Title:
Poverty Simulation: A Teaching Tool for Undergraduate Nursing Students

Dawn Garrett-Wright, PhD
Kim Link, DNP
Kara Haughtigan, DNP
School of Nursing, Western Kentucky University, Bowling Green, KY, USA

Session Title:
Poverty Simulation
Slot:
A 12: Saturday, 28 October 2017: 2:15 PM-3:00 PM
Scheduled Time:
2:35 PM

Keywords:
Nursing Education, Poverty and Simulation

References:


Abstract Summary:
Advocacy for vulnerable populations is considered an essential aspect of professional nursing practice (AACN, 2008). Negative attitudes towards those living in poverty interferes with providing high quality, unbiased care to clients. The purpose of this clinical simulation was to expose nursing students to the realities of living in poverty.

Learning Activity:

| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |
The learner will be able to describe an intervention to expose nursing students to the realities of living in poverty.

A simulation experience on poverty will be discussed. The details of the simulation completed by the participants of the study will be explained including the setting, time frame and debriefing strategies.

The learner will be able to identify a tool to measure nursing students' attitudes in relation to those living in poverty.

The Attitudes Toward Poverty Scale will be discussed including its development and reliability and validity.

The learner will be able to explain the impact of a poverty simulation on a particular group of nursing students.

The results of the poverty simulation and how it impacted the scores on the Attitudes Toward Poverty Scale will be discussed.

The learner will be able to discuss the implications of using a poverty simulation on future nursing education, practice and research.

Implications on nursing research, practice and education will be discussed.

---

Abstract Text:

**Background and Significance:** 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). 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). Negative attitudes towards those living in poverty can interfere with providing high quality, unbiased care to clients so it is crucial that those entering the nursing profession understand and appreciate the issues and concerns of those living in poverty. The aim of this clinical simulation experience was to expose undergraduate nursing students to the realities of living in poverty.

**Design & Methods:** A one group pretest-posttest design was used to ascertain the impact of completing a simulated poverty experience on nursing students’ attitudes toward those living in poverty before and after completing the simulation. The study was approved by the Institutional Review Board at the university where the study was conducted prior to data collection. 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.

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, BPharm, Sedlacek, & Watson, 2016; Noone, Sideras, Gubrud-Howe, Voss, & Mathews, 2012; Patterson & Hulton, 2011). At the beginning of the simulation students were assigned to a family living at or below the poverty line. The families were composed of four to six members and members were given the goal of meeting their basic needs for one month. This included paying bills, providing for dependent children and aging relatives and meeting unexpected financial and health challenges. Each week of the month was represented by a 15-minute period in the simulation where families were responsible for carrying out required tasks, such as, adult members going to work and paying bills, children attending school and other members completing tasks, such as, purchasing groceries, seeking healthcare and meeting other household needs. Another aspect of the family’s task was to interact with community agencies to obtain needed resources. The
debriefing period at the end provided students a time to express feelings related to the simulation and to hear the experience of others who participated.

Immediately before and after completing the simulation, students’ attitudes about poverty were measured using the Attitude Toward Poverty Scale-Short Form (ATP-SF) (Yun & Weaver, 2010). The ATP-SF contains 21 items that are distributed on three subscales: personal deficiency, stigma and structural perspective. The alpha coefficient for the scale in this study was .68. Items are scored on a Likert Scale from 1 (Strongly Agree) to 5 (Strongly Disagree) (Yun & Weaver, 2010). In addition, students were asked to complete a demographic questionnaire. Questions included age, gender, race, employment status and level of perceived financial security.

Results: Data from the demographic form and ATP-SF were analyzed using SPSS v. 24. Descriptive statistics were calculated for the demographic data and paired t-test analyses were conducted on the ATP-SF results. There were 119 students who completed the poverty simulation during the 2016 Spring and Fall semesters. A majority of participants were female (n= 105, 88.2%) and Caucasian (n=111, 93.3%). Over half of students (n= 70, 58.8%) were employed part-time, which was defined as working less than 20 hours per week. Over two-thirds of subjects felt either ‘secure’ or ‘somewhat secure’ with their current financial situation (n=80, 67.3%). There were statistically significant changes in the means on 13 items on the ATP-SF based on paired t-test analyses (p <.05). Four items on the personal deficiency subscale decreased in a statistically significant fashion, indicating a more negative view of poverty as related to personal deficiency. These items included “poor people are different from the rest of society” and “poor people are dishonest”. The means of five of eight items on the stigma subscale increased in a statistically significantly direction. This demonstrated that the subjects disagreed more with statements that reflected stigma related to those in poverty. Four items on the structural perspective subscale decreased in a statistically significantly direction, which indicated a more positive view of those living in poverty and understanding of structural issues in society that impact poverty. Means on all three subscales showed statistically significant changes (p <.05).

Conclusions: This poverty simulation resulted in a positive change in the way participants viewed the stigma and structural perspective aspects related to poverty. These findings were similar to those noted in other groups of nursing and pharmacy students (Clarke et al., 2016; Noone et al., 2012; Patterson & Hulton, 2011). However, the results of the study indicate that the students’ view of poverty as a personal deficiency worsened after completing the simulation. Future research is needed to determine the long-term impact of this simulation experience on nursing students and if this simulation should be a routine part of the curriculum for undergraduate nursing students.