

Can Healthcare Students Learn Empathy? Using Virtual Reality Simulation and Traditional Simulation to Help Students Develop Empathy for Persons with Serious Mental Illness

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Introduction - Background

- Empathy skills are essential in healthcare students (Salazar et al., 2023).
- Creating simulations to develop students' empathy for persons with serious mental illness (SMI) is complex.
- Exploratory Learning Model (Thompson et al., 2020)
- Limited evidence exists for virtual reality (VR) simulations.



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Research Questions

- What is the effect of VR auditory simulation compared to traditional auditory simulation on healthcare students' level of empathy for clients diagnosed with schizophrenia (SMI)?
- What is the relationship between the duration of virtual reality simulation and cybersickness?



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Purpose of the Project



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Measure VR Sickness



Methods – Design & Ethics

Research Design

- 2-group experimental pretest/post-test using random assignment.
- Feasibility study

Ethics

- UCCS Institutional Review Board approved the study.
- No personal identifiable information was collected.
- Participants could end the study at any time.
- Qualtrics







Methods – Sampling

Population

- Prelicensure healthcare students at higher education institutions.
- Recruitment
 - Flyers and emails
- Sampling Method
 - Convenience sampling
 - Simple Randomization into 2 groups
- Sample size
 - 25 healthcare students

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Methods - Sample



• Sample Demographics

- Ages Range 18-46 years, Mean - 25.64 years
- Gender 72% women and 28% men
- Race/Ethnicity 60% White, 20% more than one race, 8% Black/African American, 8% Hispanic, 4% Asian
- Academic fields of study -36% nursing, 36% healthcare-other, and 28% pre-healthcare professional.





Methods - Intervention

- Pre survey completed
- Randomization into groups
- Orientation
- 10-minute scavenger hunt while listening to a simulated hearing voices experience recording "National Power 2 Hearing Voices that are Disturbing" workshop
 - Virtual reality (VR) simulation environment in the Unity real-time 3D game using head-mounted display (HMD).





Methods – Measurement Scales

- Demographic survey
 - Participant's age, race/ethnicity, gender, and academic program.
- Kiersma Chen Empathy Scale-Revised (KCES-R)
 - -For healthcare students
 - -Global healthcare professional empathy and self-perceived empathy

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Methods - Data Analysis



General Linear Model

- Pre and Post test scores
- Nonparametric ANCOVA (Quades test)
 - Covariate Pretest scores
 - Alpha level 0.05
 - Confidence Interval 95%

Kruskal-Wallis

 Differences between Healthcare and nursing students







Results

- Quades test
 - F = 0.000, p = .990, CI 95%
 [9.97-16.02]
- Both groups significantly increased empathy for persons with SMI with no significant difference between groups.
 - Pre-test M= 75.60/Post-test M=85.75
 - Kruskal-Wallis x²=3.1587, df = 1, p = 0.07552
- The sample size was small
- No significant VR sickness side/effects
 - 15% reported minimal VR side effects



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Discussion - Strengths

- Evidence overall quality of VR simulation
- Improved immediate empathy levels
- No significant side effects to VR simulation
- Decreased exposure to potentially distressing experiences
- Debriefing facilitated meta-reflection (field notes)
- Decreased staff and space requirement







Discussion - Limitations



- Equipment/# of participants
- Small sample size
- Convenience sampling
- Could not compare Nursing & Healthcare students
- Nonparametric test
- Non-generalizability





Future Directions

Education

- Quality
- Engagement
- Less risk of psychological distress

Research

 Multi-site/Mixed method/VR modifications

Practice

- Decrease fear/anxiety
- Improve healthcare





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Conclusion



- In healthcare students, 10-minute VR simulation is an effective strategy for developing empathy for persons with SMI.
- Feasible



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Questions?

- Contact
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Thank you for attending our presentation!







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