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A Narrative Study of the Experiences of Student Nurses Who Have Participated in the Hearing Voices that are Distressing Simulation

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A Narrative Study of the Experiences of Student Nurses Who Have Participated in the Hearing Voices that are Distressing Simulation*

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Abstract

The aim of this study was to provide nursing students with an experiential learning opportunity which simulated living with the challenge of voice hearing. The purpose was to access understanding and insights of nursing students who completed "Hearing Voices that are Distressing: A Training Experience and Simulation for Students" (Deegan, 1996). Using a narrative research design and a convenience sample of 27 nursing students, participants were asked to respond in written format to three open ended prompts immediately following their participation in the simulation. Data generated was subjected to a thematic content analysis using a manual cut and paste approach to inductively find meanings and insights elicited from the respondents' actual words. Affirmed in this study was the use of this teaching tool to assist the students in their understanding of the challenges posed by voice hearing.

KEYWORDS: mental health nursing, simulation, auditory hallucinations, narrative research

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The "Hearing Voices that are Distressing: A Training Experience and Simulation for Students" was developed by Patricia Deegan (2006), clinical psychologist, world renowned consumer recovery advocate, and an experienced voice hearer. Deegan developed serious mental illness in her teenage years, her young adult life being transformed by this illness. Her personal journey of recovery has inspired countless psychiatric consumers and professionals alike. Deegan created this simulation program to provide mental health professionals with an experience to encourage a deeper understanding of and greater insight into the difficulties faced by person's living with the challenge of voice hearing. This unique "Hearing Voices" opportunity was made available to senior level nursing students in a collaborative baccalaureate nursing program in Ontario, Canada. Participants in this voluntary simulation experience had the opportunity to heighten their awareness of living with the challenge of hearing voices and examine as well as re-examine their attitudes towards persons with serious mental illness.

LITERATURE REVIEW

Caring for individuals with serious mental illness will continue to be a major focus of nursing. It is estimated that more than half a million Canadians, age 15 and over (more than two percent of the Canadian population) will experience a psychiatric illness at one time in their lives (Canadian Mental Health Association [CMHA], 2007). Of these, one out of every one hundred individuals will experience a psychotic disorder which will more than likely include the challenging symptoms of auditory hallucinations (CMHA).

Hearing voices that are distressing can interfere with an individual's concentration and comfort level in the community. The impact of mental illness on individuals, their families and society is significant. However, due to the stigma associated with mental illness, those who suffer with significant psychotic symptoms are most often rejected and excluded by society (Baumann, 2007). Nurses too can hold and act upon such stigmas. According to Baumann, a "lack of knowledge of causes, symptoms and treatment options, and a lack of personal contact with persons suffering from mental illnesses, can lead to prejudices and negative attitudes towards them and subsequently to stigmatization, social exclusion and discrimination" (p. 131). In a nursing care setting, these stigmas may lessen symptom recognition and potentially delay treatment. Negative stigmatization, and a lack of understanding of the challenges inherent in living with serious mental illness, can lead to health care provider misinterpretation of behaviours that are considered "strange", resulting in distancing from this group of patients (Penn, Kohlmaier, & Corrigan, 2000). Given the high number of

persons with serious mental illness, it is likely, that irrespective of the setting in which nurses are employed, they will have to provide care for individuals who hear voices.

It is, therefore, essential for nursing students to understand the challenges faced by persons with serious psychotic illness. The "Hearing Voices that are Distressing: A Training Experience and Simulation for Students" offers such an opportunity. This simulation program, developed as part of her work with the United States based National Empowerment Center (Deegan, 2006), was piloted for mental health professionals over 10 years as an experiential learning tool. It has been adopted in several academic and professional settings as part of the curriculum, and while anecdotal evidence to date suggests it is a powerful learning experience, it has not been the focus of systematic study. The aim of this present research was to address this gap in the literature so as to better understand the meaning of the experience, as well as gather information about insights developed by nursing students who participated in the "Hearing Voices" simulation.

The experiential learning theory model (Kolb, 1984), proved useful in demonstrating the relationship of experience to the nursing students' learning process. According to Kolb, a learner must not only *grasp* an experience but also *transform* or apply the information for learning to take place. This grasping and transforming process is also said to influence the fundamental values of adult learners and alter their attitudes and perceptions (Sheckley & Allen, 1991). Experiential learning theory is purported to be cyclical in nature and supports a process of personal reflection, which in turn allows for a thorough analysis of an experience after it has occurred. The opportunity for reflection, following an experiential learning experience, allows participants to consider the meaning of the experience, and promises to shape personal values and attitudes (Karlowicz & Palmer, 2006). Learning then, is constructed and not fixed. Learners construct meaning for themselves and are influenced by their unique life situations and contexts (Zepke & Leach, 2002).

There are several examples of experiential learning activities used for educating and shaping attitudes in health professional students. Other simulation experiences reported in the literature include being confined to a wheelchair for a limited period of time, experience using a walker in the community, or being blindfolded to simulate visual impairment (Karlowicz & Palmer, 2006). These simulations attempted to document attitudinal change in students using quantitative methods but did not reach statistical significance. Bassett and Pickard (2005) used a qualitative design to determine if simulation experiences

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had an impact on nursing students' attitudes and sensitivity to those with physical disability. They reported that the simulation experiences appeared to heighten students' awareness and influence the development of more positive attitudes towards those with disability. Karlowicz and Palmer (2006), in a descriptive study, asked nursing students to wear adult incontinence products to simulate bladder control difficulties. Following the simulation, these participants were requested to write a 3-5 page reflective paper on the impact of the simulation on their attitudes and understanding of bladder control problems. In both of these qualitative studies, it was suggested that the simulation experiences had a profound impact on students' attitudes, and that opportunities for experiential learning enhanced their development of empathy for those with physical challenges.

To date, there appears to be only one other published report on the "Hearing Voices" simulation, although this was not published when the present study commenced in early 2007. In that 2008 study, Dearing and Stedman employed a mixed methods approach to compare the attitudes of an experimental group who participated in the hearing voices simulation, and a control group who did not. Before and after measures of student attitudes and health care related behaviours were obtained using the Medical Condition Regard Scale (MCRS) (Christison, Haviland, & Riggs 2002). In the qualitative aspect of the study, a focus group discussion was used following a clinical orientation to the mental health unit, in which salient themes within the discussion were identified. The simulation was found to enhance students' insight into the lived experience of mental illness. According to these authors, the students in the experimental group described an "insider's view", relating how important it is to be able to "understand, be patient and really listen" to those with serious mental illness. Affirmed as well, was the use of the "Hearing Voices" simulation as a vehicle to sensitize students to develop a deeper level of empathy and changes in their perception of providing nursing care. They became more aware of the challenges involved in living with serious mental illness, and to voice hearing.

In the present narrative study, endeavoured was to describe students' experiences with this simulation, and to understand its meaning and impact upon them. Although there is considerable anecdotal evidence to suggest simulation is a useful tool for professional learning, these claims require more research. Also anticipated was that the results of this simulation study would shape positive attitudes towards mental health nursing, suggest the use of text narrative as a viable avenue for data collection, and serve to reinforce simulation use with undergraduate nursing students and other potential health care or community care providers. The relatively small financial investment of less than $1000 in the

"Hearing Voices" simulation program could have substantial payoffs in not only potentially stimulating interest in mental health nursing, but in a broader sense, engender more positive attitudes towards those who live with the challenges of serious mental illness and voice hearing.

Nursing students may hold the same stigmas and misperceptions about individuals with mental illness as those in the general public. Stigmas held by mental health professionals, generally, could translate into further stigmatization, prejudices and negative attitudes towards these persons. Individuals with serious mental illness are perceived to be "strange" in the context of interpersonal encounters which leads to social distancing (Bauman, 2007, p. 133). Due to these stigmas, mental health problems are all too frequently underdiagnosed and untreated (Sartorius, 2002). As such, there is a pressing need for nursing students to cultivate positive attitudes towards persons with mental health issues early in their career (Chan & Bing-shu, 2001).

RESEARCH QUESTIONS

The following research questions were posed in this study.

1) What is it like for nursing students to participate in the "Hearing Voices that are Distressing: A Training Experience and Simulation"?

2) What are the students' thoughts/feelings about the simulation?

3) What impact, if any, do the students believe the simulation experience will have on their future nursing practice with voice hearers?

METHOD

Ethics and Sampling

Ethical approval was obtained from the Institutional Research and Ethics Board to conduct the study and recruit senior nursing students. A recruitment meeting was held, and students were invited to participate in the research study. Those who consented were asked to read and sign the consent form, and then were assigned to a simulation group which did not conflict with their personal academic or clinical schedule. A convenience sample of 30 nursing student participants was assembled. Students assigned to the clinical groups or classes of any of the faculty investigators during the timeframe of the study, were excluded from participating, so as to avoid any potential for perceived coercion or socially

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acceptable responses from students. In keeping with the simulation guidelines, students with a history of voice hearing were strongly discouraged from participating, since the impact of the simulation experience upon those predisposed to auditory hallucinations is unknown.

Narrative Method

The narrative method was selected to gather the personal stories of nursing students following their voluntary participation in the "Hearing Voices" simulation experience. This method allows for the collection of stories from participants about their experience (Sandelowski, 1991). The stories then become the source of data and the vehicle by which understanding of the participants' construction of meaning occurs (Bleakley, 2005; Kelly & Howie, 2007). The ontology of the narrative method, from a symbolic interactionist worldview, assumes that people create their own social reality and socially define and construct meaning in their situation (Overcash, 2004). In short, within the framework of interpersonal social activities, this experiential learning opportunity was approached as one of contextualized meaning making. The participants were actively involved in group based activities in learning first hand, about the social challenges of voice hearing, after which they were asked to write a personal narrative (story) about their experiences in response to three prompting questions. The intent of this narrative approach to research was to access the stories participants communicated about their simulation experience. Consequently, there are multiple realities under the narrative framework, as it captures a subjective perspective.

Procedure

The "Hearing Voices" simulation took place in a large classroom at the baccalaureate program site. A small group of 10-15 participants were grouped to facilitate overall observation. Each small group was involved in a simulation experience structured as follows:

Time	Activity
10 minutes	• orientation to the simulation experience
60 minutes	• video presentation as included in the simulation curriculum package
45 minutes	• simulation experience as per simulation instruction manual
30 minutes	• completion of written narrative in computer lab
20 minutes	• post simulation debriefing discussion as per simulation manual

Initially, the researchers explained the entire simulation process in detail. The use of battery-operated portable compact disk (CD) players with non-noise canceling headphones were used to provide participants an opportunity to listen to the CD of simulated distressing voices while engaged in various social activities. They were instructed to discontinue the simulation by turning off the CD player immediately if they experienced any discomfort. The researchers described the various activities that the participants could choose to engage in while experiencing the simulation. Activity stations were set up in the classroom and participants were encouraged to self select those in which they would engage (see Table 1).

Table 1

Group / Activity Stations

Station	Activity
1	• crafts and artistic pursuits
2	• small group card games
3	• math questions
4	• reading comprehension exercise
5	• walking in the hall
6	• purchasing a beverage at the concession stand
7	• interacting with the librarian to check a book out from the library

Following detailed instructions, the participants were initially invited to listen to the pre-simulation digital versatile disk (DVD). At the conclusion of the DVD media presentation, they were instructed to put on their headphones and turn on their personal portable CD players which contained the "Hearing Voices that are Distressing" CD. The "Hearing Voices" simulation CD includes an unpredictable combination of whispers, novel sounds, and intrusive words or phrases. Once the participants adjusted the volume to a level which was personally comfortable, they were then to engage in classroom activities, 1-4 (as in Table 1 above). Participation in activity stations 5, 6, and 7 was permitted only after 20 minutes of simulation had transpired, and when participants had an opportunity to acclimatize to the simulation, felt comfortable and confident enough to leave the room. For safety purposes, the participants were advised to go in pairs or small groups outside of the classroom, but were prohibited from exiting the building while participating in the simulation. They were also asked to refrain from consuming highly caffeinated food and beverages, as this was felt to have the potential to intensify the simulation experience. The actual simulation took approximately 45 minutes.

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Data Generation Process

The data were generated by requesting that participants respond in writing to the three research questions. Type-written text narrative responses in this qualitative study were selected for two reasons: 1) to permit participants time to think reflectively about what they wished to share about their simulation experience; and 2) given that this study was not funded, to reduce costs typically associated with individual interviews and transcription (Streubert & Rinaldi Carpenter, 2007). Since these students were computer savvy and familiar with using word processing software available in the institution computer labs, it was anticipated that this would provide an effective and economical means of collecting narrative data. Further, narrative responses are seen as particularly appropriate for researching the meaning of experiences (Overcash, 2004; Sandelowski, 1991).

Following completion of the "Hearing Voices" simulation, participants were accompanied to the computer lab and requested to take a seat at a computer terminal. The terminals were separated from each other so as to provide privacy. They were asked to respond in writing to three prompting questions:

1) What is it that you experienced during the "Hearing Voices" simulation?

2) How has this experience helped you to understand clients who hear voices?

3) Will this simulation experience influence your nursing practice? If so, how?

After completing the typewritten narratives, the participants were asked to electronically send their anonymous responses directly to a confidential electronic folder which was available through the LearnLink, First Class software program. The researchers were the only people who had access to the electronic folder, and absolutely no identifying information was included with the responses. This study was essentially paperless, simultaneously allowing for electronic data analysis, confidentiality, and secure file storage. Following data collection, a group debriefing discussion of approximately 15-20 minutes was held with the researchers and student participants. One researcher took minutes of the debriefing meeting.

Data Analysis

Written narrative data are conceived of as words or stories that have sequence and meaning for those who live, create, or interpret them (Fisher, 1984). In this study, the three research questions provided participants with a starting point for an opportunity to translate their simulation participation into stories, i.e., a 'thick' description of their experience (Fraser, 2004). As such, the principal investigator and four nursing students who were involved in an undergraduate research practicum, undertook content analysis to identify themes described in the data. The analysis, an approach first articulated by Owen (1984), identifies themes by using three points of reference:

> *Recurrence:* ideas within the data that have the same thread of meaning, although different wording.
>
> *Repetition:* ideas in the data that have the same wording, repeated ideas, phrases, or sentences.
>
> *Forcefulness:* clues within the data which reinforce a concept such as underlining, bolding words and phrases, or use of italics or colour to make the story more clear or to emphasize a point.

In keeping with Owen's (l984) approach, data were initially read as a whole and then re-read to isolate categories and key ideas which were deemed important, but articulated differently by various respondents. A similar approach more recently described by Lieblich, Tuval-Mashiach, and Zilber (1998), as categorical analysis, aims to review stories for a specific purpose and to examine categories and themes for their significance to a number of narrators. For the purpose of this study, the data were categorically analyzed by a manual cut and paste approach using word-processing software tools, to inductively find meanings and insights elicited from the respondents' "actual words" as found in the written text narratives. Initially, each text narrative was read as a whole and any text seen as important was noted in the margins in the form of memos. Next, the texts were examined categorically in response to each of the questions, and analyzed for recurrence, repetition and forcefulness, in keeping with Owen's approach. The categories and themes which were uncovered were then summarized. This approach to conduct a categorical analysis was quite time consuming and labour intensive, but led to considerable consistency among the research team members in delineating the salient themes.

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RESULTS

Sample

Twenty-seven students completed the study. Three declined to arrive at the scheduled simulation time. Once the simulation began there were no drop-outs. Participants included twenty-four female and three male nursing students ranging in age from 19-36 years (*M*=25.2, *SD*=3.69). No other demographic data were gathered from the participants.

Themes

Following the simulation experience, the respondents' type-written narratives describing their experience with the simulation were analyzed. Categories and themes were developed inductively by comparing similarities and differences in responses. By consistently employing this repetitive, inductive cut-and-paste process, detecting recurrence, repetition, and forcefulness, according to the Owen (1984) approach, three major themes were elicited from the data.

Question 1: What is it like for nursing students to participate in the "Hearing Voices that are Distressing: A Training Experience and Simulation". All participants described feeling distracted and uncomfortable. Discomforts associated with the simulation included, fatigue from having to concentrate so diligently to attend to the environment; anxiety at not being able to predict when the "voices" would intrude; and frustration at not being able to focus on what others were saying. There was also a temporal nature to the discomfort described. The longer the simulation occurred, the more distress the participants felt in trying to complete tasks and engage with others. They felt more and more distressed at not being able to perform usual tasks with the same skill or confidence. This was particularly evident in those who commented on their experiences outside the classroom when they interacted with others in the library or the coffee shop. Several participants described feeling less secure when walking in the crowded hallways, resulting in their articulating feelings of intense vulnerability. There was clear textual evidence that the participants were quite aware of the negative impact of the hearing voices on their comfort and competence in carrying out activities. Thematic analysis responses in question 1, uncovered the contrasting themes *awareness vs. discomfort*, as illustrated below by participants:

> The simulation taught me a lot about the experience of a patient with schizophrenia... I never had the opportunity before to really attempt to put myself in their shoes…

> It was quite distracting to try and overcome the voices, to carry out things such as talking with friends, taking books out of the library and ordering a coffee. The voices make it difficult to concentrate and hear others... making everyday tasks difficult.

Question 2: What are the students' thoughts/feelings about the simulation? Participants' responses to question 2 appeared to be universal. The text responses met the criteria for recurrence and repetition with very little need for discussion required by the researchers to reach thematic consensus. The simulation was unanimously described as providing a unique and powerful learning experience which had the effect of leaving the participants feeling a new sense of respect for those who live with the challenge of voice hearing. Most respondents described the simulation as an eye-opening experience, allowing them to awaken to what it must be like for individuals who hear distressing voices all the time. The simulation provided respondents with an "insiders view" of being a voice hearer, and evoked a heightened sensitivity to the challenges encountered. They consistently described feeling uncertain, insecure, frustrated, out of it, stupid, slow, and less capable. The second theme, *awakened to the challenge* is evident in the following responses:

> I think the simulation really opened my eyes to what it feels like to hear voices… It is exhausting.

> I think it is a valuable experience... an experience like this was very humbling and brought about a certain reality about mental illness. It wears you down.

Question 3: What impact, if any, do the students believe the simulation experience will have on their future nursing practice with voice hearers? To the nursing researchers, the responses to question 3 were most heartening. Respondents described the simulation as a transformative experience, leaving behind their preconceived notions of mental illness and assuming a new awareness of what it must be like for individuals who do not have the opportunity to "turn off" voices with the click of a button on a CD player. Respondents noted that the simulation helped them more fully understand the adverse impact of hearing voices upon daily functioning, and on feelings of self-confidence and mastery. There was also consistency in the comments made by the students, reflective of an attitudinal change in themselves and having developed a new appreciation and respect for clients who rise to the challenges of life while enduring distressing voices. The simulation experience was recurrently described as a catalyst, a tool of transformation to rethink their approaches to nursing

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practice and be more understanding, more patient and empathic. This final theme, *transformed through empathy* is described below:

> It will make me more empathetic towards my patients, and this simulation helps me to understand what they are going through.
>
> I can empathize for these individuals, now more than ever, because I have experienced a small taste of how difficult life becomes when one has to continually be exposed to such negative circumstances.

DISCUSSION

The aim of this simulation study was to have a positive effect on how participants will practice and work with persons who suffer from serious mental illness. However, the actual future impact upon nursing practice is yet to be determined. Currently, these findings support the use of the "Hearing Voices" simulation as a powerful experiential learning tool with nursing students in a collaborative baccalaureate program. The "Hearing Voices" simulation did result in increased understanding, and development of more insight into the breadth of challenges faced by those who hear distressing voices. Through this transformative learning experience, at least nursing students' attitudes and perceptions were reshaped, albeit temporarily, towards mental illness through the process of reflection. However, the longevity of this attitude change remains unknown. Attitudinal change is best conceived of as a process which evolves over time. Results in this study are similar to those reported by Dearing and Steadman (2008), in that all of the students involved in the simulation experience reported an impact on their understanding of mental illness. They also reported that this simulation will affect their future understanding and treatment of those experiencing mental illness and who live with the challenge of hearing distressing voices.

Three major themes were identified from the qualitative data collected, which include: *awareness vs. discomfort*; *awakened to the challenge*; and *transformed through empathy*. All of the participants supported the use of the "Hearing Voices" simulation and several recommended that it be part of the curriculum for all nursing students. It is recommended, therefore, that future studies should focus on determining if beginning attitudinal changes reported following simulation, actually have an effect on nursing practice in an actual/real clinical setting.

A secondary intent of this simulation was to determine if the text narrative was a useful and cost effective method to generate narrative data. Overall, the approach was accepted by the participants, who answered the prompting questions rapidly and in personal detail. The participants appeared to be familiar with the reflective process, which no doubt enhanced the richness of their text responses. They seemed to take their role as participants seriously, and hence provided rich narrative text for categorical and thematic analysis. The researchers were impressed with their honesty, particularly in describing their vulnerability during the simulation and their movement away from formerly held negative preconceptions and stigmatizing notions about individuals with serious mental illness. The text data tells a poignant story from the perspective of each participant about what it is like to live, even briefly, with voices that were distressing.

LIMITATIONS

There were some minor technical difficulties during the first small group practice simulation session related to the quality of the CD players. A few students were distracted by static, and some, using high quality noise reduction earphones had difficulty hearing noises outside the simulation. This was corrected for subsequent simulation sessions by purchasing standard CD players and earphones. Also during the first small group simulation session, the questions were written in third person, and participants expressed mild difficulty with this. The prompts for subsequent research simulation groups were subsequently changed to reflect first person language based on this feedback.

The study was limited to a small sample of 27 nursing students. Some had previous clinical experience working with people who suffer from mental illness, and others did not. Consequently, it is impossible to know if the narratives were changed or magnified by the “Hearing Voices” simulation or by some other life or professional experiences with voice hearers. However, during the debriefing session, the group discussion focused predominately on the powerful impact of the simulation experience of hearing distressing voices. Another limitation is that the research questions were answered immediately after the simulation. It is conceivable that the results might have included even richer narrative description if the participants had been given more time to reflect upon their experience.

CONCLUSION

This simulation experience was very well received by all of the nursing students who participated. Many felt that the simulation was a sufficiently strong

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learning experience that should be incorporated into the curriculum. All students were moved by the challenges posed by voice hearing, which seemed to evoke and/or deepen their feelings of empathy. Overall, participants described feeling a new respect for those who hear disturbing voices every day. During the debriefing meetings which followed after the simulation, participants unanimously agreed that it was a relief to turn off the CD players.

To date, there is one published report on the "Hearing Voices" simulation. No other experiential simulation publications could be found that aim to sensitize students to the issues involved in living with the challenge of serious mental illness or voice hearing. Suggested in the present qualitative narrative study is that the simulation was a very powerful learning experience for nursing students to address the stigma and discrimination against people experiencing mental illness. Additional research should be undertaken, which could include an inter-professional student group who work with persons suffering from mental illness. Nonetheless, participants in the present simulation study were able to articulate their attitudinal change, and how this ignited awareness of a need for advocacy to ensure that consumers of mental health services receive optimal levels of care and understanding.

Additionally, a study involving families, siblings, and/or caregivers who are involved with persons who suffer from mental illness, could provide rich narrative and new nursing knowledge. Families who provide support for such loved ones might appreciate the opportunity to offer an insider's view of what is involved in coping with the challenge of voice hearing. Similarly, the general public could benefit from participating in a hearing voices simulation, with the goal of facilitating enhanced understanding of and empathy for those who suffer from mental illness. Any efforts to decrease stigma by subtly or overtly influencing more open and inclusive attitudes would be valuable. For example, it has been reported in previous studies, that positive attitudes towards those with mental illness, are associated with personal experiences of mental illness, with advanced education, and higher occupational level (Brockington, Hall, Levings, & Murphy, 1993). As well, participation in combined DVD and a simulation package, as an educational tool, invites discussion about human rights, and respect for those who are different.

However, reducing stigmatizing attitudes will not be the result of a singular simulation experience. This is simply one possible opportunity to "chip away" at stigmatizing attitudes and impact professional behaviour towards those perceived as different. Finally, from the present study, and in particular from the experiences described by the participants, it would appear that generating

narrative text data using an electronic word processing format on computer terminals, provides a cost effective alternative to conducting and transcribing individual interviews.

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