionals' views about poverty or their understanding of the relationship between poverty and health. However, Reutter et al. (2004) studied nursing students' beliefs about poverty. They found that nursing students had limited exposure to economically deprived individuals and reported little exposure to the concepts of poverty and the effect of poverty on health within their nursing curriculum.

Given the rate of poverty and the associated health concerns, it is essential for nursing curricula to provide students with opportunities to learn about poverty including its causes, effects, and consequences for health. In the classroom setting, nursing students gain the knowledge related to caring for clients with various health needs. Didactic or active classroom teaching strategies, while providing learning, do not adequately address the skills and attitudes related to the content (Tanner, 2006).

Clinical experiences allow students to interact with clients in different states on the health–wellness spectrum; however, attitudes and interaction skills are often not addressed prior to the interaction. Clinical experiences where students observe or participate in working with individuals in settings such as the public welfare system, homeless clinics, community/public health agencies, Head Start programs, or other community-based health service agencies have provided learning experiences about poverty (Broussard, 2011; Davidson, DuPreez, Gibb, & Nell, 2009; DeLashmutt, 2007; DeLashmutt & Rankin, 2005; Guttmann & Cohen, 1992; Kirkham, Van Hofwegen, & Harwood, 2005). Service–Learning is another means of providing experiences related to poverty and other social justice issues. Service–Learning experiences create opportunities for students to examine social problems and reflect on their individual and professional responsibilities (Bell & Bue-low, 2014; Jarrell et al., 2014; Redman & Clark, 2002). Combining these experiences with simulation may provide enhanced knowledge, skills, and attitudes for students.

However, as with traditional acute care clinical placements, these innovative, nontraditional clinical experiences come with their own set of challenges, including availability and consistency of sites, establishing and maintaining relationships, scheduling issues, and faculty supervision (Redman & Clark, 2002). On the other hand, creating experiences that mimic interactions similar to those encountered in the usual clinical setting in a nonthreatening simulated environment can also facilitate learning and provide students with a skill set to use in the clinical setting. Facilitating student learning by using innovative learning experiences increases awareness of perceptions and attitudes toward poverty (Jarrell et al., 2014; Kirkham et al., 2005; Redman & Clark, 2002).

Simulation in Nursing Education

There is considerable evidence that supports the positive effects of successful integration of simulation into nursing curricula (Harder, 2010; Jeffries, Linde, &

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