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Featured Article

Exploring Nursing Students' Perspectives of a Novel Point-of-View Disability Simulation

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KEYWORDS

empathy;
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Abstract

Background: Empathy is integral to therapeutic relationships and person-centered care. Interventions specifically targeting empathy toward people who have a disability may be of benefit to nursing education.

Method: In this article, we describe a novel point-of-view simulation designed to enhance empathy toward people who have a disability as a result of acquired brain injury. Nursing students' perspectives of the

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student experience

simulation were examined using a concurrent nested mixed methods design and using the Satisfaction with Disability Simulation Experience Scale, which includes 18 closed and one open-ended question.

Results: A total of 384 second-year nursing students from a population of 488 participated, giving a response rate of 79%. The overall mean satisfaction score was 4.49/5.0 (standard deviation = 0.55), indicating a high level of agreement with each of the survey items. Thirty-five participants responded to the open-ended question, and analysis of their comments revealed three themes: *A valuable experience, new insights, and standing in someone else's shoes.*

Conclusion: Given that there is compelling research about the benefits of empathic engagement with patients, the results from this study support continuing investment in point-of-view simulation experiences.

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Empathy is fundamental to person-centered care and therapeutic relationships (Brunero, Lamont, & Coates, 2010; Pettigrew & Tropp, 2008). However, in international health care reports, diminished empathy has been identified as a contributing factor in the neglect of people with a disability (Department of Health, 2012; Francis, 2013; Parliament of Victoria, 2016). This finding has resulted in a renewed focus on empathy in nursing education (Papadopoulos & Ali, 2016). Emerging evidence suggests that experiential simulations where learners are asked to stand in the patient's shoes appear to be the most effective approach for enhancing empathy levels (Bosse et al., 2012; Bunn & Terpstra, 2009; Daepfen et al., 2012; Henry, Ozier, & Johnson, 2011).

This article describes a novel point-of-view simulation designed to enhance empathy toward people who have a disability as a result of acquired brain injury (ABI). The simulation was evaluated using a concurrent nested mixed methods design and a modified version of the Satisfaction with Simulation Experience Scale (SSES), an instrument with strong evidence of psychometric integrity (Levett-Jones et al., 2011; Williams & Dousek, 2012).

Background

In Australia, 20% of the population have a disability, and 1.4 million people have severe disabilities and require help with mobility, communication, and/or self-care (Australian Bureau of Statistics, 2015). Survivors of ABI are one group of people who often experience significant and long-term disability (Blundell, 2014). ABI can result in cognitive, physical, or emotional deterioration and can be caused by strokes, accidents, brain tumors, infection, and degenerative neurological diseases (Australian Institute of Health and Welfare, 2007).

Approximately one in 45 Australians (432,700 people) have ABI and, of these, a third live with profound disability (Australian Institute of Health and Welfare, 2007). More than 50% of people with ABI are younger than 65 years (Australian Bureau of Statistics, 2015).

Individuals with ABI are affected differently. Physical problems may include paralysis, chronic pain, speech and sensory deficits, dysphagia, ataxia, apraxia, fatigue, and seizures (Matiuk, 2014). Cognitive issues can result in memory, concentration, and psychosocial/emotional problems (Brain Injury Association of Queensland, 2016). People with ABI often experience a loss of identity, autonomy, self-worth, and social confidence; and depression is a significant concern for 15% of people (Brain Injury Association of Queensland, 2016).

The first 12 months after an ABI has been described as a time of confusion and unfamiliar embodiment where people report feelings of fear, uncertainty, frustration, humiliation, embarrassment, and loss (Romslund, Grimen, & Ingstad, 2012; Timothy, Graham, & Levack, 2016). In a phenomenological study exploring the lived experiences of 15 stroke survivors, participants described the health care environment as a "battlefield" where they lost their "identity and dignity"; and nurses were perceived as "caring and diligent" or "disinterested with a wholesale lack of caring" (Kitson, Dow, Calabrese, Locock, & Athlin, 2012, p. 399). In that study, the participants valued nursing care that was respectful, person centered, and empathic; however, many experienced distress, embarrassment, and humiliation and nursing care that was devoid of empathy. In another qualitative study, the narratives of 11 people who had experienced an ABI were thematically analyzed revealing similar findings to those of Kitson et al. Many participants felt devalued, dismissed, insulted, "talked down to", and treated "as if they were stupid" (Wright,

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