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Contemporary Issues

Avoiding controversy: Considerations for point-of-view nursing simulations

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ABSTRACT

Point-of-view simulations involve participants engaging in simulation to experience what it might be like to live with a health condition or disability. These types of simulations have been used frequently in nurse education as a valuable pedagogical tool, as research has shown that student engagement with point-of-view simulations increases student empathy. However, point-of-view simulations have also been problematised by disability community members and scholars researching in the disability space, as ableist and culturally unsafe. This manuscript explores recommendations for, and criticisms of, point-of-view simulations and offers considerations to address these concerns.

1. Background

Empathic healthcare has been empirically proven to improve peoples' emotional and physical wellbeing and increase adherence to treatment (Levett-Jones et al., 2019). People measure the quality of health care they receive based on how empathetic they perceive their health care professionals to be (Levett-Jones et al., 2019). Considered an intrinsic element of person-centred nursing practice, 'empathy involves the cognitive ability to comprehend what another person is feeling, an emotional resonance with those feelings, and the willingness to respond appropriately to the person's needs' (Levett-Jones et al., 2019, p. 80).

Empathy for others develops as a person garners knowledge and life experience. However, many students enrolling in nursing degrees are in late adolescence and therefore lacking extensive lived experience and maturity (Hampton et al., 2020). Known as Generation Z, growing up in a technologically saturated environment is thought to impact on contemporary students' social and relationship skills (Hampton et al., 2020). It is therefore imperative that opportunities to develop and nurture empathic skills are provided for nursing students in higher educational programs leading to registration (Maruca et al., 2015).

1.1. Point-of-view simulations

Empathy can be fostered in nursing students through educational interventions (Kerr, 2015; Levett-Jones et al., 2019). In a systematic review of empathy education for undergraduate nursing students, immersive and experiential point-of-view simulations paired with opportunities for reflection were found to be particularly effective (Levett-Jones et al., 2019). Point-of-view simulations are activities that allow students to experience elements of what it is like to 'walk in another's shoes' (Díaz et al., 2015; Kerr, 2015; Levett-Jones et al., 2019).

Examples of point-of-view simulations designed to enhance empathy in nursing students include voice hearing simulation, donning a hemiparesis suit, and wearing ostomy appliances. Although having a stoma and managing it with ostomy appliances is not considered a disability, simulated ostomy examples are drawn upon in this paper to provide recommendations for the design of point-of-view simulations. Literature from disability research that problematises point-of-view simulations is

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also included as a counterbalance. We reconcile these two opposing perspectives to make recommendations for the respectful use of point-of-view simulations in nurse education.

In a voluntary activity, Reed (2012) had over 100 nursing students wear an ostomy bag containing 90 mL of simulated faeces overnight. The fidelity of this activity was enhanced by the addition of fake faecal odour. Participating students completed an online blog post exploring their experiences. Although not formally assessed or analysed, Reed (2012) provided excerpts of students' writing to demonstrate increased insight into peoples' experiences. Reed (2012) credits the activity with increasing compassion, professional maturity, and ability to empathize with others.

After initiating a similar ostomy simulation activity over 48 h, Maruca et al. (2015) applied content analysis to the reflective essays of 65 students. Essays were analysed for empathic comments and scored against seven empathy categorisations. Essays were found to contain between one to fourteen empathic comments. Sixty-five percent contained three to six empathic comments. The researchers also analysed the papers thematically using descriptive phenomenology (Díaz et al., 2015), and conducted a satisfaction survey (Maruca et al., 2015). The unvalidated satisfaction survey contained six questions and included a scale from one to five, with one indicating low satisfaction, three medium satisfaction, and five high satisfaction (Maruca et al., 2015). In response to the survey, 85 % of students indicated the exercise enhanced their empathy and ability to develop therapeutic relationships with people living with an ostomy (Maruca et al., 2015). These researchers highlighted that this type of simulation provided an opportunity for students 'to care, empathize and critically think about patient care' (Díaz et al., 2015, p. 517). Maruca et al. (2015) also acknowledged the potential of the simulation to foster increased empathy among students toward people living with other chronic or stigmatising conditions.

Recommendations arising from this study included students reflecting on their own experiences compared to the experiences of a person living with an ostomy, to improve nursing care (Díaz et al., 2015) and extending the activity across different cohorts of undergraduate and graduate nursing students (Maruca et al., 2015).

To prepare nursing students to better care for people living with ostomies, Kerr (2015) initiated an 'ostomate for a day' activity with a convenience sample of 29 nursing students. Ostomy bags were pre-filled with approximately half a metric cup of simulated body waste. Students then wore the ostomy device for 24 h and wrote a reflective essay about the physical and psychosocial impact of wearing an ostomy appliance. Reflective essays were analysed thematically. Empathy was one of six themes derived from the data, based on insights students had about what it would be like to live with a stoma. Having first-hand knowledge of wearing an ostomy device left students feeling more prepared to provide education and practical advice for people on managing the ostomy appliance and the impact on everyday life (Kerr, 2015). One subsequent recommendation from Kerr (2015) was to measure empathy pre and post the simulation. Conducting pre and post empathy evaluation was so the researchers could objectively state whether this activity resulted in increased levels of empathy or not. Another recommendation was to involve wound, ostomy and continence nurses in developing curricula to teach ostomy care (Kerr, 2015).

1.2. Problematising point-of-view simulations

Before embarking on any kind of point-of-view simulation the controversial nature of this pedagogical method needs to be acknowledged. Point-of-view simulations have been criticised by the disability community, in relation to having able-bodied students briefly simulating disability experiences such as paralysis through wheelchair use on a university campus. Leo and Goodwin (2016) argued that when considered within the framework of ableism, simulations position disability as an individual deficit, rather than recognizing it as a broader societal concern. This viewpoint neglects the intricate interplay of societal structures and attitudes that shape the experiences of individuals living with disabilities.

There is also a danger that participating in a contrived disability simulation, can cause a participant to believe that their own brief encounter, equates to another person's complex and embodied lived experience (Leo and Goodwin, 2016). Being briefly incapacitated is more likely to represent a newly acquired condition, as opposed to demonstrating what it is to have lived with a disability or chronic health condition for an extended amount of time. It is therefore fundamental to include people living with the condition being simulated, in simulation development and delivery (Leo and Goodwin, 2016). The inclusion of insiders privileges the voices and experiences of those who hold intimate knowledge of the phenomena. Combining the simulation experience, with the lived experience of insiders, encourages students to engage in a much deeper reflection on the experience, and 'creates a critical pedagogical learning environment that emphasizes justice, equality, and social and cultural change' (Leo and Goodwin, 2016, p. 172). Direct contact with people with lived experience of disability has provided empirical evidence of participants developing more positive, inclusive and less ableist attitudes regarding people living with disabilities (Leo and Goodwin, 2016).

The length of time students engage in a simulation has also been critiqued. In a phenomenological exploration of insiders' views of disability simulations, people living with disabilities believed a simulation should continue beyond the class and familiar campus, into the community (Leo and Goodwin, 2016). Participants did not believe that a simulation lasting the length of a class allowed students to fully appreciate how a disability impacted on everyday life. Simulations over an extended time frame provide more scope for participants to accumulate a range of authentic and embodied experiences (Ma and Mak, 2022).

In a meta-analysis of disability simulation programs, it was concluded that point-of-view simulations were beneficial. However, the way that simulation experience objectives were framed to participants was paramount (Ma and Mak, 2022). It is crucial that students understand the limitations of the experience, and that they are only simulating a fraction of what somebody living with a disability may experience. For example, using a wheelchair, students may gain an understanding of structural barriers to accessibility, but these experiences will be superficial, temporally bound and not include other elements of paralysis such as bowel and bladder care (Leo and Goodwin, 2016).

Another recommendation is a comprehensive pre-brief before the activity, and debrief at the conclusion of the simulation, to ensure that the objectives of the simulation are met (Ma and Mak, 2022). The pre-brief is especially important to set the 'tone' for the activity, as one of the documented issues with point-of-view simulations is a tendency for students to laugh and giggle during the simulation activity. Expressing humour during point-of-view simulations has been theorised to be an artifact of both emotional regulation, decompressing during an uncomfortable situation, and a group response to a novel learning strategy (Leo and Goodwin, 2016).

2. Conclusion

Although the scholarship on point-of-view simulations in nurse education is limited, they represent an opportunity for students to develop empathy and practical insights into the lived experience of disability and illness. Recommendations for this type of point-of-view simulation include involving people living with the simulated condition and specialist nurses in the design and delivery; having students compare their own experience of the simulation with the experiences of people actually living with the condition; evaluating the experience across different cohorts; measuring empathy pre and post the simulation; providing structured and sensitive pre and de-briefing; and, extending the simulation beyond the classroom into the community and the students' everyday lives.

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Declaration of competing interest

None.

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