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Faculty Perception of Student Nurse Compassion Post-Simulation Experiences

by

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A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
Master of Science in Nursing Degree

Boiling Springs, North Carolina

2021

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Abstract

Compassion is a common, foundational component in nursing and remains a challenge for faculty to continue to employ into nursing students. As simulation technology continues to gain momentum, faculty have expressed the benefits and downfalls as related to simulation and nursing education throughout the literature. A qualitative study was performed at a community college school of nursing to assess faculty perceptions of nursing students compassion post-simulation experiences. A survey was administered to faculty to obtain their perceptions.

Keywords: compassion, simulation, and care.

Acknowledgments

I would like to acknowledge my appreciation to Dr. Brittany Hudgins for working to guide my thoughts and work on this thesis research. Another special thank you to Spartanburg Community College School of Nursing for allowing me the honor to be a part of enhancing their simulation lab while gaining valuable learning in the world of simulation experience development. Above all I want to thank God and my family for the love and support while I worked extra hours hidden away in researching articles and time spent away from them in cyber world collaborating with the research sites and Gardner-Webb instructors to produce this thesis and research.

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CHAPTER I

Introduction

Nursing has been established and built upon caring and compassion. Although challenging, nurse educators have been promoting and teaching nursing students to be both competent practitioners and compassionate caregivers from the foundational moments of nursing (Sandberg, 2016). Without compassion, nursing is no longer nursing and could be in danger of losing the foundation soul on which nursing originated (Sandberg, 2016). As simulation education in nursing has been and continues to be rapidly increasing, there is an even greater concern that compassion could be further compromised in the actual care provided to clients by nursing students today and forward.

Simulation has been shown to bring great benefits and strengths for clinical enhancement as well as clinical replacement. Simulation can be performed by way of virtual patients online, or in a simulation lab setting. Manikins and virtual patients provide an experiential learning process in a safe environment for nursing students to learn (Hanshaw & Dickerson, 2020).

Studies have suggested that perceptions and attitudes of faculty can make a difference in the implementation of learning activities in nursing curriculum (Landeem et al., 2015). Most faculty endorsed clinical simulation for providing a safe learning environment, which promotes deep learning and clinical decision making, however, some faculty have pointed out the limits of realism with the simulation experiences (Landeem et al., 2015). Other studies have summarized that caring remained on the fringe of simulation teaching, while skill proficiency seemed to prevail (Coffman, 2016).

The purpose of this study was to explore faculty perceptions if compassion will be affected by the increased utilization of simulation experiences in schools of nursing. The Association of Colleges of Nursing (AACN) has identified that nursing students are not well prepared to deliver quality care to patients who are facing serious illness and end of life issues (Costello & Barron, 2017). Compassion is a necessary element of the care patients require with illnesses and at the end-of-life situations (Costello & Barron, 2017). According to Jean Watson, compassion is the capacity to bear witness to, suffer with, and hold dear with in our heart the sorrow and beauties of the world (Costello & Barron, 2017). When faced with the questions and concerns about teaching one about compassionate care, Jean Watson's theory of Transpersonal Care and the Caritas process is an excellent framework to foster care and compassion among human to human connection (Costello & Barron, 2017).

The framework to guide this study was based on Jean Watson's Caring Theory and the 10 caritas processes (Watson Caring Science Institute, 2021). The process focuses on humanistic values of loving-kindness, compassion, being present, being sensitive, developing trust and caring relationships, authentically listening, knowing, being, doing, engaging, authentic presence, reverencing human dignity and being open with spiritual unknowns, allowing for miracles (Watson Caring Science Institute, 2021). Each value listed in this theory gives evidence of the need to assure compassion and care remain part of nursing. The value regarding reverencing human dignity would be sure to face scrutiny after simulation experiences with utilization of a manikin as opposed to a human being. There is also the value of being present with an authentic presence. More research is needed to further investigate how these values are being displayed in the increased use of

simulation experiences. This study brings an awareness and focus to determine if care and compassion are being compromised with the increased utilization of simulation experiences. The chart below provides the values this theory depicts nurses should display to promote care and compassion. Research is needed to further examine if compassion is becoming a compromised characteristic in nursing students. Figure 1 provides an illustration of the ten caritas processes as developed by Dr. Watson.

Figure 1

10 Caritas Processes



Note: This figure illustrates the 10 caritas processes as developed by Dr. Jean Watson (Watson Caring Science Institute, 2021).

The purpose of this research study was to determine if the increased use of simulation in nursing clinical is influencing the compassion and care being provided by student nurses per faculty perception. After a recent interview with the department chair of a randomly selected Associate of Science Nursing (ASN) program, it has been determined that simulation has been increasing in their facility due to limited clinical sites for various reasons.

CHAPTER II

Literature Review

Simulation in nursing education has been on the steady rise in the past decade among nursing school programs. Although simulation has been shown to produce great benefits for nursing students in so many ways, little to no focus has been given to students' ability to provide compassion with their duties as a nurse post simulation experience. A database search was performed using CINAHL and the keywords compassion and simulation. Compassion, care, and empathy are key components and words seen throughout nursing education. Nurse educators have been charged and challenged to be able to produce competent, compassionate caregivers, as simulation continues to be on the increase in nursing education (Sandberg, 2016).

Simulation Defined

One article of literature describes simulation as an experiential learning process that provides a safe environment for learning while preventing patient harm (Hanshaw & Dickerson, 2020). The definition of high-fidelity simulation is an experience using full scale computerized patient simulators that provide a high level of interaction and realism for the student or learner (Hanshaw & Dickerson, 2020). In nursing education, there are different levels that can be simulated with realistic representation of a simulated environment such as hospital rooms (Hanshaw & Dickerson, 2020). Prior studies have reported satisfaction, increased confidence, and self-efficacy, increased higher levels of thinking knowledge, and improved critical thinking as reported from students and simulation facilitators (Hanshaw & Dickerson, 2020). An emphasis on structured methods of evaluation in simulation outcomes leads to the need of additional research

with an inclusion of more holistic, ethical, and caring aspects of this concept of simulation and would help to strengthen evaluation of clinical competence post simulation education (Hanshaw & Dickerson, 2020). A growing body of evidence supports replacing a portion of clinical learning experiences with high-fidelity simulation (Hanshaw & Dickerson, 2020).

A simulation effectiveness tool (SET) is frequently used to assess perceived learning and confidence in simulation per the learner's perception (Shin et al., 2020). The SET is a 13-item analysis that extracts a learner's perceived learning, confidence, and satisfaction with a simulation and provides comprehensive evaluation of the simulation effectiveness (Shin et al., 2020). Simulation outcomes are linked to patient safety and quality in nursing care, and the SET has been recommended as a valid tool to assess a simulation effectiveness (Shin et al., 2020). As there are a large amount of simulations becoming available with simulation on the increase, it is important to choose the simulation that will have the best outcomes for the learner, client, and faculty member. This is a tool that is available when faculty are faced with choosing optimal simulations for their nursing program.

As simulations continue to increase, more studies are needed to promote and evaluate patient outcomes. Some studies have revealed that some students have a hard time making the scenarios with manikins real and simulating that they are real situations and the students perceived presence in the situation and scenario cannot allow for optimal high-fidelity simulations for the better outcomes (Dunnington, 2014). Being present and real with patients is an important component of nursing and compassionate care. With society already living so much in a virtual world, the generations to come will have little

to no human to human interaction and could be a culture shock once faced with real-life humans at the bedside. If the student is unable to simulate realism with the manikins, there could be a potential problem of developing caring and compassion in the scenario and further transferring compassion to the bedside.

Another trend in simulation is to have a virtual simulation or an e-simulation. This is an emerging technology that can also be used to broaden the teaching strategies used in health science education (Cant & Cooper, 2014). E-simulation is a goal based digital simulation that takes place by way of a computer screen simulation (Cant & Cooper, 2014). Web-based e-simulation is highly acceptable to students and provides great learning benefits that align with other models of simulation (Cant & Cooper, 2014). E-simulation is great to enhance face to face teaching and learning but should not replace hands on learning (Cant & Cooper, 2014). However, more recently, E-simulation is being used more and more due to the COVID-19 pandemic and the inability for nursing schools to find adequate clinical sites and or situations when the nursing staff themselves have had an exposure and need to quarantine for 10-14 days at a time.

Another article reports virtual classrooms and clinical simulations have been able to meet student needs (Glasgow et al., 2017). Computer-based manikins in simulations give experiential training in skills, knowledge, and decision making, which can build confidence in a safe environment and can be transferable to a real environment (Glasgow et al., 2017). The scenarios are designed to reproduce patient conditions with vital signs, lung sounds and other manifestations, and is considered a dress rehearsal for the real clinical setting and patient care (Glasgow et al., 2017). Further research is needed to

justify its use especially in concerns to the ability to teach providing care and compassion in nursing.

There is an ethical obligation and responsibility to continually assess and evaluate the impact of the many different types of simulation models and seek continued improvement (Huun, 2018). As discussed previously, the upcoming generation of nurses may have potentially been exposed to so much virtual worlds through the many different facets of virtuality, human to human interaction and the use of compassion may likely be lacking to provide quality care for clients and the health care industry. Many more details need to be addressed to identify the quality needed within the simulations to promote optimal outcomes for all involved in the world of nursing and the utilization of simulations. Further research is needed to make sure simulations are aligning with quality matters and that ethical and moral needs are being met for clients and all of health care involving nursing (Huun, 2018).

As inconsistencies continue with simulation experiences, another recent article suggests a universal design (UD) that allows for students with disabilities to be able to access simulation education as well (Carroll & Eaton, 2019). As students are looking for equitable treatment such as students with disability having access to simulations, nursing needs to stand strong in assuring compassion continues to be rooted and grounded in nursing with the advances that are still to be designed in simulation in nursing education. Being able to provide accessible simulation for all is a necessity in nursing education (Carroll & Eaton, 2019).

Telehealth in nursing education and health care simulation with a remote presence is another recent technology that has been utilized in health care (Danesh et al., 2019).

Remote presence in clinical simulation has been able to contribute to preparedness in the workforce (Danesh et al., 2019). Telehealth or remote presence allows a user to control a robotic device from a distance to interact with others such as nurses and patients (Danesh, et al., 2019). Although this technology of telehealth is a great asset in dire times of need, it does not replace the importance of human to human contact and may, in fact, bring more harm than good to the profession of nursing and healthcare. Telehealth should find its place to be utilized with its great benefits and should not replace the current face to face moments that are needed in healthcare for the sake of being present as discussed in the caring theory.

Another topic for simulation is the ability to teach interprofessional collaboration among a healthcare team. An integrative review of interprofessional simulation in nursing education revealed the need have more design, analysis, and implementation to fill gaps about effectiveness of simulation (Horsley et al., 2018). Team collaboration is important among the many different disciplines in healthcare and should be educated and even simulated to better prepare students for the idea of collaboration and the benefits it brings to the table. Teamwork and collaborating is typically touched on in traditional nursing school and simulation would be a great way to reinforce the concept behind the collaboration process.

What is Compassion?

Maintaining compassion is foremost importance and is one of the most precious assets of the nursing profession (Galetz, 2019). Nurses are expected to be an advocate for their clients by caring and critically thinking as part of their interventions (Galetz, 2019). Nurses are also expected to provide empathy and compassion above all else as these

terms are presented so often in public policy, nursing educational priorities and nurse practice acts (Galetz, 2019). Identifying the aspects of compassion may be a roadmap to increasing the desirable trait of compassion in a technology-focused younger generation of nursing students whose most formative and consistent social relationships have often been with high-tech devices instead of face to face interactions (Galetz, 2019).

Compassion and empathy can go hand in hand as far as client care is concerned and one defining attribute of empathy, being present, has consistently been seen in literature over the last three decades (Galetz, 2019). One must be in the here and now when compassion and empathy are needed. It must be felt in real time and at the moment of need (Galetz, 2019). Compassion is defined as a feeling of wanting to help someone who is sick, hungry, or in trouble (Galetz, 2019). Also, as an emotion or feeling that arises when you are confronted with another individual's suffering and feel motivated to relieve that suffering (Galetz, 2019). Attributes of compassion show a patient-centered focus versus focusing on personal feelings and needs (Galetz, 2019). The compassionate nurse is aware of the patient's state of being and has a general emotional tie to the patient (Galetz, 2019).

Compassion is needed in every aspect of nursing and in all types of client populations. One article explains the importance of incorporating Jean Watson's theory into end of life care and ways to teach compassion during this time in client and families health care journey (Costello & Barron, 2017). There are a variety of ways to incorporate compassion into nursing education and the need has been there from the beginning of nursing and it is important that we do not progress away from compassion with the new technologies available to us in our modern era of technology.

Faculty Perception on Compassion in Nursing Education

Just as compassion is important for students to possess for client care, it is also important for faculty and students alike to possess compassion for many reasons. For faculty and students, compassion fatigue and compassion satisfaction are important factors to be able to remain as a student, as a nurse at the bedside, and as a faculty member. The motivation to remain in the nursing profession is likely related to the positive feelings derived from caregiving and the desire to help others in their time of need. This phenomenon is known as compassion satisfaction (Sacco & Copel, 2017). Nurses experience an intrinsic sense of fulfillment derived from their work in caring for other people (Sacco & Copel, 2017). Characteristics of compassion satisfaction that the nurse may experience include well-being, fulfillment, reward, accomplishment, joy, enrichment, invigoration, inspiration, revitalization, gratitude, and hope (Sacco & Copel, 2017). Potential implications for compassion satisfaction can have a positive influence on nursing practice and patient outcomes (Sacco & Copel, 2017).

Nursing students partially learn caring by experiencing caring and compassion interactions with their instructors (Fifer, 2019). Caring and compassion are core values of nursing (Fifer, 2019). As nurses focus more on increasing their technological competencies in today's complex healthcare world, there is concern that care and compassion may be lacking (Fifer, 2019). Not only do nursing instructors have the responsibility to teach care and compassion to students, it is also important that they role model compassion as well (Fifer, 2019). Consideration should be given to the students need for holistic, individual, academic, psychosocial, and cultural needs to demonstrate care and compassion to and for the student (Fifer, 2019). Instructors should use teaching

moments with the students to reflect care and compassion and create a supportive learning environment for the students. Studies have demonstrated a need for instructors to increase their care and compassion for the students as a display of example in teaching care and compassion to nursing students (Fifer, 2019).

It is evident in the literature that compassion is a needed component for the faculty and students to possess for optimal results. For faculty to show compassion to students as role models, students' perceptions of an effective instructor should be considered as well. One article concluded that students feel that an effective instructor will display characteristics of professionalism, compassion, being prepared, and accountable (Matthew-Maich et al., 2015). Faculty must hold high standards of behavior for themselves to purposely display compassion to each other, and to the students for this to pass forward into the clinical settings. As a result, compassion can be passed on to the simulation, clinical, and post-licensure times for the nursing student.

Faculty Perceptions of Simulation Experiences in Nursing Education

Simulation use has increased significantly in nursing programs over the past 20 years (Kim et al., 2016). The National League for Nursing (NLN) recommends that simulation be facilitated by faculty trained in simulation (Kim et al., 2016). Faculty perceptions and adoption of behaviors in respect to simulation varies among nursing faculty (Kim et al., 2016). Attitudes were improved to adopt simulation among faculty members that went through a faculty training program (Kim et al., 2016). If faculty are feeling secure and confident in the simulations, they will be better prepared to add in the other important details such as care and compassion when they are not so consumed and focused on just learning to do simulation themselves. This may take time and repetition

to produce great simulations with the right amount of compassion and care included in the scenarios by trained simulation clinical instructors.

Nursing faculty are expected to possess certain characteristics to be effective clinical simulation instructors (Collier, 2018). As clinical sites dwindle, simulation has become an important way to supplement students' clinical experience (Collier, 2018). Clinical instructors are expected to be effective by displaying competence, being approachable and possess intrapersonal qualities (Collier, 2018). It is important for the student and the faculty to feel comfortable in the simulation experience to be sure to capture the important components of the needed teaching moments of the nursing student. Faculty members owe it to the nursing profession and the upcoming nursing students to be effective in all they do and teach for the greater good of clients that will receive the services being prepared.

The ongoing challenge in arranging high-quality clinical placements is one reason behind the growth in simulations (Herlihy & Teel, 2020). Manikins provide a means for creating clinical learning experiences that can be initiated and repeated without risk to patients in an actual setting (Herlihy & Teel, 2020). Although manikins and simulation are great for enhancing the skills without putting patients at risk, it is important to continue to research the outcomes from faculty, students, and clients receiving the care being trained for in the simulation environments.

Some educators believe that simulation learning helps students close the gap between nursing theory and clinical practice (Coffman, 2016). The National Council of State Boards of Nursing (NCSBN) have endorsed that simulation-lab experiences can substitute for up to 50% of clinical experiences in patient-care settings (Coffman, 2016).

Integrating care and compassion in simulation learning has been summarized to remain on the fringe of simulation teaching, while skill proficiency seems to prevail (Coffman, 2016). Some researchers are suggesting ways to incorporate caring into simulation such as reflection during debriefing (Coffman, 2016). Teaching care and compassion as part of simulation requires faculty to use scenarios that meet current educational standards, establish a learning environment in which students feel safe to deal with uncomfortable emotions or mistakes in nursing practice (Coffman, 2016).

Many faculty members have endorsed clinical simulation for providing a safe learning environment, which promotes deep learning and clinical decision making (Landeem et al., 2015). Faculty also acknowledged that there were limits to the amount of realism possible with high-fidelity simulation, however, they saw its potential to enhance student learning (Landeem et al., 2015). These faculty also felt knowledge learned during simulation was transferable to the clinical setting and promotes learning of complex and routine clinical skills (Landeem et al., 2015). Faculty are aware of the importance of training and support needed for faculty who are less experienced with simulation (Landeem et al., 2015).

Nurse educators continue to be faced with the challenge of promoting compassion and competence in education (Sandberg, 2016). Building on the foundations of care and compassion as laid out by Watson and others is important to encourage compassionate care in nursing (Sandberg, 2016). Without compassion, nursing could be in danger of losing its soul (Sandberg, 2016). Not only has nursing been challenged with keeping compassion in the nursing profession, the challenge has just become paramount along with the increased utilization of simulation, whether by virtual e-simulation, telehealth

simulation, or lab-based manikin simulation. The challenge remains to find ways to enhance compassion in nursing care: will compassion be further compromised with the increase in simulation utilization?

As previously discussed, some studies have revealed that some students have a hard time making the scenarios with manikins real and simulating that they are real situations and the students perceived presence in the situation and scenario cannot allow for optimal high-fidelity simulations for the better outcomes (Dunnington, 2014). While some educators believe that simulation learning experiences are able to help students close the gap between nursing theory and clinical practice (Coffman, 2016), there still remains the mixed and lack of evidence to support that compassion will be able to be maintained and even potentially decline in nursing students values and characteristics as they care for patients. The focus of this study was to determine if the increased use of simulation in nursing clinical is influencing the compassion and care being provided by student nurses per faculty perception.

CHAPTER III

Methodology

Design and Setting

A qualitative research approach using a survey to obtain nursing faculty perceptions of student compassion post simulation experiences was used to examine common trends in perceptions of compassion demonstrated from the students. The target faculty were part of a community college Associate Degree in Nursing (ADN) program in the southeastern United States in Western North Carolina. An online anonymous survey was used to collect the data from the faculty of this school of nursing. The facility has a current simulation program in place to provide nursing education and has the capacity to replace some of the clinical hours with simulation, as well as enhance clinical and classroom education. Written permission to perform the study was obtained from the nursing program director and from the University's Institutional Review Board (IRB).

Sample/Participants

The convenience sample was selected faculty of an ADN program that has simulation as part of their nursing education teaching assignment. The instructors' held credentials of Master of Science in Nursing or higher. Each instructor has also been educated in nursing simulation education and had currently been using this as part of their teaching regimen. The instructors were a combination of both clinical and didactic instructors. All participants for the study were over the age of 18.

Instruments/ Measurement Methods

A four-question survey was distributed to each of the faculty via e-mail invitation by the program director and completed over a 4-week timeframe. Participants accessed

the survey through the Survey Planet website. Informed consent was reviewed prior to completing the survey. Once the completion period passed, the anonymous survey results were available to the researcher for data gathering purposes. The survey consisted of four questions (Appendix A) developed by the researcher and were based on peer-review articles. The questions requested feedback from instructors on their perception of student compassion after receiving nursing clinical education by way of simulation experiences and performances.

Data Collection

The answers to the survey were collected, reviewed, and analyzed for common themes and trends. Common themes and trends were identified to form an overall faculty perception of the students' compassion after receiving simulation experiences. The results were recorded in a table.

Protection of Human Subjects

Prior to conducting the study, approval was acquired by the University's IRB, as well as an executive team from the facility of nursing education. Participants were assured of anonymity and researcher information was provided in detail. All participants were over the age of 18 and were also kept anonymous. Informed consent (Appendix B) was obtained via email from the Director of the nursing program at the participating nursing school. Participation in this study was voluntary. Participants had the right to withdraw from the research study at any time without penalty. They also had the right to refuse to answer any question(s) for any reason without penalty. If they choose to withdraw, they simply were not to submit the survey.

Data Analysis

The data collected from the survey answers was reviewed and analyzed by the researcher and faculty advisor. Following analysis, common themes were identified and tabled to display and provide a description of each finding. The purpose of this research study was to determine if the increased use of simulation in nursing clinical is influencing the compassion and care being provided by student nurses per faculty perception. After a recent interview with the department chair of a randomly selected Associate of Science Nursing (ASN) program, it has been determined that simulation has been increasing in their facility due to limited clinical sites for various reasons.

CHAPTER IV

Results

Survey questions were developed and presented to nursing faculty instructors to determine perceptions of nursing student's ability to provide compassionate care after receiving simulation experiences as part of their clinical education. The instructors were able to provide their perceptions by answering the questions and returning results to the researcher in the allotted time.

Sample Characteristics

The participants in this study were from an ADN program from a community college in the southeastern United States in Western North Carolina. This nursing program actively participates in both simulation lab and clinical experiences. A total of three instructors were invited to complete the survey and a total of three instructors actually completed the survey. Thus, the researcher had a completion rate of 100% for this study. The instructors were above the ages of 18 years old and provided feedback by way of a four-question survey regarding their perception of students' ability to provide compassion post simulation experiences. The information was gathered and tabulated with each instructor's individual responses.

Major Findings

There is mixed concern from the instructors regarding nursing students being well-prepared to provide compassion in nursing care for clients post simulation experiences. Table 1 displays the answers to each question from each nursing faculty participant.

Table 1*Faculty Perception of Student Compassion Post-Simulation Experiences Survey Results*

Question	Participant 1	Participant 2	Participant 3
1. Whether you are a clinical instructor or a didactic instructor, prior to the recent increase in simulation, how well do you perceive students were able to display care and compassion in the clinical setting?	They are able to display care and compassion within the clinical setting tremendously	I believe prior to the recent increase in simulation students were slow to start in the clinical setting due to the lack of confidence in caring for patients.	Moderate
2. Do you feel like simulation experiences are able to give students an opportunity to provide compassion and care in their interventions in the simulation setting? Please explain why or why not.	No, they are manikins and they do not take it serious most of the time	Yes, absolutely! Simulations give the students so many different scenarios prior to going into the actual clinical setting. Compassionate care is a must scenario that should be brought to the students in the simulation setting.	Yes, this gives students an opportunity to practice in a safe environment.
3. As a clinical instructor, or after collaborating with the clinical instructor if you are didactic, have you noticed any difference in the care and compassion demonstrated by nursing students	I see no difference.	I believe that I have seen an increase in compassion demonstrated after our program put into place our simulation labs. Students are more comfortable with themselves and with the different types of patients they will encounter during their actual clinical experience.	Yes. Students are more confident.

4. What barriers or benefits do you see for care and compassion to be best demonstrated in nursing for simulation experiences?	Barriers – instructors are not strict enough or do not make the experience seem real enough. Too many instructors show videos instead of hands on. Benefits – practice sessions for skills.	Barrier -Every patient encounter is so very different and I feel and that we cannot prepare the students for this. Benefit -Simulation is a great way to bring as much as we can prior to the clinical day. I believe that when the student is more comfortable with the scenarios we have put into place, then they will have the skills to give the care and compassion needed for that particular patient.	Barrier is students being unprepared when coming to simulation. Benefits- they have other students to participate with and are in a safe environment
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Themes and Trends:

Upon review of the answers given by the instructors in the study, the following themes were revealed. Confidence was an important component for the student to possess in simulation and actual clinical setting. Along with confidence, a safe environment to practice building confidence seemed to conspire. Another theme that appeared was restrictions with reality. The last theme and topic of this study was compassion.

Summary

Data was collected using a four-question survey presented to nursing faculty at a rural ADN program. The questions pertained to the faculty perceptions of compassion in nursing and simulation in nursing. The questions further requested faculty perception on the nursing students' ability to provide compassionate care post simulation experiences. The findings brought out the following themes. Confidence is an important component in nursing for the student to possess in the simulation and the actual clinical setting. Along with confidence, a safe environment to practice building confidence seemed to conspire.

Another theme that appeared was restrictions with reality. The last theme that surfaced and the main focus of this study was compassion. The purpose of this research study was to determine if the increased use of simulation in nursing clinical is influencing the compassion and care being provided by student nurses per faculty perception. In addition to compassion, several other factors were brought about that could impact the outcome of patient care provided by nursing after receiving an increasing amount of nursing education experiences by way of simulation.

CHAPTER V

Discussion

The purpose of this study was to determine if the increased use of simulation in nursing clinical is influencing the compassion and care being provided by student nurses per faculty perception. In addition to the theme of compassion being an important component in nursing simulation experiences, several other themes were discovered during this study. The study confirmed that compassion is a key component for nursing care. In addition, although nursing simulation has its proper place and use, there is definitely a connection and need to place more emphasis on the implementing and incorporating compassion in nursing care while using simulation for clinicals. Whether replacing or supplementing clinical with simulation in nursing, compassion in nursing care, as well as these other themes that arose during this study, could decrease overall in nursing if not kept closely in check and purposed in designing and implementing clinical prep and practice for nursing students when using simulation experiences.

Implications of Findings

After surveying didactic and clinical nursing instructors from an ASN program, results revealed that although simulation is great for enhancing, supplementing, and even replacing a portion of the clinical, careful attention needs to be given to the compassion component of nursing care during simulation utilization. Studies have shown the importance of compassion as a fundamental staple of nursing characteristics while others have also shown the increased use and importance of simulation as it continues to be utilized more and more in nursing education (Galetz, 2019). Some studies have shown that simulation is great for skills enhancement, however, leaves much room for

improving the incorporation of compassion in nursing care (Glasgow et al., 2017). This thesis helped to discover discrepancies about simulation being able to provide the needed compassion component of nursing education.

Application of Theoretical/Conceptual Framework

This study used Jean Watson's Caring Theory to provide the framework for this study. Loving kindness and compassion are part of the humanistic values promoted in this theoretical framework. Jean Watson's theory provides a great way to teach students about nursing care and compassion. The survey questions and answers for this study demonstrated that nursing instructors do consider care and compassion to be of the utmost importance for nurses to be able to possess and provide nursing care to clients. In addition, nurse educators feel like it is important to promote and foster care and compassion during nursing education, as mixed feelings were displayed about if it is being appropriately passed along in nursing education simulation experiences.

Limitations

One of the limitations in this study was the small sample size and the limit to one institution. Other limitations were the lack of tools to measure faculty perceptions on compassion and care in nursing students post simulation experiences. The study survey questions could expand to capture more information from the nursing faculty. Another limitation is the increased strain on nursing during the COVID-19 pandemic, which could have potentially led the instructors not to take the needed time to carefully answer the study survey questions to give adequate feedback. This study was limited to one sample group in one two-year nursing program, which did not capture a complete picture of faculty perceptions.

Implications for Nursing

Compassion is such a critical component of nursing and it needs to be improved by leaps and bounds to be able to remain a trademark for nursing care. If simulation continues to increase and clinical sites continue to be a problem for nursing education, the lack of compassion become more prevalent among the newer nursing generations coming forth. If students are placed in a room with a manikin over and over or given access to virtual simulations in nursing care for their training, there is no human to human interaction and the focus could be more on the skills and task at hand than on the actual human in need of care and compassion. Overall, from this study, the following implications were derived:

1. Compassionate care should continue to be fostered and promoted in nursing school and should be a center of focus with simulation experiences.
2. Students report an increased confidence in the safety of the simulation environment to learn, practice, and demonstrate their skills which may also help them focus more on being compassionate if they are not worried so much about their skill proficiency.
3. Students do have a hard time making the simulation environment real, which may hinder bringing compassion into the setting with lack of human to human interaction.
4. Further research is needed to gather more input from instructors about how they feel compassion is being displayed by the nursing student after simulation education experiences.

Recommendations

As our world continues to be faced with changes and challenges during a pandemic related to the COVID-19 virus, as well as many other reasons now and to come, clinical sites will continue to be a problem forcing nursing schools to resort to a continued increase in simulation for nursing education. As the simulation experiences increase, nursing students will have less and less exposure to human to human contact during their training and will be forced to perform on real human clients after only having virtual and/or lab simulation training. Although this has a respectful place in nursing education, it is seen to be a problem per nursing faculty perceptions and other literature to date. More focused studies need to be performed to gather more information on other factors that could lack or be lost in conversion that nursing was built on but especially compassionate care in human to human interaction. Further studies also could benefit nursing to focus on ways to incorporate compassion into simulation experiences or ways to promote human to human clinical education experiences. Further studies that focus on faculty training, experience, length of program such as 2-year or 4-year programs regarding how much time student would be in simulation training and then allowed to move on to an actual clinical site are just other factors that could be a focus of study. Some other thoughts to investigate are the accelerated programs that are popping up in nursing education. Will there be enough time to incorporate the abundance of needed knowledge of nursing in addition to a new focus of making sure compassion is being channeled in with simulation experiences? How about nurse practitioner programs and compassion with simulation? Are students that are going into the nurse practitioner programs already equipped with enough compassion from their nursing undergraduate

classes that they will be safe to only do simulation experiences going forward as they complete this next level? Maybe if compassion is allowed to remain a foundational component in nursing education experiences, the simulation experiences would be better appropriated in the four-year programs and the advanced practice nursing educational components.

Conclusion

Simulation has increased and will continue to increase in nursing education. Care and compassion have always been a trademark of nursing and has always been a complicated characteristic to teach and monitor for in nursing students. With clinical sites declining, simulation experiences increasing, human to human interaction in nursing education decreasing, there is a very strong view that compassion will decline as a characteristic of our future nurses. Although simulation is such a great opportunity and strength for many situations, careful attention should be given to retain and enhance compassionate care in nursing education. Further research on compassionate care, realism in simulations, confidence in the nursing student, safe environments, which levels of nursing education should be allowed to replace clinicals with simulation to decrease the risk of compassion decline, and other topics could only benefit the world of nursing education with simulation experiences and the chance to provide optimal outcomes for all involved.

References

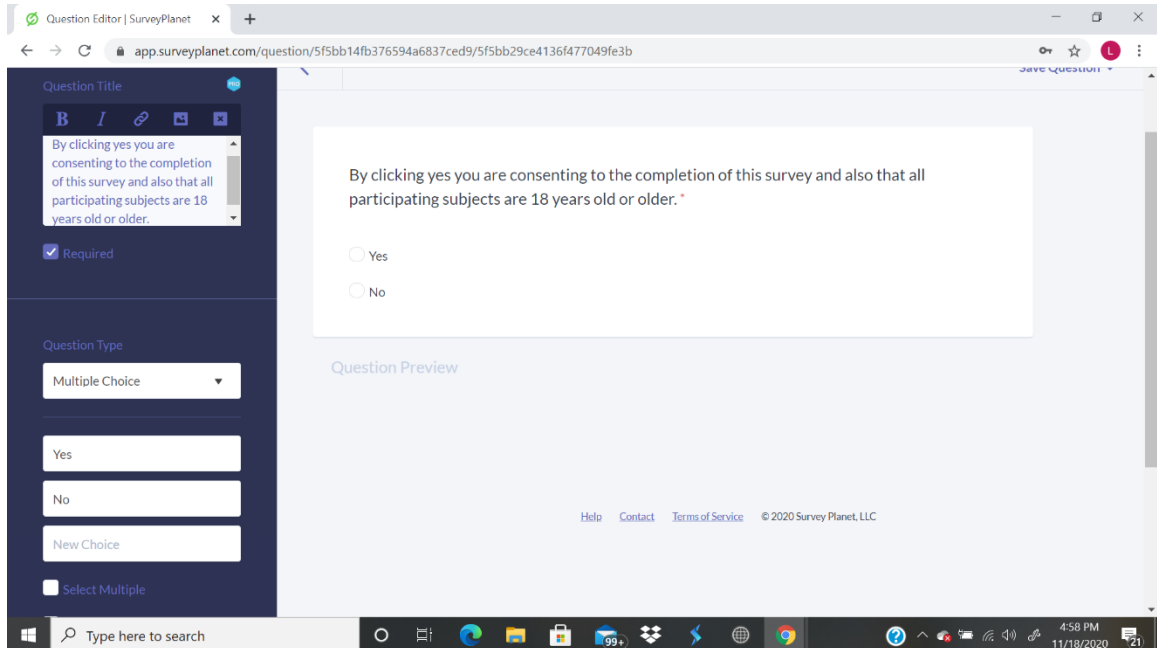
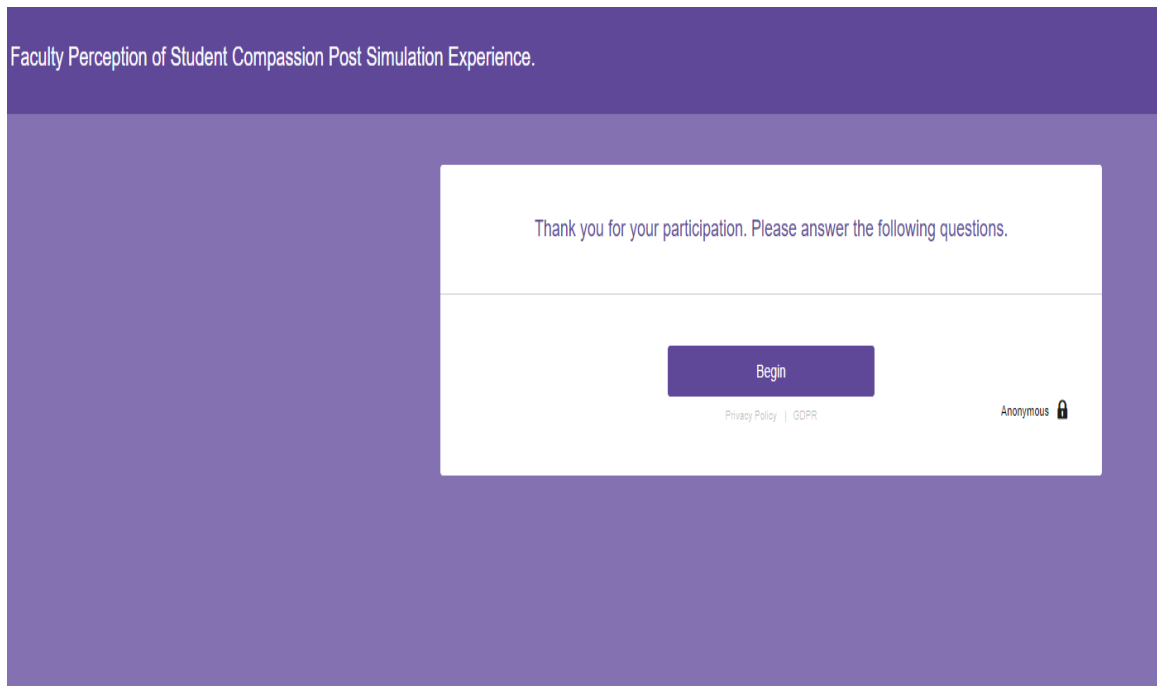
- Cant, R. P. & Cooper, S. J. (2014). Simulation in the internet age: The place of web-based simulation in nursing education; An integrative review. *Nurse Education Today*, 34. <https://www.doi.org/10.1016/j.nedt.2014.08.001>
- Carroll, S. M. & Eaton, C. (2019). Accessible simulation: A necessity in nursing education. *Journal of Nursing Education*, 58(11).
- Coffman, S. (2016). Faculty experiences teaching caring in the simulation lab. *International Journal for Human Caring*, 20(4), 197-201.
- Collier, A. (2018). Characteristics of an effective nursing clinical instructor: The state of the science. *Journal of Clinical Medicine*, 27, 363-374.
<https://doi.org/10.1111/jocn.13931>
- Costello, M., & Barron, A. M. (2017). Teaching compassion: Incorporating Jean Watson's caritas process into a care at the end of life for senior nursing students. *International Journal of Caring Sciences*, 10(3), 1113.
- Danesh, V., Rolin, D., Hudson, S. V., & White, S. (2019). Telehealth in mental health nursing education: Health care simulation with remote presence technology. *Journal of Psychosocial Nursing & Mental Health Services*, 57(7), 23-28.
<https://doi.org/10.3928/0279369-20190306-01>
- Dunnington, R. (2014). Presence with scenario-based high-fidelity human patient simulation. *Nursing Science Quarterly*, 27(2),
<https://doi.org/10.1177/089418414522655>


- Fifer, P. (2019). Associate degree nursing students' perceptions of instructor caring. *Teaching and Learning in Nursing, 14*, 103-110.
<https://doi.org/10.1016/j.teln.2018.12.006>
- Galetz, E. (2019). The empathy-compassion matrix: Using a comparison concept analysis to identify care components. *Nurs Forum, (54)*, 448-454.
<https://doi.org/10.1111/nuf.12353>
- Glasgow, M. E. S., Lockhart, J. S., & Nofli, D.A. (2017). Online nursing education: Virtual classrooms and clinical simulations help meet students' needs. *Health Progress September – October*.
- Hanshaw, S., & Dickerson, S. (2020). High fidelity simulation evaluation studies in nursing education: A review of literature. *Nurse Education in Practice, 46*.
<https://doi.org/10.1016/j.nepr.2020.102818>
- Herlihy, K., & Teel, C. (2020). Faculty perceptions of nursing student preparation in undergraduate simulation. *Teaching and Learning in Nursing, 15*, 181-185.
<https://doi.org/10.1016/j.teln.2020.03.001>
- Horsley, T.L., O'Rourke, J., Mariani, B., Doole, J., & Pariseault, C. (2018). An integrative review of interprofessional simulation in nursing education. *Clinical Simulation in Nursing, 22*, 5-12. <https://doi.org/10.1016/j.jecns.2018.06.001>
- Huun, K. (2018). Virtual simulation in online nursing education: Align quality matters. *Clinical Simulation in Nursing, 22*, 26-31.
<https://doi.org/10.1016/j.jecns.2018.07.002>

- Kim, S., Park, P., & O'Roure, J. (2016). Effectiveness of online simulation training: Measuring faculty knowledge, perceptions, and intention to adopt. *Nurse Education Today*, 51, 102-107. <https://doi.org/10.1016/j.nedt.2016.12.022>
- Landeen, J., Pierazzo, J., Akhtar-Danesh, N., Baxter, P., Van Eikk, S., & Evers, C. (2015). Exploring student and faculty perceptions of clinical simulation: A q-sort study. *Journal of Nursing*, 54(9). <https://doi.org/10.3928.01484834-20150814-02>
- Matthew-Maich, N., Martin, L., Ackerman-Rainville, R., Hammond, C., Palma, A., Sheremet, D., & Stone, R. (2015). Student perceptions of effective nurse educators in clinical practice. *Nursing Standard*, 29(34), 45-52.
- Sacco, T. L., & Copel, L. C. (2018). Compassion satisfaction: A concept analysis in nursing. *Nurs Forum*, (53), 76-83. <https://doi.org/10.1111/nuf.12213>
- Sandberg, M. (2016). Promoting compassion in nursing education: Connecting mind and spirit. *International Journal for Human Caring*, 20(3).
- Shin, H., Kim, H., Rim, D., Ma, H., & Shon, S. (2020). Validation of the simulation effectiveness tool in nursing education. *Journal of Nursing Education*, 59(4), <https://doi.org/10.3928/01484834-20200323-03>
- Watson Caring Science Institute. (2021, January 22). *Caring Science & Theory*. <https://www.watsoncaringscience.org/jean-bio/caring-science-theory/>

Appendix A


Survey Planet Survey Presentation Screenshots



Faculty Perception of Student Compassion Post Simulation Experience. 

Whether you are a clinical instructor or didactic instructor, prior to the recent increase in simulation experiences, how well do you perceive students were able to display care and compassion in the clinical setting?

[Next](#)

Faculty Perception of Student Compassion Post Simulation Experience. 

Do you feel like simulation experiences are able to give students an opportunity to provide compassion and care in their interventions in the simulation setting? Please explain why or why not.*

[Next](#)

As a clinical instructor, or after collaborating with the clinical instructor if you are didactic, have you noticed any difference in the care and compassion demonstrated to clients by nursing students prior to nursing simulation experiences as opposed to after increased simulation experiences? Please explain.*

Next

Appendix B

E-Mail to be Sent to Potential Participants with Informed Consent

Subject: Invitation to Participate in the Study: Faculty Perception of Student Nurse
Compassion Post-Simulation Education

My name is Lisa Alley and I am in the graduate school at Gardner-Webb University Hunt School of Nursing, pursuing a Master of Science in Nursing (MSN) degree. My thesis title is "Faculty Perception of Student Nurse Compassion Post-Simulation Experience" I am emailing to request your participation in a qualitative research study where you will complete a brief survey. The survey can be accessed via the link to Survey Planet at the end of the e-mail below. Nursing faculty have been chosen to participate in this four-question qualitative survey to examine perspectives on student nurse compassion post-simulation education

Title of Study: Faculty Perception of Student Compassion Post-Simulation Experience

Researcher: Lisa Alley, BSN, RN

Purpose

The purpose of the research study is to determine if the increased use of simulation in nursing clinicals is influencing the compassion and care being provided by student nurses per faculty perception. An interview with a local Associate of Science in Nursing (ASN) program at a nearby community college has determined that simulation is increasing in their facility due to lack of clinical sites and other various reasons.

Procedure

What you will do in the study: This study will be conducted by a survey question format with short answer essay type responses. The survey will contain four questions and will be delivered to the faculty via Survey Planet. The questions pertain to faculty perception of compassion and care in the nursing student's post-simulation experience. The survey will be available for two weeks.

Time Required

It is anticipated that the study will require approximately 20 minutes of your time.

Voluntary Participation

Participation in this study is voluntary. You have the right to withdraw from the research study at any time without penalty. You also have the right to refuse to answer any question(s) for any reason without penalty. If you choose to withdraw, simply do not submit your survey.

Confidentiality

The survey will be found via a link to Survey Planet. All data will be anonymous. No identifying information will be placed on the survey.

Data Linked with Identifying Information

No identifying information will be received.

Anonymous Data

All data will be anonymous, which means that personal identifying information will not be collected or linked to the data. Because of the nature of the data, it may be possible to deduce your identity; however, there will be no attempt to do so, and your data will be reported in a way that will not identify you.

Risks

There are no anticipated risks in this study.

Benefits

There are no direct benefits associated with participation in this study. The study may help to understand if faculty feel compassion and care is being compromised after education via simulation. This study may also help determine if compassion is lacking with simulation and may offer further opportunity for research and ways to promote compassion in care with the increased use of simulation in nursing education.

Payment

You will not receive any payment for participating in the study.

Right to Withdraw From the Study

You have the right to withdraw from the study at any time without penalty. If you wish to withdraw from the study, simply exit from the survey and do not complete. **Since all surveys are anonymous and will not include any identifiers, there will be no way to remove a specific survey once it has been submitted.**

If you have questions about the study, contact:

Researcher's name: Lisa Alley, BSN, RN
Student Role: Candidate, MSN Ed.

School/Department, Gardner-Webb University
Researcher telephone number: 864-580-9641
Researcher email address: lma1216@gardner-webb.edu

Faculty Advisor name: Dr. Brittany Hudgins, EdD, MSN, RN
Faculty Research Advisor
School/Department, Gardner-Webb University
Faculty Advisor telephone: (704) 406-2518
Fax Number (704) 406-3919
Faculty Advisor email address: bnhudgins@gardner-web.edu

If the research design of the study necessitates that its full scope is not explained prior to participation, it will be explained to you after completion of the study. If you have concerns about your rights or how you are being treated, or if you have questions, want more information, or have suggestions, please contact the IRB Institutional Administrator listed below.

Dr. Sydney K. Brown
IRB Institutional Administrator
Gardner-Webb University
Telephone: 704-406-3019
Email: skbrown@gardner-webb.edu

To access the survey, please use the following link:

<https://s.surveymonkey.com/KAfBfBam>

Please note that by clicking on this link and completing this survey, you are implying you
consent.

The Gardner-Webb University Institutional Review Board (IRB) approved this study.
Should you have any comments or questions, please feel free to contact me via e-mail at
lma1216@gardner-webb.edu

Your participation will be greatly appreciated and thank you for your time and
cooperation!

Sincerely,

Lisa Alley, BSN, RN