Poverty Simulation: A Teaching Tool for Undergraduate Nursing Students

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Background

- The World Health Organization (2016) and Healthy People 2020 (n.d) both acknowledge the impact of poverty as a determinant of health.

- Poverty continues to rise across the globe with over a billion people living in poverty (WHO, 2016).

- U.S. census bureau indicates 13.5% of the U.S. population, roughly 43.1 million people, is living in poverty.

- The American Association of Colleges of Nursing acknowledges that advocacy for vulnerable populations, such as those living in poverty, is an essential aspect of professional nursing practice (AACN, 2008).
Purpose & Hypothesis

- The purpose of this quasi-experimental study was to ascertain the impact of completing a simulation on poverty on 2nd semester BSN students enrolled in Mental Health Nursing.

- Researchers hypothesized that students completing the simulation would show improved attitudes towards those living in poverty.
Method/Design

- IRB Approval obtained from WKU Human Subjects Review Board
- One group pretest-posttest design
Method/Design

- The students in the Spring and Fall 2016 cohorts of an undergraduate nursing program were required to participate in a poverty simulation as part of their Mental Health Nursing Clinical Course.

- Participation in the research on the simulation experience was optional for students and consent forms were signed by those who were willing to participate in data collection.
Intervention

- Students participated in a poverty simulation developed by a Community Action agency in a Midwestern state.

- The simulation was implemented for participants by staff from a local Community Action agency in a southeastern state.

- This simulation has been used to raise awareness of the plight of those living in poverty with nursing and pharmacy students in previous studies (Clarke, Sedlacek, & Watson, 2016; Noone, Sideras, Gubrud-Howe, Voss, & Mathews, 2012; Patterson & Hulton, 2011).
Students’ Experience During Simulation

- 2 ½ - 3 hour experience including time for orientation and debriefing.
- Students are assigned to families of 4-6 members.
- Each 15 minute block during the simulation represents one week in the life of the family.
- The family is responsible for carrying out tasks such as paying bills, providing for children and elderly, and resolving challenges related to finances, legal issues and healthcare.
Instruments

- Demographic questionnaire
  - Age
  - Gender
  - Ethnicity
  - Current work status
  - Perception of financial security

- Attitudes Toward Poverty-Short Form (ATP-SF)
  - 21 item scale developed by Yun & Weaver
  - Scored on a 5 point Likert Scale
    (1=Strongly Agree, 5=Strongly Disagree)
  - Alpha coefficient of .87 for the total scale
  - Three subscales:
    - Personal deficiency
    - Stigma
    - Structural perspective
Demographics

- N=119
- Mean age 22.4 years (Range 19-46)
- Majority Caucasian (93.3%, n=111)
- Majority Female (88.2%, n=105)
- Over 2/3 worked full/part-time (68%, n=81)
- 16% reported financial concerns themselves
Results-ATP Scale

- There were statistically significant changes in all three subscales ($p < .01$).

- The Stigma and Structural Perspective subscales changed in a manner indicating more positive attitudes toward poverty.

- Scores on 4 of 8 items in the Personal Deficiency subscale demonstrated a statistically significant decrease indicating a worsening of attitudes.
Results- ATP Scale

- 5 of 8 items on the Stigma subscale showed statistically significant changes indicating improved attitudes.

- 3 of 5 items on the Structural Perspective subscale showed statistically significant changes indicating improved attitudes.
Strengths & Limitations

- **Strengths**
  - Use of a validated tool
  - Stimulation implemented by trained staff from a Community Action agency

- **Limitations**
  - Small sample size
  - Limited time frame for data collection (pre and posttest administered on the same day)
Future Research

- There is a need to collect and examine qualitative data to determine how students feel the simulation will impact their future patient care.

- Longitudinal research is needed to determine if positive changes in attitudes toward those living in poverty are sustained over time.

- Adding follow up data collection at 6 months and 1 year post simulation would help to evaluate the long-term effect of the intervention.
Conclusions

- 16 of 21 items on the ATP-SF showed some improvement in attitudes toward those living in poverty.

- Even small changes in attitudes have the potential to improve the care provided by nurses for those living in poverty.

- This poverty simulation resulted in a positive change in the way participants viewed the stigma and structural perspective aspects related to poverty.