Winding the clock forward:

Using ageing simulation to enhance specialised practices for older people

Enhancing Practice Conference 2022
Concurrent session one: PD innovations

Presenter: Alera Bowden, PhD Candidate
Supervision Team: Professor Victoria Traynor, Professor Val Wilson and Dr Rita Chang

Acknowledgement to Country

"I acknowledge the traditional custodians of the lands that we are meeting today. I pay my respects to Elders past, present and emerging and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW. I also acknowledge and pay my respects to our Aboriginal and Torres Strait Islander people joining us today."

Outline

❖ **Background**

❖ **Setting and sample**

❖ **Aim and methods**

❖ **Intervention design**

❖ **Results**

❖ **Discussion and next steps**

Background

- ❖ **By 2050 1 in 6 people ≥ 65 years**
- ❖ **Care gaps**
- ❖ **↑ Healthful outcomes**
- ❖ **↑ Quality care**
- ❖ **Empathy is a key component**

(Levett-Jones & Cant, 2020; McCormack & McCance, 2017; Nations Department of Economic et al., 2019)

Empathy

"Ability to feel, understand and communicate what another person is experiencing"

- ❖ **Carl Rogers, Psychologist 1950s**
- ❖ **Complex history**
- ❖ **Moral, affective, cognitive and behavioural**
- ❖ **Positive outcomes**
- ❖ **Experiential learning**

(Bas-Sarmiento et al., 2020; Hong & Han, 2020; Levett-Jones et al., 2019; Rogers, 1957)

Setting

and

Sample

Coledale
Bulli
Wollongong
Port Kembla
Shellharbour
David Berry
Shoalhaven
Milton-Ulladulla

- ❖ **ISLHD**
- ❖ **Three hospital sites**
- ❖ **Seven inpatient units**
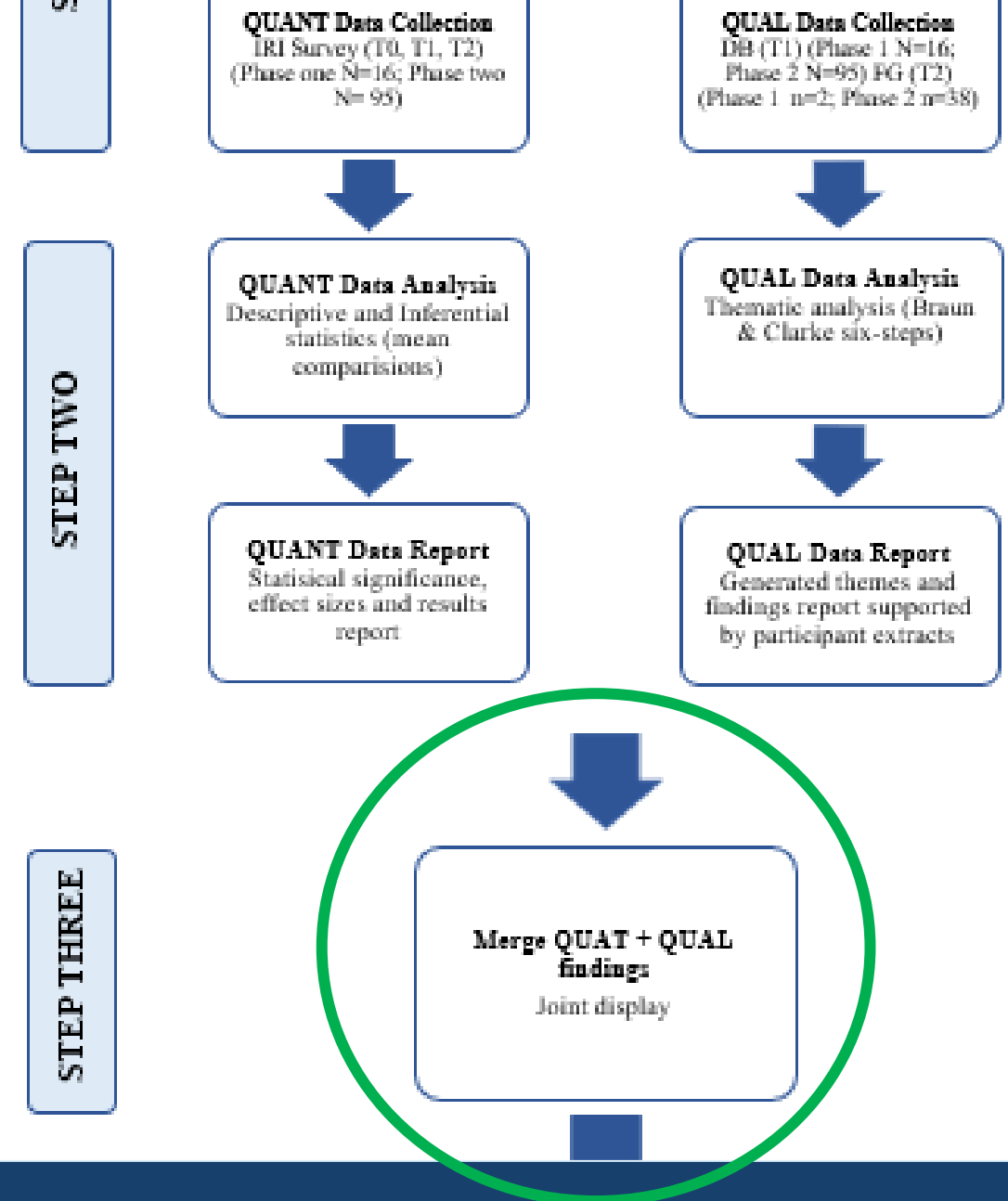- ❖ **Aged care, renal, rehabilitation and neurology**

Aim and method

"The aim was to evaluate the influence of an ageing simulation intervention on nurses' empathy towards older people within inpatient hospital settings"

- ❖ MM convergent design
- ❖ Ageing simulation
- ❖ Empathy survey, debriefs and focus groups (three time-points)
- ❖ Inclusion and exclusion criteria

(Davis, 1980)

QUANT Data Collection
IRI Survey (T0, T1, T2)
(Phase one N=16; Phase two N= 95)

QUAL Data Collection
DB (T1) (Phase 1 N=16;
Phase 2 N=95) FG (T2)
(Phase 1 n=2; Phase 2 n=38)

STEP TWO

QUANT Data Analysis
Descriptive and Inferential statistics (mean comparisions)

QUAL Data Analysis
Thematic analysis (Braun & Clarke six-steps)

QUANT Data Report
Statistical significance, effect sizes and results report

QUAL Data Report
Generated themes and findings report supported by participant extracts

STEP THREE

Merge QUAT + QUAL findings
Joint display

In My Shoes Program

- Seven, 8-hour intervention days (2019 – 2020)
- 12 – 16 participants per day
- Prebrief (60 mins)

- 6 – 8 scenarios (3 roles)
- Debriefing discussions
- Concluding debrief (30 mins)

Demographics

- **95 Participants**
- **20 to 70 years age range (mean 36.5 years)**
- **83 participants aged care experience 3 months to 40 years (mean 8.5 years)**
- **Only 50% held a bachelors degree or higher**

Category	n	%
Gender		
Male	12	12.63
Female	83	87.37
Position Description		
Registered Nurse	45	47.37
Enrolled Nurse	20	21.05
Assistant in Nursing	22	23.16
Allied Health Professional	8	8.42
Employment Status		
Full time – permanent	45	47.37
Part time – permanent	34	35.79
Contract	8	8.42
Casual	8	8.42
Work Location Speciality		
Aged Care	72	75.79
Neurology	8	8.42
Rehabilitation	10	10.53
Renal	5	5.26

Quantitative results

Measure	T0		T1		T2		F	p	η^2
	M	SD	M	SD	M	SD			
Fantasy scale	15.50	3.99	15.43	4.18	15.29	4.52	0.071	0.836	0.001
Empathic concern	21.05	2.90	21.66	2.94	21.20	3.01	1.432	0.241	0.017
Perspective taking	19.63	2.87	20.51	2.99	20.52	3.23	3.697	0.035	0.042
Personal distress	11.43	3.43	10.86	3.71	10.00	3.33	6.722	0.004	0.073

QUANTITATIVE DATA	QUALITATIVE THEMES	QUANTITATIVE DATA

Fantasy Scale (FS)

No change in mean baseline scores immediately post-intervention or at three-month follow-up.

Empathic Concern (EC)

Positive mean improvement immediately post-intervention ↑0.61 and at follow-up ↑0.15 (not statistically significant).

Perspective Taking (PT)

Positive mean baseline improvement immediately post-intervention ↑0.88 and at follow-up ↑0.89 (statistically significant).

Personal Distress (PT)

Negative mean baseline improvement immediately post-intervention ↓0.57 and at follow-up ↓1.43 (statistically significant).

Conclusions

- ❖ **Ageing simulation enhances nurses' empathy**
- ❖ **Links to PCPF prerequisites and person-centred processes domains**
- ❖ **Consider influencing factors**
- ❖ **Empathy in partnership with PCPF**
- ❖ **Older person perspectives**
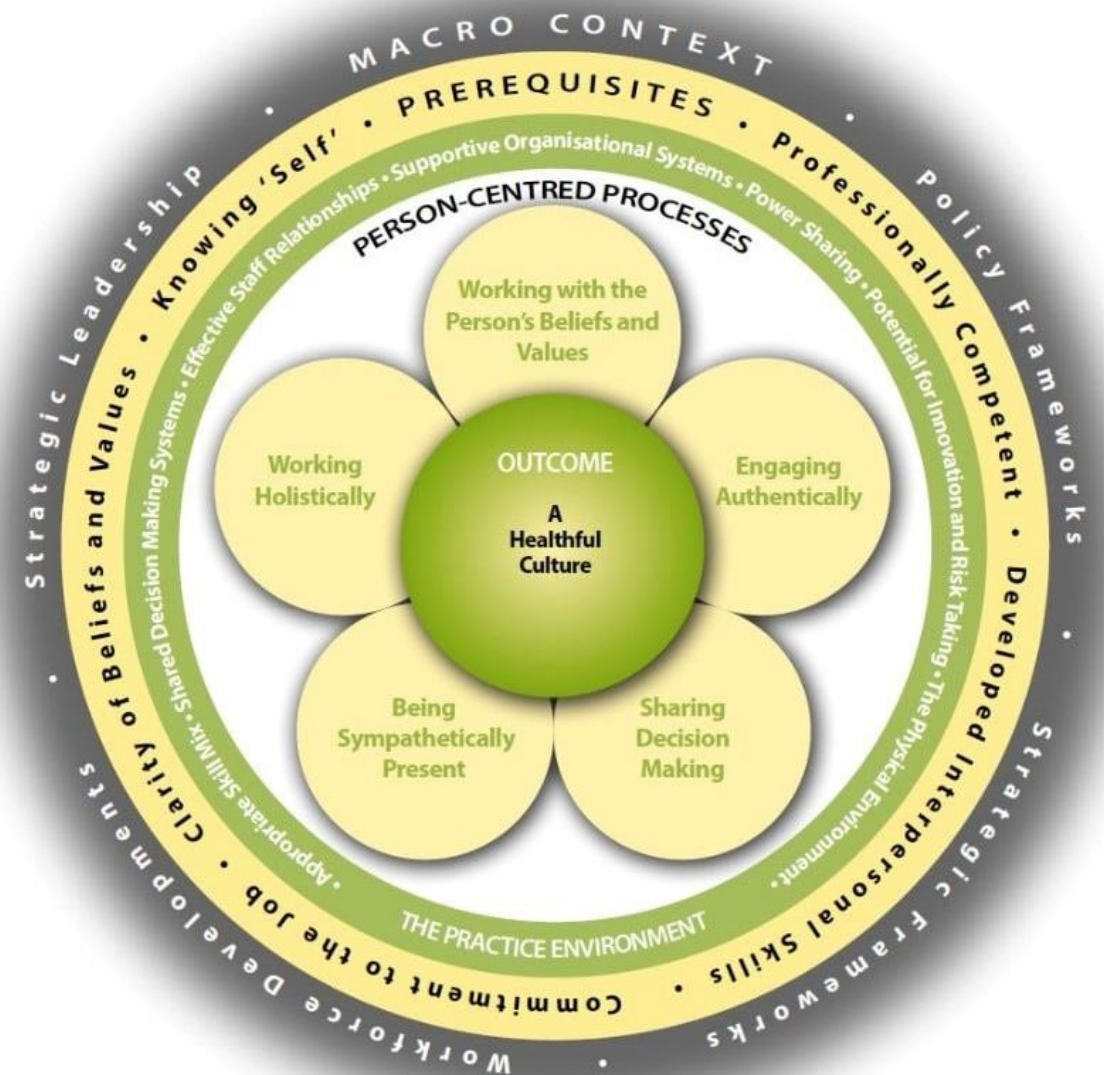
Give it a go!

FRIDAY 8th APRIL 11:20AM

11.20am – 1.15pm	CONCURRENT SESSION SEVEN				
	1. PERSON-CENTRED CULTURES	2. QUALITY AND SAFETY	3. PERSON-CENTRED CULTURES	4. WELLBEING	"CREATIVE SPACE"
Room Allocation	GRAND PACIFIC	ESCARPMENT	FORESHORE	WATERSEDGE	DINING ROOM
Chair	Suzy Murray	Jenny Sim	Carolyn Antoniou	Chris White	
11.20am – 11.45am	Practice Development Versus Other Care Improvement Approaches: Staff Experience & Opinion Re-Processes & Impacts Maureen Policarpio, Nursing Executive Officer, Royal Prince Alfred Hospital	Interactive Session: Let's Reflect on the Fall! Co-Designing the Solutions to Prevent Falls Vanathy David, Aged Care Clinical Nurse Consultant, Wollongong Hospital	Interactive Session: Winding the Clock Forward: Experiencing the Ageing Process through Age-Suit Simulation Alera Bowden, Clinical Nurse Consultant, University of Wollongong, Illawarra Shoalhaven LHD	Interactive Session: 'Why be Well-Rounded, when you can be a Star?' An Exploration of Talents & Strengths Grant Kinghorn, Lecturer, University of Wollongong	Come join us to let your creativity shine!

Thank You

Alera.Bowden@health.nsw.gov.au

"A lot of training days are very much sitting around and being lectured at and this is completely different. So it was really engaging the whole day" (FG1)

"light-bulb moment" (FG7)

"everyone should do it" (FG5)

"it will stay with me forever" (FG6)

"realistic, they aged instantly" (DB1)

"Illuminating" (DB1)

References

❖ Bas-Sarmiento, P., Fernández-Gutiérrez, M., Baena-Baños, M., Correro-Bermejo, A., Soler-Martins, P. S., & de la Torre-Moyano, S. (2020). Empathy training in health sciences: A systematic review. Nurse Education in Practice, 44(10), 102739. https://doi.org/10.1016/j.nepr.2020.102739

❖ Davis, M. H. (1980). A Multidimensional Approach to Individual Differences in Empathy. *JSAS Catalog of Selected Documents in Psychology*, *10*, 85–120.

❖ Hong, H., & Han, A. (2020). A systematic review on empathy measurement tools for care professionals. *Educational Gerontology*, *46*(2), 72–83. https://doi.org/10.1080/03601277.2020.1712058

❖ Levett-Jones, T., & Cant, R. (2020). The empathy continuum: An evidenced-based teaching model derived from an integrative review of contemporary nursing literature. *Journal of Clinical Nursing*, *29*(7–8), 1026–1040. https://doi.org/10.1111/jocn.15137

❖ McCormack, B., & McCance, T. (Eds.). (2017). *Person-centred practice in nursing and health care: Theory and practice* (2nd ed.). Wiley Blackwell.

❖ Nations Department of Economic, U., Affairs, S., & Division, P. (2019). *World Population Ageing 2019*.

❖ Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, *21*(2), 95–103. https://doi.org/10.1037/h0045357