

Transforming Stigma Perceptions Among Nursing Students Toward Persons Experiencing Auditory Hallucinations Through Experiential Learning

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Introduction

Learning the skills of mental health nursing is an expectation of all registered nursing programs to build patient trust and a therapeutic alliance regardless of the medical condition. Often persons with mental health problems who experience psychosis in the form of auditory hallucinations are stigmatized by healthcare providers based on societal biases and norms, according to Christison, Haviland, and Riggs (2012) in their development and use of the Medical Condition Regard Scale. Many nursing students have not experienced how to be therapeutic with an individual, who is experiencing auditory hallucinations that may lead to misunderstanding or stereotyping of the patient.



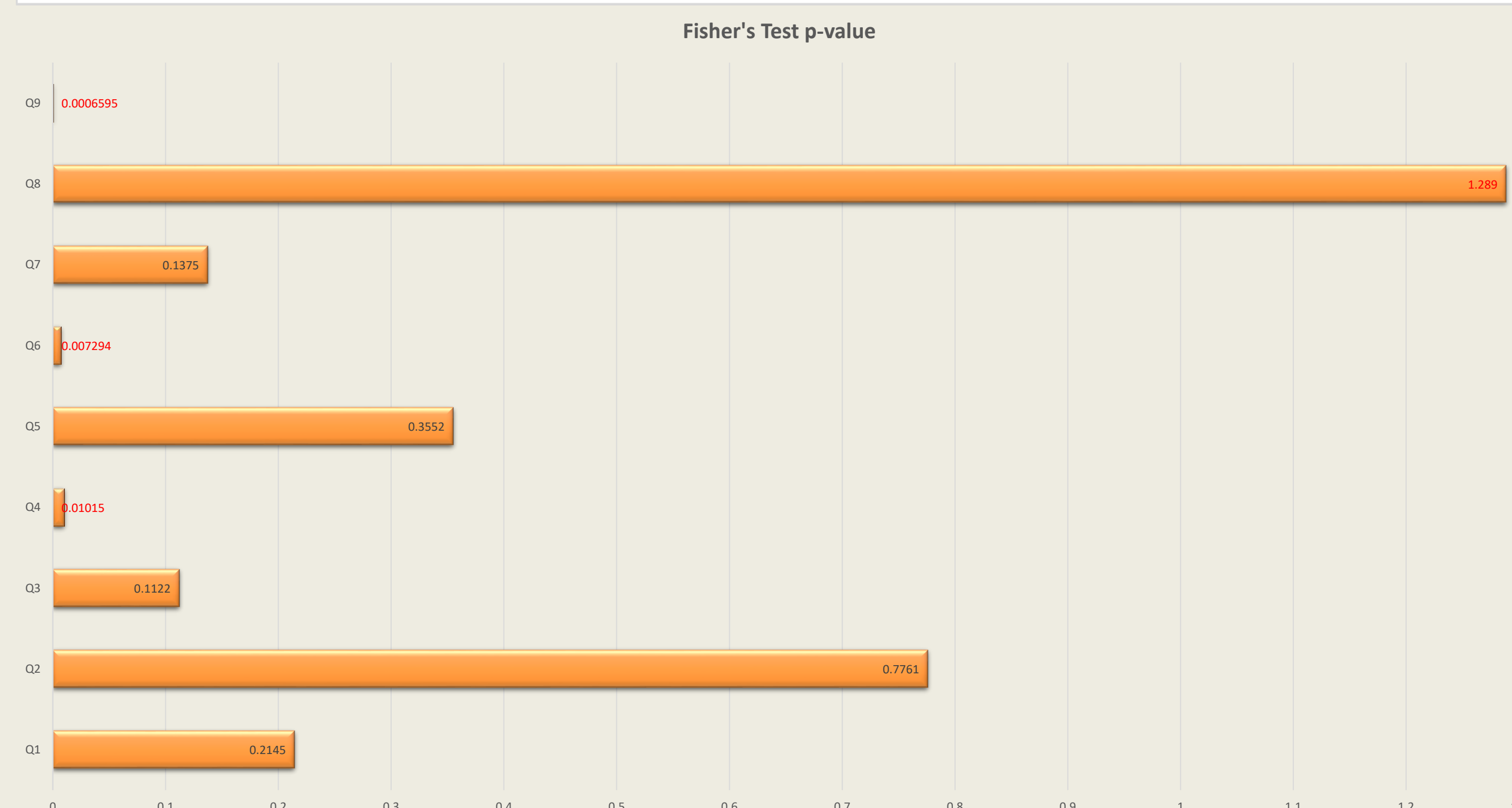
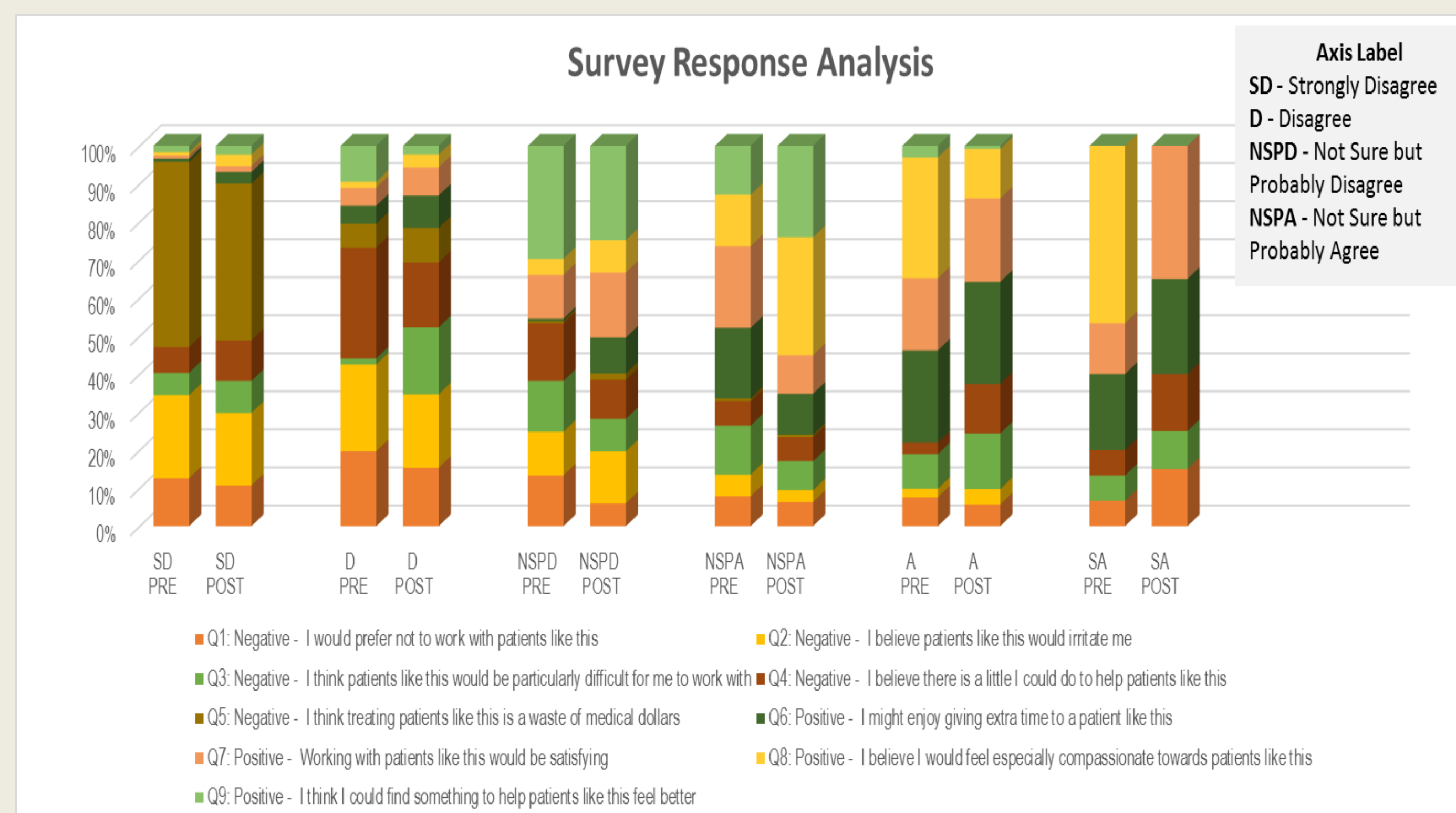
Specific Aim

The **Specific Aim** of this project was to measure the level of bias among 85 nursing students in a pre-licensure baccalaureate nursing program using a pilot modified version of the Medical Condition Regard Scale, before and after a simulation designed to expose nursing students to the “hearing voices phenomena” via a simulation experience using Pat Deegan’s “Hearing voices that are distressing” © tool kit.

Methodology

- Students completed 5 tasks -
- Watched three introductory videos about auditory phenomena*
- Completed Modified Medical Condition Regard Scale before simulation
- Performed three simulation tasks while listening to voices using Mp3 players*
- Completed Modified Medical Condition Regard Scale after simulation
- Debriefed after simulation activity
- *Videos and mp3 recordings from Deegan's Hearing Voices that are Distressing tool kit

Measurement tool



Results

Eighty-five students took part in the simulation experience. A Fisher’s exact test was used to measure levels of potential bias from nursing students toward persons experiencing the hearing voices phenomena before and after the simulation. Potential student bias is present as evidenced by the students’ responses: 1) indicating there was little they could do to help those who experience hearing voices (p=.01); 2) they would not enjoy working with patients, who hear voices (p=.0007); 3) and there wasn’t anything they could do to help the patient feel better (p=0006). However, they did not indicate they would be compassionate towards persons, who hear voices (p=1.289).

Discussion

Exposing students to the hearing voices phenomena continues to be an important activity, and measuring their level of bias before and after the exposure is also beneficial. The students may have a better understanding of how challenging daily activities may be for those persons experiencing hearing voices as part of the phenomena. Understanding of the hearing voices phenomena may lead to a greater sense of empathy toward those persons that may increase the possibility of better care for the patients. Therefore, reducing the amount of bias that may occur. Allowing the students to have this experience may also enhance their ability to assess their mental health patients and formulate evidence-based interventions for care.

References

Christison, G., Haviland, M., & Riggs, M.L.. (2002). The Medical Condition Regard Scale: Measuring reactions to diagnosis. *Academic Medicine*, 77, 257-262
Deegan, P. (2006). *Hearing Voices Curriculum: Complete Training and Curriculum Package* Retrieved from: patdeegan.com