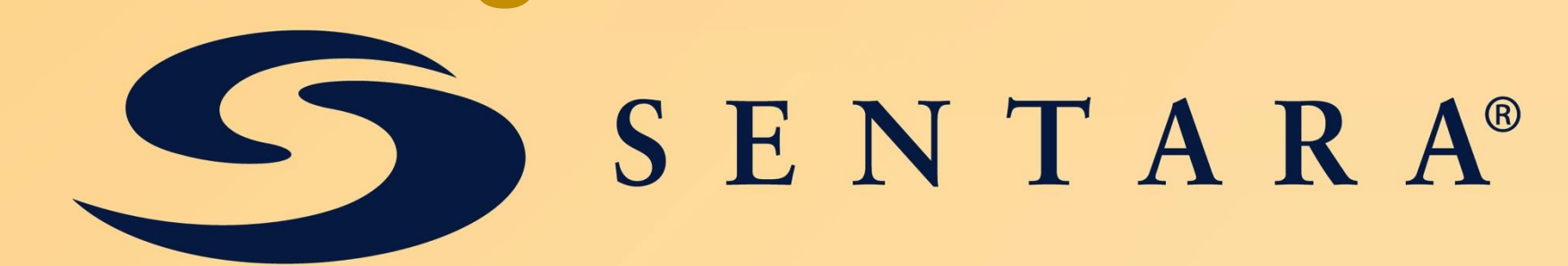




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Enhancing Intellectual Empathy in Students Caring for Clients Hearing Voices

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Background

- Nursing students are exposed to clients experiencing auditory hallucinations (hearing voices) in a variety of settings. It is often difficult for nursing students to establish a rapport with these clients.
- Past research indicates that having clinical staff establish good rapport with clients results in better treatment outcomes and improved safety for both clients and clinical staff.
- While increasing empathy for clients experiencing auditory hallucinations is supported in the literature as a great means of establishing rapport, the literature is scant on how to develop empathy in nursing students.
- Research on the use of simulation for training around client empathy is virtually non-existent.

Problem Statement

- Nursing students are not always well prepared to care for clients experiencing auditory hallucinations in a safe, compassionate manner. This can result in unsafe situations for clients and/or students.

Project Goal

- The goal of the project was to strengthen safe nursing practice through improved empathy and communication skills for nursing students.

Objectives and Research Questions

- This study aimed to explore differences in empathy reported by nursing students following participation in a simulation program designed to expose students to conditions consistent with clients experiencing auditory hallucinations. The research question included:
 - Are there differences in empathetic concern, perspective taking, and personal distress reported by nursing students following participation in the simulation program?

Evaluation Strategy

- A longitudinal pre-test, post-test design was used to explore differences in empathetic concern, perspective taking, and personal distress reported by nursing students following participation in the simulation program.
- A convenience sample of 83 nursing students were invited to participate in the *Hearing Voices That are Distressing: A Training and Simulation Experience*.¹
- To minimize peer-to-peer pressure, student participation was voluntary. To minimize faculty-to-student pressure, participation was solicited by a non-faculty researcher.
- SurveyGizmo™ was used to collect survey data (*Empathetic Concern Scale*, *Perspective Taking Scale*, and *Personal Distress Scale*) prior to and following program participation.

Simulation Program

- *Hearing Voices That are Distressing: A Training and Simulation Experience*¹ is a 3-hour simulation program designed to increase participant knowledge of the lived-experience of voice-hearing clients and increase empathy for those managing their care.
- Participants listen to audiotapes designed to simulate the experiences associated with hearing voices that are distressing to clients.
- Participants are asked to perform a series of functions while hearing the voices: (1) cognitive testing and (2) social interaction in a community setting, a psychiatric emergency room interview, and a day treatment activities group.
- Simulation program objectives include the following:
 - Explore the different types and varieties of voice hearing experiences.
 - Increase empathy and knowledge of the experience of hearing distressing voices.
 - Explore more effective ways of assisting clients who hear distressing voices cope with these lived experiences.

Results

- *Chi-square tests of independence* revealed differences in the *Empathetic Concern Scale*, *Perspective Taking Scale*, and *Personal Distress Scale* were not statistically significant.
- *Chi-square tests of independence* revealed differences in several items on the *Personal Distress Scale* were statistically significant. Improved confidence in emergent situations was reported following simulation program participation. Specific areas of improvement included:
 - In emergency situations involving patients, I feel apprehensive and ill-at-ease [$\chi^2(8, N=163) = 15.95, p = .043$].
 - When I'm having a disagreement with a patient, I try to look at their side before I make a decision [$\chi^2(6, N=163) = 22.36, p = .001$].
 - When I see a patient get hurt, I try to remain calm [$\chi^2(8, N=163) = 18.97, p = .015$].

Conclusions and Implications

This study addressed major health concerns in the vulnerable voice-hearing population.

- Preliminary results indicated that nursing students reported changes in practice based on first-hand experience with hearing voices. Participants were more likely to remain calm in emergent situations and address client needs in a safe, compassionate manner.
- This sample size was small ($N=83$). A larger sample may more accurately reflect the impact of simulation on knowledge of the lived-experience of voice-hearing clients and empathy for those managing patient care.
- Additional studies are needed to explore relationships between simulation education and developing empathy to assist clients who hear distressing voices cope with these lived experiences.

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¹Deegan, Patricia. *Hearing Voices That are Distressing: A Training and Simulation Experience*. [accessed on August 28, 2013]. Available at <http://www.ccbh.com/providers/recoveryinstitute/resources/voice/>.