

Evaluating of Psychiatric Simulation Program on Student Nurses' Empathy toward Auditory Hallucinating Patients

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ABSTRACT

Caring for and working with client with auditory hallucination can be a challenge for undergraduate student nurses do not get a degree in psychiatric nursing. Facilitating a degree of understanding of these acute states distress is usually most effectively provided in the clinical environment. Empathy is basic for understanding, shared meaning, and mutual trust that lie as the heart of therapeutic nurse - patient relationship. *This study aimed to* evaluate psychiatric simulation program on nursing students' empathy' toward auditory hallucinating patients. The study followed *a quasi-experimental design* and was carried out in *two settings*; the class room at the Faculty of Nursing, Tanta University, and Tanta mental Health Hospital that is affiliated to the Ministry of health. *The study subjects* include 48 nursing students who were enrolled in psychiatric nursing educational course. **Tools:** tool (1) of this study was Empathy scale; it was developed by *Davis MH*. Tool (2) was open end questions were developed by researchers to elicited information about; the subjects emotions that arousal during hearing simulated voices in the program, ways of their coping with these simulated voices, opinion about the effective coping methods, and their perception toward auditory hallucinating patients after the program. *The main results* refer to; increased level of student nurses' empathy in it's multidimensional after the psychiatric simulation program. *It was concluded that* the psychiatric simulation program in the present study help students to learn how to be empathetic with patients with auditory hallucination, so it was *recommended that:* the psychiatric simulation program that was applied in this study to be implemented with students' nurses that enrolled in psychiatric nursing educational course at faculties of nursing.

Key words: Psychiatric simulation program, Empathy, Auditory hallucination

INTRODUCTION

Nursing education programs are faced with increased pressure to produce graduates who are capable of providing safe patient care. Toward that end, nursing education programs develop curricula, hire qualified faculty, and select learning experiences for students in an effort to train and graduate competent, effective nurses (*Durham CF, et al, 2006*).

Nursing education is currently interested in using simulation in some form to teach principles and skills of nursing care. Human patient simulator is a relatively new teaching strategy that allows

learners to develop, refine, and apply knowledge and skills in a realistic clinical situation as they participate in interactive learning experiences designed to meet their educational needs. Learners participate in simulated patient care scenarios within a specific clinical environment, gaining experience, learning and refining skills and developing competencies; all this is accomplished without fear of harm to patients. The use of simulation as a teaching strategy can contribute to patient safety and optimize outcome of care, providing learners with opportunities to experience scenarios and intervene in clinical situations within a safe, supervised

setting without posing risk to patients (*Durham CF, et al,2006*).

In general terms, simulation is a technique or device that attempts to create characteristics of the real world (*Waxman KT,2010*). Simulation allows the educator to control the learning environment through scheduling of practice, providing feedback, and minimizing or introducing environmental distractions. Simulation also refers to activities that mimic the reality of a clinical environment and that are designed for use in demonstrating procedures and promoting decision making and critical thinking (*Beaubien, IM, Barker DP, 2004*). In the health care education, simulation takes many forms, from real relatively simple to highly complex (*Jefferies PA,2005*).

In psychiatric nursing arena, however simulation involves more than mannequins. Simulation takes the form of scenarios with human role - playing, standardized patients, and computer- driven models of patients and health care environment. The students' level of participation can also vary. Students can actively take part in a simulation exercise or simply observe. The point is to develop clinical skills without harm to patients while allowing students to cultivate clinical skills (*McGuinness TM,2011*)).

Simulations designed for mental health nursing practice often emphasize verbal and non verbal skills. Student communication and behaviors are important in any clinical setting, and particularly in psychiatric care. Psychiatric simulations provide an opportunity for students to practice mental status assessment and therapeutic interventions with actors or instructors playing the symptomatic patient (*Goodman KM, et al, 2010, & Sleeper JA, 2008*). Simulations were strategically designed to reinforce

therapeutic and non therapeutic communication techniques, introduce students to nurse - patients' interactions, and manage a client. These applications allow faculty and students to assess competence in communication and clinical assessment (*Brown JF,2008*).

Empathy and quality of care:

According to *Edith Stein* "Empathy is recognizing another person 's lived experiences", and *Carl Roger*, in his client centered therapy, defined it as a perception of " the internal frame of reference of another with accuracy and with emotional components and meanings which pertain there to as if one is the person. " It is the ability to " walk a mile in another's shoes " and it is considered a hallmark of good nursing care .As foundational concept in nursing practice, it is the basis for understanding , shared meaning, and mutual trust that lies at the heart of therapeutic nurse - patients relationship (*Kirk TW, 2007*).

Empathy is complex and multi-dimensional concept that has moral, cognitive, emotional, and behavioral components. Clinical empathy involves ability to: (a) understand the patient's situation, perspective, and feelings; (b) to communicate that understanding and check its accuracy; and (c) to act on that understanding with the patients in a helpful way (*Mercer SW,& Reynolds WJ,2002*). There were three important types of empathy. The first is a purely "cognitive" form of empathy that terms "perspective - taking" this is being able to see things from another's point of view. Putting -yourself in someone else's shoes. It is important to understand where someone is coming from. A second type of empathy is "a personal distress" is actually feeling another's emotions through a process called "emotional contagion". The third type of

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empathy is "empathic concern". It is the ability to recognize another's emotional state, feel in tune with that emotional state, and if it is a negative/distressful emotion, feel and show appropriate concern. These three types of empathy represent different aspects of our personalities. Person who high in perspective-taking may be good at understanding others' point of view, but may not get very involved in others' emotions. An individual who high on personal distress will, as suggested be prone to experience others' emotional states, which has good and not-so-good aspects. But individual with empathic concern was positively related to the nurses' performance, but personal distress was negatively related. In reality, we all have some level of each of the types of empathy (*Caruso DR, & Mayer JD,1998*).

Empathy is regarded as being crucial to the development of the therapeutic relationship, and several studies in psychiatry have linked empathy and the therapeutic relationship to improve outcomes from both psychological and pharmacological interventions (*Krupnick JL,1996,& Horvath AO,1991*).

An empathetic relationship appears to be more important to the clinical outcome of psychotherapy than the type of therapy itself (*Orlinsky DE,1994*).

Some studies recommended that students acquire knowledge intervention and empathy when working with psychiatric patients ⁽¹⁶⁾. Reading does not guarantee empathy (*Orlinsky DE,1994,Webster D,2010, & McNelly DV,2005*). Learning was "the process whereby knowledge is created through transformation of experience". Lectures, memorization, and return demonstrations may serve to indicate technical mastery. By contrast, when instructors create

experiential learning, they facilitate students' ability to grasp the experience and transform it into new ways of thinking and new behaviors. A course or a concentrated time dedicated to learning psychiatric nursing skills allows students in any nursing program the opportunity to develop empathy. Psychiatric patients need empathy, but getting students to actually feel empathetic toward those patients is not easily accomplished. It is possible for students to develop empathy, with guidance and practice, students can integrate empathetic communication (*Brown JF,2008*).

Auditory hallucination among psychiatric patients:

An auditory hallucination may be defined as auditory perception experienced in the absence of external stimuli and as if it has arisen from outside the person. A hallucination is experienced as "not me" and with the full force of one's usual sensory perceptions. While hallucinations may occur in any sensory mode, auditory hallucinations, that is hearing music, noises or voices appear to be particularly common (*Lakeman R, 2001*). Hallucinations are pathognomonic of no one mental illness. They may be experienced in a range of mental disorders such as schizophrenia, depression, mania, post-traumatic stress disorder as well as drug withdrawal or intoxication, metabolic disorders, and during periods of high stress, deprivation of sleep or sensory stimulation (*Lakeman R, 2001*).

Even with the best pharmacological treatment many patients with psychiatric disorders continue to experience voice (*Westacott M, 1995*). Compete and sustained amelioration of voice using antipsychotic medications may come at the unreasonable cost of life threatening

adverse effects or stigmatizing side effects. Side effects are often stated as reasons for non-compliance with antipsychotic, and it has been estimated that 24-80% of severely and persistently mental ill people in the community do not take psychotropic medication as prescribed (Mulaik JS, 1992). However, it is equally important for health professionals to view hearing voices as an experience that can be coped with, and to intervene to support and develop people's coping capacities (Lakeman R, 2001).

Central to assisting people to cope with auditory hallucinations is an understanding of the experience from the point of view of the individual. Barker (1996) found that the dominant themes in narratives by individuals with schizophrenia included psychic pain intertwined with themes of lack control, failure and loss. She suggested that nurses may facilitate symptom monitoring in individual with schizophrenia by attending to this emotional distress. Fowler et al (1995) state that " Understanding of psychotic problems may be improved by taking more account of the patient's subjective experience of psychosis, and ways in which people with psychosis may try to make sense of their subjective experiences, and then act to cope with them. Nurses are in an ideal position to facilitate coping with voices through teaching, coaching, and counseling roles (Fowler, 1995) .

Nursing students routinely encounter client with major mental illness who experience auditory hallucinations; often the voices are distressing to the client. Since this is such a subjective experience, it is a difficult concept for students to understand. The use of a simulation experience give students a deeper understanding of difficulties patients who

hear voices face daily and sensitivity to their personal distress, and meaning that the patients attributes to these experiences (Kidd .L, 2012) .

Aim of the study:

Evaluating of psychiatric simulation program on student nurses empathy toward auditory hallucinated patients.

Research hypotheses:

Using simulation program will enhance student nurses empathy toward auditory hallucinated patients.

Operational definitions:

Psychiatric simulation program: A Program was designed to create characteristics of real patients by simulated patients with auditory hallucination in learning environment that is controlled by researchers through scheduling of practices, providing feedback, and minimizing or introducing environmental distraction.

Hearing simulated voices: Voices recorded on CD player similar to voices of auditory verbal hallucination experienced by patients.

Materials and method

Research design

The study followed a quasi experimental research design.

Setting:

The study was carried out in two settings: The class room at Faculty of Nursing, Tanta University, and Tanta Mental Health Hospital that is affiliated to the Ministry of health.

Subjects:

The study subjects included 48 nursing students, they were determined

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according to power analysis equation from 164 undergraduate 4th years faculty nursing students who were enrolled in the psychiatric nursing educational course. The study sample was selected by using simple random sampling design, whereby it was selected from table of random number of total 164 nursing students.

Tools:

Tool (1): Empathy scale was used to collect the study data, it was developed by *Davis MH (1980)*. The scale include 28 items, which measure multidimensional aspects of empathy. It consisted of four subscales; each of them has 7 items. These subscales are the following:

- 1- **perspective taking** : " cognitive empathy " : see things from others' point of view (accuracy perception of others)
- 2- **Empathic concern**: tendency for respondents' feeling of warmth compassion, concern for others undergoing negative experience.
- 3- **Personal distress**: measure the personal feeling of discomfort and anxiety that result form observing another's negative experiences.
- 4- **Fantasy subscale**: measure the tendency to identify with characters in movies, novels, plays and other fictional situation.

The nine items of this scale were negatively stated, and the remaining 19 items were positively stated. Each item was rated on five points Likert type scale with ranged from strongly disagree (one) to strongly agree (4) .The score for the total items of each subscale were summed to determine the level of multidimensional aspects of empathy. The score ranged between zero-14 interpreted as low level,

15-20 mean moderate level ; 21-28 referred to high level in one of each dimensional empathy.

Tool (2): open end questions developed by researcher, its' included the following items:

- 1- The emotional responses that experienced by student nurses during hearing five simulated voice at session (2) of program.
- 2- Ways of student nurses that used to cope with simulated voices at session (2) of program.
- 3- Opinion of student nurses about the effective methods of coping with auditory hallucination after exposure to psychiatric simulation program.
- 4- The perception of student nurses about auditory hallucinated patients after exposure to psychiatric simulation program.

Methods:

Written Official permission to conduct the study was obtained from the Faculty of nursing, Tanta University, and Tanta Mental Health Hospital.

The tool of the study was translated by the researchers to Arabic language and validated by a jury to ensure the content validity of the version by the original one. The jury consisted of five experts in the psychiatric nursing field. The required correction and modification were carried out accordingly.

A pilot study was carried out on 15 nursing students , after taking a consent , to ascertain the clarity and applicability of the study tool (1) ; these nurses' students were excluded later form the study subjects. After implementation, a necessary modification was done, such as change

some words to another more clarity and have concrete meaning.

Reliability was done by testing and retesting the tool (1) on five nursing students. Accordingly, few items were changed in their orders to maintain their harmony, and easily understanding.

Actual study:

Part (1): Assessment phase:

Oral consent was obtained from study subjects (48 nursing students) after explanation of the purpose of the study. Tool (1) was applied on the study subjects in the class room to assess their levels of empathy toward auditory hallucinating patients (pre-test). The average time needed to complete the tool was ranged between 20 to 25 minutes.

Part (2): Educational phase:

The researchers designed a psychiatric simulation program to improve empathy of nursing students toward auditory hallucinating patients. The researchers explained the schedule of program to the studied subjects, and divided this group into six subgroups, each subgroup eight students. The program was implemented in the sessions which took about one hour and half, each subgroup attended four sessions.

Psychiatric simulation program:

Session (1): During this session, the study group watched video about

hallucinating patients followed by open discussion.

Session (2): At the beginning the researchers asked all students to use headphones to receive recorded voices by CD player. Each student would be asked to listen to recorded voice that are similar to hallucination experienced by patients at the same time performed a simple task. Researchers set up five tasks recommended by the guide.

Each task was at an individual station on tables in a class room setting, 25 minutes was required for the researchers to set up stations.

Students were told to begin with station one and complete five stations in numerical order. They were to attempt to the best of their ability, completion of the task at each station while wearing headphones and listen to the recorded voices. They were asked to keep their focus on the tasks and not talk or interact with each other during the simulation. These stations allowed students to be immersed in the experience similar to that of patients who is hearing voices while trying to cope with demands from external environment (table 1).

The time required by each student to complete all five stations ranged from 25 to 30 minutes. After each station the student answered open end questions was designed to reflect student's emotions that experienced, and their ways of coping with hearing voices simulation.

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Table (1): The five stations of simple tasks:

Stations	Tasks
<i>Station (1)</i>	Distributed on students a papers to write their name, birth date, number of their academic year, the name of most interested educational course, his /her hobbies, and his/her score in last academic year. The researchers directed students to answer while they were hearing voice (1) from headphone (Hearing voice experience was quit whispers)
<i>Station (2)</i>	Gave the students simple exam on clinical psychiatric course "Involve true and false, multiple choice questions" The students were hearing voice (2) from headphone during exam. This hearing voice is one person was speaking and complains about his problem.
<i>Station (3)</i>	Provide students math while they were trying to solve, they were hearing from headphone voice (3). This voice was two persons were engaging in conversation with together, one of them give advice, and another refuse and resist.
<i>Station (4)</i>	The researcher directed the students to write down paragraph to your friends, they excuse about their forgotten about appointment with them, and explain the reasons. At the same time, the voice (4) hearing experiences from headphone was directed speak to student, and gave comments on his /her written.
<i>Station (5)</i>	The researchers provided article to the students to read and answered the followed test questions .The students need to recall details from article in order to complete the test questions, during this time they were hearing voice (5) from head phone challenge and give sharp comments on students and sometime sarcasm with increase intensity tone of voice.

Session (3): Role plays about how hallucinating patients deal with people while hearing voices. One students act as a patient was hearing voices from headphone, and other students act as people in street and in his / her work. This role play was followed by open discussion to reflect students' experiences.

Session (4): At the beginning the researchers gave instruction about basic principles of dealing with hallucinating patients and effective communication skills. Followed by role play, one students act as hallucinated patients and another act as nurse, the remaining students act as sound board and observer, after that; open

discussion were implemented. Each student had the opportunity to act as a nurse, and simulated patients.

The next week, the study subjects had clinical interaction with psychiatric patients in the hospital, followed by open discussion. The students were asked to answer open questions about their perception toward auditory hallucinated patients, and their opinion about the effective ways to cope with this symptom.

After the psychiatric simulated program was implemented, the study subjects were applied empathy scale (post-

test) in the classroom separately. The program duration was 6 weeks.

Statistical analysis:

Data were collected, organized, tabulated, and statistically analyzed using SPSS software computers statistical package, version 18. Data were presented as numbers and percentages, t- test used for data presented as mean and standard deviation, and compared between two groups. Z- test used for data presented in number of frequency and compared differences between two proportions. The level of statistical significance was adopted at ≤ 0.05 .

Results:

Table 1: Distribution of emotional responses of student nurses during hearing simulated voices in the classroom (No = 48).

Emotional responses	Voice (1)		Voice (2)		Voice (3)		Voice (4)		Voice (5)	
	No	%	No	%	No	%	No	%	No	%
Confused	28	58.3	34	70.5	26	54.1	36	75	22	45.8
Irritation	18	37.5	24	50	28	58.33	30	62.5	30	62.5
Frustrated	6	12.5	4	8.3	6	12.5	22	45.8	20	41.66
Nervous	4	8.3	4	8.3	18	37.5	16	33.3	14	29.1
Anxiety	4	8.3	10	20.8	8	16.6	8	16.6	18	37.5
Angry	4	8.3	8	16.6	12	25	16	33.3	14	29.1
worthlessness	2	4.1	2	4.1	10	20.8	6	12.5	6	12.5
Frightened	2	4.1	4	8.3	4	8.3	2	4.1	4	8.3
Enjoyment	4	8.3	2	4.1	2	4.1	2	4.1	2	4.1
unconcerned	2	4.1	1		-		-		-	

The responses not mutually exclusive

Voice (1): quiet whispers

Voice (2): one person was speaking and complains about his problem.

Voice (3): two voices engage in conversation, and one of them gave advice, and another refuse.

Voice (4): The voice directed his speaking to students and gave comments.

Voice (5): The voice directed his speaking to students and give sharp comments, and sarcasm.

Table (1) shows the emotional responses of student nurses while hearing simulated voices in the classroom. From this table, it appears that the confusion responses were most frequent and increased at hearing voice (2) and (4) "70.5%, & 75% respectively". The second frequent emotional response was irritation; it increased gradually from voice (1) to voice (5) "37.5% , 50% . 58.33%, 62.5%, 62.5% respectively". The third emotional response was frustration; it represents 45.8%, & 41.66% at hearing voices (4) and (5) respectively. The fourth emotional response most frequency was nervousness, it is considered 37.5%, 33.3% at hearing voice (3)

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and (4) respectively. The fifth emotional response according to its frequency was anxiety; it recorded 37.5% at hearing voice (5). And the last was angry; it was most frequent at voice (4)" 33.3%".

Table (2): ways of student nurses to coping with hearing simulated voices at session (2) in the classroom. (No = 48)

<i>Ways of nurses' students to coping with hearing simulated voices</i>	<i>Numbers of nurses' students</i>	
	<i>No.</i>	<i>%</i>
Ignore voices and focus the concentration & attention in learning exercise	24	50
Try to ignore voices but had difficulties to apply some of learning exercises with hearing simulated voices	10	20.8
Resist the simulated voices by reading with loud their voices the learning exercise	8	16.6
Can't applied learning exercise & feel confused	6	12.5

Table (2) appears the ways of student nurses to cope with hearing simulated voices during applied learning exercises in the classroom. The half of them ignored the simulated voices, and focus their attention and concentration in learning exercises. However 20.8% of students tried to ignore but had difficulties and 16.6% resistance the simulated voices by reading the learning excesses with loud their voices and 12.5% of students could not cope and felt confused.

Table (3): The perception of student nurses about auditory hallucinated patients after exposure to psychiatric simulation program (No = 48)

<i>The perception of nurses' students about auditory hallucinated patients</i>	<i>Number of nurses' students</i>	
	<i>No .</i>	<i>%</i>
The ability of individual to perform cognitive work influenced by auditory hallucination	48	100
I can't expect the reaction of patient with auditory hallucination during dealing with them.	48	100
The emotional state of individual influenced by auditory hallucination	42	87.5
The auditory hallucination can be coped with and controlled.	28	58.3
I can't maintain communicate with auditory hallucinated patients and fear from them.	22	29.16
Auditory hallucination does not influence on the individual ability to work	10	20.8
The emotional of individual with auditory hallucination is similar to of any person.	10	20.8
I laugh when see patients talk to him/her self.	6	12.5

- The responses not mutually exclusive

Table (3) represent the perception of student nurses about patients with auditory hallucination during their exposure psychiatric simulated program. At all the students perceived that the ability of individual to perform a cognitive work is influenced by auditory hallucination, and also they could not expect the reaction of these patients when dealing with them. Moreover the most of students (87.5%) reported that the emotional state of individual influenced by auditory hallucination, and the more than half of students (58.3%) said the auditory hallucination can be coped with, and controlled. However 29.16% of nurses' students respond that they can't maintain communicated with patients with auditory hallucination and fear from them. In addition to 20.8% of nurses' students considered the auditory hallucination not influencing on individual ability to work and the same present perceived the emotional state of individual with auditory hallucination was similar to emotional state of any person.

Table (4): opinion of student nurses about the effective methods of coping with auditory hallucination after exposure to psychiatric simulation program (No = 48)

<i>opinion of nurses' students about the effective methods of coping with auditory hallucination after role play</i>	<i>Number of nurses' students</i>	
	<i>No .</i>	<i>%</i>
Ignore the voices	36	75
Diversion attention to another real things	32	66.6
Give appropriate medication	30	62.5
Have self – confidence to stop voices	23	47.91
Talk with patients have the a same problems	20	41.6
Dealing with people	18	37.5
Considered these voices not present and fantasy	18	37.5
Considered it familiar voices	10	20.8
Talk with friends	7	14.58
Reading with loud of voices	6	12.5

- The responses not mutually exclusive

Table (4) shows the opinion of student nurses about the effective methods of coping with auditory hallucination after psychiatric simulation program. The third quadrant of nurses' students reported ignore the voice , 66.6% said diverted attention to another real things, and 62.5% advised to take appropriate medication, in addition 47.91% of students considered the self-confidence is important to stop voices, and 41.6% reported that talking with patients have the same problem was effective method, Moreover dealing with people and considered the hallucination voices not present and fantasy were the most effective methods of coping by 37.5% of students. The other methods such as considered the voices familiar, talk with friends during hearing voices, and reading with loud voices was reported by 20.8%, 14.58%, and 12.5% respectively .

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Table (5): The comparison between multidimensional of empathy of study group before and after educational program (No=48)

Multidimensional of empathy	Pre- study						Post- study						Wilcox on signed ranks test	
	Low level (1-14)		Moderate level (15-20)		High level (21-28)		Low level (1-14)		Moderate level (15-20)		High level (21-28)		Z	p-value
	No	%	No	%	No	%	No	%	No	%	No	%		
Perspective taking	24	50	18	37.5	6	12.5	6	12.5	14	29.17	28	58.33	-4.983	<0.001*
Empathy concern	34	70.83	10	20.83	4	8.33	4	8.33	14	29.17	30	62.5	-5.283	<0.001*
Personal distress	22	45.83	22	45.83	4	8.33	16	33.33	16	33.33	16	33.33	-2.569	0.010*
Fantasy	26	54.16	20	41.66	2	4.16	8	16.67	20	41.67	20	41.67	-4.335	<0.001*

Table (7) represents the comparison between multidimensional of empathy of study group before and after psychiatric simulation program. There was a statistically significant difference in all multidimensional of empathy among nurses' students between before and after the program. "z=-4.983, p<0.001*,z=-5.283,p<0.001*,z=-2.569,p=0.010*,z=-4.335,p<0.001* respectively "

Discussion:

Caring for and working with client with auditory hallucination can be a challenge for undergraduate student nurses pursuing a degree in psychiatric nursing. Facilitating a degree of understanding of these acute states distress is usually most effectively provided in the clinical environment. However, sometimes what is witnessed by psychiatric nursing students in the clinical environment is solely objective and lack a substance of meaning from the subjective or internal point of view of the patients (Walsh M, & McHugh A, 2007).

In this respect, Lindgren & Oermann,1993) suggest that teaching knowledge and skills not only is critical to caring effectively for individuals with a disability but also is needed to foster a positive attitude in the nurse . In fact, traditional lecture-oriented education

programs have not improved attitudes of students working with patients who have mental illness, in particular, those with sever illness such as schizophrenia where hallucinations a bound (Mann CE, Himelein MJ, 2004) .

It is therefore imperative that the quality of material that is delivered in the classroom must convey the gravity of these conditions and create a model of understanding so that the students is correctly positioned engage with the patient in meaningful way (Walsh M, McHugh A,2007) .

To face these challenges, the present study developed psychiatric simulation program that provided student nurses with different types of simulation in classroom as active learning modalities such as watching video, simulated hallucinated voices, role play, and small group discussion had been used to improve

empathy in nurses' students for client with auditory hallucination.

In the present study, the emotional experienced by nurses' students when listening to simulated hallucinated voices while they performed difference tasks, were confusion, irritation, frustration, nervousness, anxiety, and angry. The confusion increased during listening to voice at station two, where the voice complained about his life problems, and the same time, student nurses must answered the multiple choice questions in sample exercises, that needed attention and concentrations. The nurses' students also reacted by confusion at station four when listen to simulated voice challenged and gave sharp comments to them while they trying answered open end questions after reading journal article.

The nurses' students reported that the irritation increased gradually from station (1) to the station (5) where the hearing simulated voice changed from just whispers to voice complain about his life problems, to two voices engaged in conversation, to voice directed his speaking to students, and lastly voice gave sharp comments and challenge the students performance. This irritation lead to some nurses' students to felt frustrated during perform their tasks in station (4) and (5) and other felt nervousness, anxiety, and angry.

In this respect *Dearing (2009)* found from his study that most participants who listening to simulated voices and the same time performed some activities described tense after short period of time and moved to an increased feeling of vulnerability, fear , anger, and finally anguish , even through they knew it was simulation . The participants also revealed that the voices

became stressors to the point of creating not only emotional discomfort but also physical discomfort . This consisted with the present study where few of nurses' students described they tired and complains of headache during stations.

In the same line, *Chaffin (2012)* reported that the nurses' students who participate in his study experienced frustrated while trying to complete tasks and simultaneously listen to negative or critical voices on CD. This experience prompted them to be more empathic.

It may be concluded that the simulated hearing voices exercises allowed nurses' students some of feelings that patients may experienced when hearing auditory hallucinations. This would help student nurses in the therapeutic role to devise better ways to help these patients to cope with the ongoing disruptive interference of voices. Undoubtedly, it is difficult for psychiatric nurses' students to engage with patients who experience auditory hallucination, when they themselves have never experienced these symptoms.

Reeves (2005) suggest that the ability to be empathetic develop as the nurse is able to redirect difficult feeling and situations experienced in the clinical setting in an encouraging and helpful manner. The psychiatric nurse who develops an understanding of the emotions and behaviors in those they treat can more effectively empower clients in the process of developing sufficient self - esteem, obtaining necessary life skills, becoming an active participant in society, and moving toward recovery

The nurses' students in the present study were coping with hearing simulated

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voices by different ways. Half of them ignored the voice, and focused on their tasks and others initially, they were able to focus on completing their tasks, but found their abilities deteriorating quickly, and few students resisted the simulated voices by reading with loud their voices, while other felt confused and cannot apply tasks. This exercise gave the nurses' students insight in to nature of auditory hallucination.

The nurses' students in the present study reported that watching video and listening to simulated voices similar to auditory hallucination helped them to understand that the voices were real to patients and they were able to empathize better as a result. In addition to, the realization of " being with " the patients and a better understanding of how to talk with them in some ways reflects the concept of " true presence " described by *Parse (2005)* where the nurse- patient relationship is concerned with "being with " as opposed to " doing for ". Moreover, audio - simulation adds to the quality and depth of the clinical experiences regarding to nursing care of patients with auditory hallucination.

In regarding to nurses' students perception toward auditory hallucination, after these tasks all of nurses' students concluded that the ability of individual to perform a cognitive work influenced by auditory hallucination, and they can't expect the reaction of these patients because their reaction may be depend on the content of auditory hallucination or attempts of patients to cope with it , and their abilities of these patients to distinguish auditory hallucination from real voices (*Bastable S.B, 2008*). In this respect, *Davies et al (1999)* , and *leudar et al (2000)* found from their studies the

patients with auditory hallucination are able for most part of time to distinguish their voice from real speakers and their own thought .

Most of nurses' students in the present study also reported that the emotional state of individual influenced by auditory hallucination, especially when the voice constantly saying unpleasant such as challenging, criticism, name calling and cursing. In the same line, *Daalmen. K et al (2010)* found from his study , the negative emotional valence of the content of auditory hallucinations could accurately predict the presence of a psychotic disorders in 88% of his patients who participants in his study .

In the present study the role play was applied about auditory hallucination. This exercise gave opportunity to each student to act as patients, and anther time as any person deal with patient, or a nurse tried to build therapeutic relationship with them. The discussion followed the role play revealed the emotion hold by student nurses about sadness they felt for patients who could not turn to voices and as a result were unable to go or finish college, hold a job or have a close relationship.

Role play offer important opportunities for nurses' students to develop skills essential to therapeutic communication. They are similar real clinical situations, that allowing the students to explore professional and personal behaviors, values, and attitude, as well as to problem solve in relative safety. In role play, nurses' students asked to be some one quiet different from themselves, and with little, or no preparation on front of peers, and researchers. The powerful emotions that might be experienced from portraying a patients' realty is thought to be

important for the nurses' students development of empathy (McNaughton.N ,et al, 2008) .

After the program, almost of the student nurses in the present study reported the effective ways to cope with auditory hallucination were ignored, and diverted attention to another real things and give appropriate medication. However the others student nurses said their self-confidence is important to fight the voices, that may build when the patients talked with others patients had the same problem and cope with it successfully, The opinions of other students were that dealing with people and considered these voices fantasy and not present were effective ways of coping with auditory hallucination .

The present study indicated that increased level of nurses' students empathy in it's multidimensional (perspective taking, empathy concern, personal distress, and fantasy) after the psychiatric simulation program. Most of student nurses reported that these simulation exercises that were applied in this program helped them to understanding patients who experienced auditory hallucination, and this better understanding reducing their fear that they had from interacting with these patients. Other students said these exercises gave them confidence in dealing with patients because they have better empathy.

According, student nurses were going to the clinical setting and recall the simulation experiences and able to anticipate and related to hallucinatory experiences of psychiatric patients. The student nurses are able to see patients' lives through their eyes and through that understanding the student nurses able to empathetic with patients. In order to they

establish and evaluate their therapeutic relationship with patients. In this respect, Narrative Scholars posit that the key to empathetic communication is the ability to elicit, interpret, and translate the patients' illness story (DasGupta.S, 2004). Kleinman (1998)calls this model of clinical care " empathetic witnessing " Rather than technical adherence to any strict format of history taking , empathetic witnessing involve " the existential commitment to be with the sick person and to facilitate his or her building of an illness narrative that will make sense of and give value to the experience .

Conclusion and Recommendation

The psychiatric simulation program in the present study learning nurses' students how to be empathetic with patients with auditory hallucination, it give a new meaning to term of active learning. Students learned from the study's simulation by being in the act of learning, doing, thinking, applying, and reflecting.

Recommendation

The present study recommended that, the psychiatric simulation program that was applied in this study generalized on nurses' students that enrolled in psychiatric nursing educational courses, in faculties of nursing, to develop their empathy toward patients with auditory hallucinations.

Limitation:

There were some limitations of this study: there were a time - limit in role play exercises giving the every nurse student a brief time to act as a patients, person or nurse. In addition to, the open discussion that followed had long period to debriefing nurses' students their feeling and experiences toward auditory hallucinated patients. The another limitation in this study was shortage in number of patients

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who experienced auditory hallucination at the same time of clinical area that enrolled psychiatric simulation program, the number of these patients not equal the number of nurses' students who participants in this study, This lead to decreased time that nurses' student should be consumed with patients, thus gave opportunities to another nurses' students to interact with the same patients.

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Westacott M. Strategies for managing auditory hallucination. Nursing Times. 1995;91(3): 35-37.

thank the clinical demonstrators in our psychiatric nursing department in faculty of nursing for their efforts that contributed with us during conducted this study.

Acknowledgements:

We are indebted to the student nurses who participated in this study; we also