Research Article

Exploring Experiences of Psychiatric Nursing Simulations Using Standardized Patients for Undergraduate Students

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S U M M A R Y

Purpose: This study was conducted to explore and understand the experiences of nursing students related to psychiatric simulation using standardized patients and to identify the value of such simulations in relation to the psychiatric clinical practicum.

Methods: This study was designed using qualitative research. Eleven undergraduate students were individually interviewed regarding their experiences with psychiatric nursing simulation. A thematic content analysis was conducted to derive themes from subthemes, which were derived from contents of the interview.

Results: Four themes were derived from nine subthemes by means of thematic analysis of nursing students’ experiences regarding psychiatric nursing simulation with standardized patients compared to clinical psychiatric nursing practicum. The topics studied included gaining practice without fear, gaining confidence in clinical practicum, being embarrassed by the gap and being in need of further simulation.

Conclusion: Exploration of student responses comparing simulation and clinical practicum enhances integration of dichotomous experiences that bridge the theory-practice gap, which magnifies the benefits of the simulation.

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Introduction

Nursing education is a process of learning based on nursing practices. Clinical nursing practicum provides meaningful experiences to nursing students who apply and integrate theoretical knowledge into practical nursing setting. Through clinical practicum, nursing students formulate their perspectives on nursing and develop their own potentialities as future nurses (Suh, Kim, & Chun, 1996). Many researchers have examined nursing students’ clinical practicum. Park and Ha (2003) summarized problems of traditional nursing practicum described from previous studies, which reported the difficulty of adapting to the clinical setting, role confusion, fears of making mistakes, obscurity in applying learned knowledge, problems with interpersonal relationships, psychological fatigue, and powerlessness.

Teaching students in psychiatric nursing courses can be a challenging task. Until students experience their first interaction with a patient who has psychiatric problems, they may not know what to expect. Students often experience heightened anxiety when interacting with patients in psychiatric settings (Robinson-Smith, Bradley, & Meakim, 2009). Regarding psychiatric nursing practicum, many students confront myths and stereotypes of psychiatric patients that are formed by society and the media (Landeen, Byrne, & Brown, 1995). Hyun and Seo (2000) focused on problems of nursing students regarding psychiatric nursing practicum, which illustrated fears concerning building relationships with psychiatric patients, uncertainties of following intangible knowledge, alienation from abstract guidance, feelings of lack of competency and limitation. Therefore, further teaching and learning methods are needed to improve students’ competency and to prevent students’ from having negative experience around psychiatric nursing practicum.

Simulation is a method that can be used in conjunction with a clinical experience to provide nursing students with the opportunity to practice communication skills. One of the advantages of simulation is it provides a reality that is difficult to illustrate in the traditional classroom environment (You, 2005). Simulation has become a popular teaching method as highly complex work environments and higher patient acuity regarding care and treatment necessitate the provision of safe care (Kameg, Mitchell, Clochesy, Howard & Suresky, 2009).
that SPs have made. Simulations in their nursing education through those advantages (Robinson-Smith et al., 2009). Nursing educators incorporate simulation of teaching strategies related to psychiatric nursing skills using SP simulation provides a unique approach to the enhancement by a trained simulated or standardized patient (SP) (McNaughton, Ravitz, Wadell, & Hodges, 2008).

The use of SPs in clinical education includes the following advantages: an instructor-developed scenario that can be repeated to provide a comparable experience for all students, unique teaching/learning opportunities, unique opportunity for evaluating clinical skills, and popularity with students (Bramble, 1994; McDowell, Nardini, Negley, & White, 1984). SPs are in a perfect position to give input on the feelings of being a patient. They explained how they experienced mannerisms, body language, phraseology, pacing, depth of explanation of crucial areas, transitions, and approaches to sensitive content during the encounter (O’Connor, Albert, & Thomas, 1999). A psychiatric clinical encounter using SP simulation provides a unique approach to the enhancement of teaching strategies related to psychiatric nursing skills (Robinson-Smith et al., 2009). Nursing educators incorporate simulations in their nursing education through those advantages that SPs have made.

Effects of nursing simulations have been evaluated in critical thinking, clinical judgment, nursing competency, self-directed learning, and problem-solving, which verified the positive aspects of the learning method (Kim, 2012; Lee, Cho, Yang, Roh, & Lee, 2009; May, Park, & Lee, 2009). Several qualitative studies have been conducted to examine students’ experiences of nursing simulations. Chung and Lee (2010) illustrated six theme clusters regarding simulated nursing practicum experiences of undergraduate students: expectation and burden for new form of education, unconditionally going into actual situation, motivation in learning by self-evaluation, acquiring nursing skill and knowledge through body, helpful education for clinical practice and theory, and identification with a nurse. In the study by Anderson, Holmes, LeFloRE, Nelson and Jenkins (2009), students’ comments after a nursing simulation described the following: “The patients were tough, which helps to get you ready; it was real people, and we could apply our knowledge; and I like having the family involved.” The evidence has supported and justified the continual implementation of nursing simulation.

Qualitative research studies regarding psychiatric nursing simulation reported that students thought their learning was enhanced by their participation in the simulation and they reported increased self-awareness as a result of the experience. However, some students reported performance anxiety related to being observed, and they were concerned about the reality of the simulation (Festa, Baliko, Mangiafico, & Jarosinski, 2000; Kameg et al., 2004). In Korea, the psychiatric nursing simulation is still underdeveloped although traditional clinical practicums have some limitations (Hyun & Seo, 2000), and need progressive learning experiences for the students. This study intended to examine the best way to prepare nursing students for competent psychiatric clinical practicum experiences as well as to ensure student satisfaction with the experiences. This study was conducted to explore and examine the experiences of nursing students related to psychiatric simulations using SPs and to identify its value in relation to psychiatric clinical practicum.

Methods

This study was designed using inductive, interpretative and constructionist type qualitative research. This approach guides the research process to explore subjective experiences, to examine and compare the meanings of the experiences, and to construct themes illustrating the unique experiences of students. The qualitative approach and process of this study are illustrated in Figure 1. It is required for conducting the qualitative study. Pre-assumptions that interfere with exploring the essence of the phenomenon were evaluated using self-reflections, notes and memos. In this study, pre-assumptions concerning the research phenomenon were described as the following:

- Students would participate in the simulation without anxiety.
- Students would quickly adopt the skills that the faculty demonstrated during the simulation.
- In the simulation lab, the faculty was the only person who provided educational comments and guidance to students.
- In clinical practicum, students would encounter patients with the same psychiatric symptoms as the SPs had revealed.

Participants

Study participants were recruited from a nursing school that incorporated psychiatric nursing simulations into its integrative nursing education system. Theoretical sampling was adopted to maintain appropriateness and sufficiency of qualitative approach. Initially, seven students participated in the individual in-depth interviews. Four more students were invited to the interview individually until the students’ experiences showed repetitive phrases and expressions, which meant saturation of the data. All participants had completed 90 hours of clinical practicum after a 4-hour psychiatric nursing simulation using SPs with schizophrenia and major depressive disorder. Characteristics of the participants related to nursing simulation experience were described in Table 1.

Data collection

Participants were interviewed individually regarding their experiences with the psychiatric nursing simulation. Initial questions were as follows: Can you tell me your experience with the psychiatric nursing simulation? What do you think of the simulation? How do you feel regarding the simulation? Subsequent...
questions were posed to facilitate in-depth interviews and to explore unique experiences. Each interview lasted between 50 minutes and 90 minutes; all interviews were recorded and transcribed for later analysis.

**Ethical considerations**

Students who voluntarily signed informed consent forms were permitted to participate in this study. All participants were given sufficient explanation regarding the purposes and process of the study. They were informed that they could withdraw from the study at anytime without any fear of being penalized. Participants recognized that if they did not want to respond to any question, they were not required to respond. This research received institutional review board approval; the participants’ personal information was kept confidential.

**Data analysis**

The study used thematic content analysis proposed by Anderson (2007) to derive themes from subthemes, which were drawn from the contents of the transcripts. Thematic content analysis was the most foundational method that guided analytic procedures for qualitative data (Anderson). The interview transcripts were examined line by line to search hidden meanings from the interview. Meaningful descriptions were labeled as concepts using words or phrases from the transcripts. Similar concepts were put together into a potential subtheme and distinct concepts were cut out from the potential subtheme. Potential subthemes were simultaneously compared to other concepts and to be labeled as subthemes. Associated subthemes were categorized as a potential theme, and analyzed by examining the findings and comparing with the other themes.

To ensure the quality of the research, evaluating criteria of trustworthiness were adopted from Lincoln and Guba (1985) including the following: credibility, transferability, dependability, and confirmability. The researcher concentrated strictly on pursuing the solid process and steps of the qualitative research method. Pre-assumptions concerning the research phenomenon were evaluated to exclude from the process of research using notes and memos. Derived themes and subthemes were evaluated by three students to verify whether the results reflected their experiences or not. The research process including the data analysis process and results were reviewed by two faculty members experienced in qualitative research.

**Results**

Four themes were derived from nine subthemes via thematic content analysis of the nursing students’ experiences regarding psychiatric nursing simulation with SPs compared to the clinical psychiatric nursing practicum: learning practice without fear, gaining confidence in clinical practicum, being embarrassed by the gap, and being in need of further simulation (Table 2).

**Learning practice without fear**

**Feeling safe during the simulation**

Nursing students usually reveal higher anxiety regarding their psychiatric unit practicum than they do for general unit practicums. Students regard psychiatric patients as dangerous, with the potential to harm others. During a simulation, however, students are free of the concerns of being assaulted by the psychiatric SP, as is evidenced by the following quote from one of our interviews:

To think about practice in a psychiatric unit…is a kind of horror. I had a concern that my lack of training would stimulate the patients to attack me. But in the simulation, I felt that I was safe. (Case 2)

I thought I could learn without fear because the SP was not a real psychiatric patient, which made me feel free during the simulation. (Case 11)

**Communication with the SP without concern**

Nursing students often disclose that they feel the need to improve their communication skills. They are nervous that their unskilled communication may negatively affect the patient’s condition. Students are satisfied with the simulation because they can use it to learn therapeutic communication with the SP without concern.

I was worried that my non-therapeutic communication would make the patient’s symptoms worse…But I could talk to the SPs without concern since I understood they were SPs. (Case 4)

<table>
<thead>
<tr>
<th>Table 2 Experiences of Psychiatric Nursing Simulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Themes</td>
</tr>
<tr>
<td>Learning practice without fear</td>
</tr>
<tr>
<td>Gaining confidence in clinical practicum</td>
</tr>
<tr>
<td>Being embarrassed by the gap</td>
</tr>
<tr>
<td>Being in need of further simulation</td>
</tr>
<tr>
<td>Subthemes</td>
</tr>
<tr>
<td>Feeling safe during the simulation</td>
</tr>
<tr>
<td>Communication with the SP without concern</td>
</tr>
<tr>
<td>Determining the clinical context</td>
</tr>
<tr>
<td>Learning the proper approach</td>
</tr>
<tr>
<td>Leading to active participation in the clinical practicum</td>
</tr>
<tr>
<td>Realizing the gap between SPs and real patients</td>
</tr>
<tr>
<td>Having difficulty applying the simulation to the actual situation</td>
</tr>
<tr>
<td>Wanting additional simulation</td>
</tr>
<tr>
<td>Wanting more simulation with a variety of conditions</td>
</tr>
</tbody>
</table>

**Note.** SP = standardized patient.
As I understood she was not a real patient but an SP, which made me feel relieved from anxiety during simulation that facilitated communication with the SP. (Case 8)

**Gaining confidence in clinical practicum**

**Determining the clinical context**

During the simulation, students became accustomed to the circumstances they may encounter in a clinical setting, including its physical and psychological environment.

Using the simulation, I came to understand the atmosphere of a psychiatric unit as well as that of psychiatric nursing, which were useful pieces of information for my clinical practicum. (Case 5)

I think one of the advantages from simulation is to experience the atmosphere of the setting. I felt the environment of psychiatric unit was clearly different from that of general units, which was quite helpful to have in my clinical practicum. (Case 2)

**Learning the proper approach**

Nursing students reported that the simulation allowed them to learn the correct way to approach patients therapeutically. Students corrected their implementation according to the structured debriefing with the instructor and the detailed comments from the SP, which were considered to be reasonable.

I really appreciated the SPs because they gave me practical comments about what I had done, which were helpful for later clinical implication. (Case 1)

If I did not have the simulation using psychiatric SP, I could not say anything to the real patient and I would make many mistakes at my clinical practicum. (Case 3)

**Leading to active participation in the clinical practicum**

After the simulation, students were more confidently involved in their clinical practicums. They tried eagerly to confirm their competence in an actual psychiatric nursing setting.

I enthusiastically practiced applying the knowledge that I had learned from my simulation during my clinical practicum. (Case 7)

I tried to apply the therapeutic communication skill to an SP that I had learned from in my class, so I actively considered how to respond to the SP, and checked my conversation during the simulation. (Case 4)

**Being embarrassed by the gap**

**Realizing the gap between SPs and real patients**

Students were allowed to experience the difference between the theoretical condition and the real situation in our study. They reported feeling discouraged and a desire to close the gap between what they had learned and the behavior of actual patients.

I realized patients with the same diagnoses did not behave the same. I was frustrated by the situation when a patient with depression responded differently from what I had learned with my depressed SP. (Case 2)

I learned the importance of active listening from the simulation and I tried to apply it during my clinical practicum...but I felt the patient was talking endlessly, though I could not know how to cut off the patient’s talk. (Case 6)

**Having difficulty applying the simulation to the actual situation**

Students experienced trouble when they tried to apply what they had performed in the simulation in unexpected, real-world conditions.

I felt that the real condition was somewhat different from the simulation. I was completely at a loss when another patient interfered in the conversation with my patient because I had just practiced with a one-on-one conversation. (Case 9)

Though I had a simulation with a psychiatric SP, I still felt difficulty in applying therapeutic communication skills to psychiatric patients during my clinical practicum. (Case 2)

**Being in need of further simulation**

**Wanting additional simulation**

Nursing students wanted sufficient simulation (including repetition of exercises) to allow them to expand their capability to a certain level of satisfaction.

Further simulations, such as a repetitive practicum with the same condition for sufficient time, would be helpful. (Case 11)

I wish to take more chances of simulation with SPs, and I hope to have more individualized coaching that clearly guides me to proper nursing implementation. (Case 6)

**Wanting more simulation with a variety of conditions**

Students thought that they needed further exercises with various simulations to gain competency in their clinical practicums.

I think I need supplementary simulation practicum with various SP cases, including general as well as rare conditions. (Case 7)

I want to have additional simulations that I have not experienced from my psychiatric clinical practicum. I suppose supplementary simulations would be useful, which concerns specific conditions such as human rights and such. (Case 10)

**Discussion**

There is a complex array of learning issues facing nursing students who are entering a psychiatric setting for the first time. In psychiatric nursing practicum, students' negative attitudes, fears and anxieties can hinder both learning and development of a therapeutic relationship (Kameg et al., 2009). Nursing students generally express anxiety and concern with psychiatric symptoms of patients regarding the clinical practicum. In this study, the simulated practicum allowed students to gain learning practice in a safe environment. The students felt safe and communicated with the SPs without fear. These results were in accordance with previous studies in which students experienced a reduction of psychological burden and anxiety because they understood that mistakes were allowed and would not result in harm (Lee, Kim, Yeo, Cho, & Kim, 2009). One of the main objectives of psychiatric practicum is to exercise therapeutic communication skills, the nursing simulation is beneficial for achieving this purpose. Since communication proficiency is assumed to occur as students participated in clinical nursing practicum after simulation with SP (Robinson-Smith et al., 2009), the SP encounter provides a point of reference for clinical practice as well as additional opportunities for student-patient interactions, which is essential for gaining interpersonal competence.

In this study, students regarded the SP encounter as valuable experiences, paid attention to the SPs' comments, and sincerely
accepted their feedback. The students’ responses related to the SP encounter are in line with the study by Robinson-Smith et al. (2009) where students evaluated the SP feedback as helpful. In that study, students said SP feedback helped them practice interviewing and communication skills and enhanced their self-confidence. Students in this study illustrated that they had gained confidence for their clinical practicum through the practice of figuring out a patient’s clinical context, building confidence in their approach, and actively participating in clinical practicums. Results from previous studies were supportive of this research in that their students gained insight about the clinical context by understanding the patient’s clinical status, conditions surrounding the patient, the process concerning the condition, and by integrating all this complicated information (Kameg, et al., 2009; Lee et al., 2009). Therefore, simulations help students gain confidence in the clinical practicum, which leads to active participation in the clinical practicum.

Students in this study realized the gap between the scenario and the actual situation and felt that it was difficult to apply what they had learned in actual practice. Those negative responses regarding simulation have been reported by several studies. McCaughey and Traynor (2010) reported that, although the majority of participants deemed simulations to be an authentic learning experience, there were constraints of realism in comparison to actual clinical experiences. Lee et al. (2009) pointed out that positive and negative experiences coexist in simulations. Students reported positive and negative experiences regarding the actual situation and felt that it was difficult to apply what they had learned in actual practice. Those negative experiences should be considered as transient and normal student responses in simulations. Instructors use simulations as educational opportunities to challenge students to cope with related situations and to confront challenges for problem solving.

In this study, confidence gained prior to starting the clinical practicum after a simulation turned into frustration when the students faced variations of the simulated situation. While completing the clinical practicum, they tried to apply their skills even though the conditions were not the same as those of the students learned from the simulation. Some of them succeeded in this application and regained confidence, whereas others failed and were still frustrated. Students realized that they needed additional simulation experience and a greater variety of scenarios to accomplish their clinical competencies. These students’ responses indicate that clinical skills can be acquired through a learning process of applying knowledge to various clinical situations. In nursing education, simulations will never fully replace actual, contextual human patient care experiences; however, they provide a reasonable facsimile to patient care as a valued adjunct to less-than-predictable patient care experiences (Lasater, 2007). Therefore, the simulation is to be provided in the continuum of psychiatric nursing curriculum with conscious consideration of the educational needs, which will facilitate positive experiences as well as prevent negative experiences of the students.

This study has explored students’ experiences of psychiatric nursing simulation, which introduced positive and negative aspects of the experience that provided conscientious guidance in developing and implementing psychiatric nursing simulations using SP in Korea. Limitations of this study include the fact that the data was collected from students of a nursing school, which restricted the generalizability of the results of this study. Further studies on various populations by means of specific qualitative methods are recommended to enhance reliability and validity of the research results.

### Conclusion

Nursing simulations using SPs help students gain confidence regarding psychiatric clinical practicums in a safe environment. Students can practice how to approach and communicate with psychiatric patients, which leads to more active participation in their actual clinical practicums. Exploration of students’ responses to simulations and clinical practicums could enhance integration of dichotomous experiences that bridge the theory-practice gap, which will magnify the benefits of the simulation.

### Conflict of interest

There are no conflicts of interest regarding this manuscript.

### References


