

A Study on the Effects of Psychiatric and Mental Health Nursing Practicum Using Storytelling

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Abstract

The purpose of this study is to improve the empathy, communication efficacy, and communication skills of nursing students through a psychiatric nursing practice program using storytelling by allowing the students to immerse in the narratives and identify themselves with the main characters with mental illness. This study is a single group pretest-posttest design that applied psychological nursing practice using storytelling to 46 nursing students from a local university in Korea and evaluated its effectiveness. Data analysis was performed by a paired t-test to compare the effects of the participants' empathy, communication self-efficacy, and therapeutic communication ability using SPSS 21.0 program. The results showed that psychiatric nursing practice using storytelling had an effect on the empathy ($t=3.565$, $p=.001$) and communication self-efficacy ($t=2.320$, $p=.025$) of nursing students. Based on these results, psychiatric and mental health clinical practice curriculums should be developed to improve nursing students' understanding of mental disorders and develop their communication ability with patients.

Keywords: storytelling, mental health, empathy, communication efficacy, communication skills

1. INTRODUCTION

In a rapidly changing modern society, the number of people with complex mental and chronic physical diseases is increasing. In these circumstances, the role of nurses to care for these patients is growing, and the demand for nurses with empathetic and emotional abilities is also increasing [1]. Therefore, nursing education should provide nursing students with opportunities to develop empathy and emotional abilities. In particular, psychiatric nursing practice is important for nursing students to acquire knowledge and skills related to mental health and improve their abilities to work in health care [2]. Therefore, psychiatric nursing practice should be used as an opportunity to improve empathy and communication skills beyond the traditional method of simply conveying information or knowledge [3].

Empathy is a key element in a supportive relationship, by understanding to accept others, forming inner empathy by sharing, and understanding and helping other people feel that they are not alone [4]. Nurses become therapeutic tools in the relationship with patients and communicate through interaction [5]. The nurse's empathy can affect the quality of the relationship between the nurse and the patient, thus affecting the process and outcome of diseases [6]. Empathy and communication skills are closely related, as communication is cited as one of the elements that constitute empathy, and empathy is also mentioned as a communication skill [7].

Self-efficacy is known to serve as a cognitive medium that connects behavior and as a factor that has a significant influence on the performance of behavior roles [8]. In particular, communication self-efficacy refers to self-confidence in how successful communication can be executed [9-10]. When combined with therapeutic and effective communication with patients, self-efficacy helps to form therapeutic relationships and influence positive changes in patients [11].

Psychiatric and mental health nursing requires nursing and care for people with various mental illnesses or distress. Therefore, it requires the ability to solve problems based on various cases rather than a given answer. Solving case-oriented problems requires a wide variety of stories as well as training based on those stories, so it is necessary to provide training methods to cultivate these problem-solving skills [12]. Storytelling is a combination of story, tell, and ~ing [13]. This means conveying the story in an incomplete and progressive form by considering the recipient's reaction [14]. In this approach, the story is not simply a general story, but refers to an educational method with a clear purpose that seeks to easily resolve various conflicts through sharing each other's experiences [15]. In particular, in terms of storytelling in the digital age, students can create content while actively participating in the entire process from creating to delivering stories experienced in the clinical setting of psychiatric nursing.

As a storytelling strategy, role play is a form of participatory education to immerse the learner [16], where they can naturally respond to human emotions and actions because the other person is human [17]. Storytelling education methods using role play are safe because they provide a low-risk learning environment [18], and are effective in enhancing communication skills as students can play both the roles of nurses and patients in realistic situations [19]. Nursing students spend much time communicating with patients in psychiatric nursing clinical practice settings. In terms of therapeutic communication, it is important for nursing instructors to use storytelling as a strategy to give students the opportunity to practice and receive immediate feedback related to communication [20].

Therefore, the purpose of this study is to investigate the effects of psychiatric nursing practice training on the empathy, communication ability, and the communication self-efficacy of nursing students by using strategies such as scenarios, role-plays, and case studies based on storytelling. This study can be used as basic data for psychiatric and mental health nursing practicums to enhance the practical competency of nursing students in the future.

2. Methodology

2.1 Subjects

This study is a single group pretest-posttest design to compare the effect of psychiatric nursing practice training using storytelling. The subjects of this study were 3rd year nursing students attending a 4-year university in G-city, Korea, who completed courses related to human relations and communication. Using the G*Power 3.1.7 program, this study required a minimum sample size of 45 people to verify the difference in pretest-posttest scores (significance level .05, power .95, effect size .5), so a total of 46 participants were chosen for the research.

2.2 Storytelling process

The psychiatric nursing practice program using storytelling was applied to the subjects in four steps (Figure 1). This process was organized based on references from [21], [22], [23].

►Step 1: Preparation for storytelling

By investigating, comparing, and analyzing textbooks based on domestic and foreign theories and storytelling methods, clinical practice guidelines according to the reality of psychiatric nursing clinical practice were developed to explore how to use storytelling.

►Step 2: Storytelling design

For the students' practical needs, a questionnaire was used to investigate their level of understanding of mental illnesses, therapeutic communication techniques, and expectations for psychiatric nursing practice. After receiving training related to storytelling, the students focused on learning therapeutic communication in courses related to self-understanding and communication. The students also spent time to write anecdotes and

reflect on their conversations with the patients while practicing psychiatric nursing.

► Step 3: Creating storytelling videos

The practicum was conducted for two weeks in two groups of 5 to 6 students. The researcher visited twice a week on Mondays and Thursdays. During the training period, the participants had time to identify mental health problems and work on stories related to the situation. The students were asked to look at the patients with mental illness from various perspectives and to structure stories and apply therapeutic communication according to their contexts, that is, relationships and associations connected to each other, such as subjects, backgrounds, time, and place. After the practicum, the students shared storytelling videos through a conference and had time for self-reflection.

► Step 4: Sharing storytelling videos

During the practice, the students shared 10-minute videos that rewrite or create stories for each mental illness. After watching videos from each team, the students gave feedback on what they did well and what they could improve.

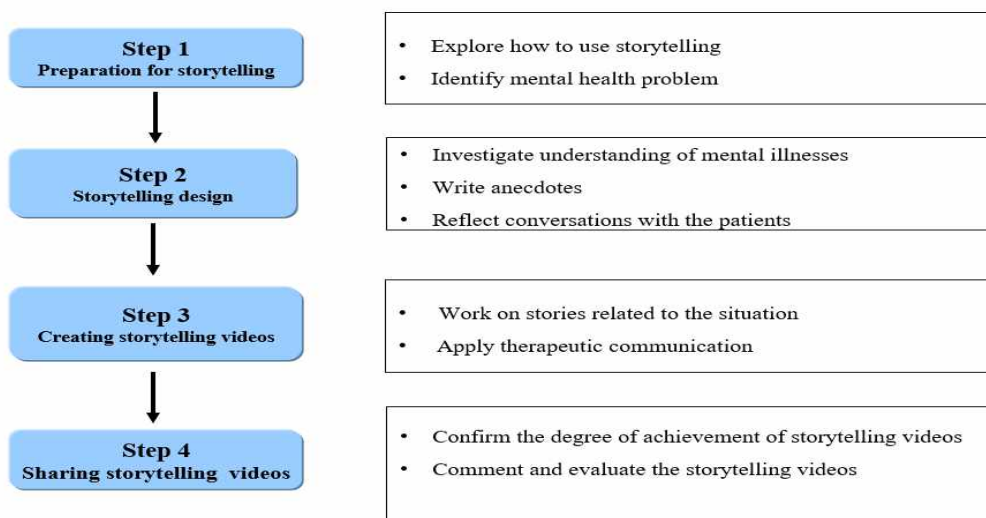


Figure 1. Storytelling process

2.3 Research tools

2.3.1 Empathy

Empathy was measured by using a 2-point scale tool developed by Yeo [19] for measuring the multidimensional concept of empathy. The tool consists of 22 items about the cognitive, emotional, and social aspects of empathy, and the higher the total score, the higher the level of empathy. The Cronbach alpha in this study was .80.

2.3.2 Communication self-efficacy

Communication self-efficacy was measured by a tool developed by Park et al. [20]. This tool has a total of 37 items, and the higher the score on a 5-point scale, the higher the communication self-efficacy. The Cronbach alpha in this study was .70.

2.3.3 Communication skills

Communication ability was measured by a tool developed by Lee et al. [24]. This tool has a total of 49 items, and the higher the score on a 5-point scale, the higher the communication ability. The Cronbach alpha in this study was .71.

2.4 Data collection

The data collection period was from May 2 to June 17, 2016. Before starting the psychiatric nursing practice program, the 3rd year students received information about research ethics, such as explaining the purpose of the study, contents, and procedures; having the right to refuse to participate in the study at any time; and guaranteeing the anonymity and autonomy of the participants. The research was conducted after obtaining written consent from the participants.

2.5. Data analysis

SPSS version 21.0 was used to analyze the collected data. First, the subjects' general characteristics were analyzed by numbers and percentages. Second, a paired t-test was used to analyze the effects on the subjects' empathy, communication self-efficacy, and therapeutic communication skills. The significance level (α) was $p < .05$.

3. Results

3.1 The subjects' general characteristics

The majority of the subjects were female students (42, 91.3%). Twenty-nine students had average GPAs (63.0%), 18 had high GPAs (39.1%), and 13 had low GPAs (28.3%). In terms of peer satisfaction, 29 students were neither satisfied nor dissatisfied (63.0%), 10 were dissatisfied (21.7%), and 7 were satisfied (15.2%). Thirty-one students had average levels of stress (67.4%), 10 had low (21.7%), and 5 had high levels of stress (10.9%)(Table 1).

Table 1. Characteristics of the Subject (N=46)

Characteristics	n(%)	
Gender	Male	4(8.7)
	Female	42(91.3)
Academic achievement	High	18(39.1)
	Moderate	15(32.6)
	Low	13(28.3)
Satisfaction of peer relationship	High	7(15.2)
	Moderate	29(63.0)
	Low	10(21.7)
Stress of college life	High	5(10.9)
	Moderate	31(67.4)
	Low	10(21.7)

3.2 Effects of Psychiatric and Mental Health Nursing Practicum Using Storytelling

The empathy ($t=3.565$, $p=.001$) and communication self-efficacy ($t=2.320$, $p=.025$) scores of the nursing students who participated in the psychiatric and mental health nursing practice training using storytelling improved. However, the change in their communication skills ($t=.758$, $p=.453$) score was not significant (Table 2).

Table 2. Effects of Psychiatric and Mental Health Nursing Practicum Using Storytelling

Variables	Pretest	posttest	Difference (post-pre)	t	p
	Mean±SD	Mean±SD	Mean±SD		
Empathy	40.74±3.92	43.28±5.72	2.54±4.84	3.565	.001

Communication self-efficacy	111.22±4.93	113.17±5.09	1.96±5.72	2.320	.025
Communication skills	162.26±13.58	163.72±14.26	1.46±13.04	.758	.453

3.3. Feedback after sharing storytelling videos

The nursing students who participated in the psychiatric nursing practice using storytelling said that it was a difficult but interesting experience. Although they had considerable prejudice and fear about mental illness, they could resonate with the stories of the patients with mental illnesses while working on storytelling. In this way, the nursing students could indirectly experience mental illness symptoms, apply therapeutic communication, and overcome their prejudice toward mental illness.

“I had prejudice and fear of psychiatric nursing practice. I was concerned about what to say to the patients and how to communicate with them to pursue therapeutic communication. However, I was able to check how I perceive the mentally ill through storytelling training, and realized my thoughts and prejudice towards them. It was difficult to create a story and video based on my experience with taking care of a patient, but I was able to overcome my prejudice against the mentally ill to some extent through this experience.”

“It took a lot of time to adapt and discuss with my team because it was a new type of practice. However, while working on storytelling, the practice was interesting because I could learn about prejudice through other people’s thoughts rather than my own perceptions on mental illness.”

4. DISCUSSION

This study was conducted to investigate the effects of psychiatric nursing practice training using storytelling techniques on the empathy, communication self-efficacy, and communication ability of nursing students. The results show that the empathy and communication self-efficacy scores of the nursing students improved after participating in the psychiatric nursing practice using storytelling. Discussions based on the results are as follows.

First, there was a statistically significant difference in the scores related to empathy before and after performing psychiatric nursing practice training using storytelling. That is, the psychiatric nursing practice program using storytelling was effective in enhancing the empathy of nursing students. Similar to this study, Seo & Jeong [11] also applied role play in psychiatric nursing practice training to investigate the effects on the empathy and communication ability of nursing students, and found that role play was effective. This study reported that students’ empathy improved by learning about empathy in theory and being able to practice how to empathize through role plays based on actual mental hospital practice cases.

This study also conducted psychiatric nursing practice training using storytelling techniques so that the students could learn in the process of solving problems by applying various scenarios in environments similar to clinical settings. Moreover, role play reproduced clinical situations that call for empathy to improve the empathy levels of the participants by reinforcing the importance of empathy in relationships with the patients. A study by Larti, Ashouri & Aarabi [25] also found that learning theories about empathy and integrating technologies through role plays had an effect on improving the empathy scores of nursing students. When the students learned about empathy in theory and experienced practice through role plays, their empathetic abilities were maximized during clinical practice in similar situations. A study by Gholamzadeh, Khastavaneh, Khademian & Ghadakpour [26] also reported the effects of applying an empathy skill training program to nursing students on attitudes related to the elderly, and found that empathy training methods using scenarios were effective.

Second, there was a statistically significant difference in the scores related to communication self-efficacy before and after performing psychiatric nursing practice training using storytelling. A study by K.H. Baek [27] also reported that the self-efficacy of nursing students increased significantly when a clinical scenario program was applied to nursing skills. That is, unstructured scenarios, rather than structured scenarios, helped to reduce the burden of facing strangers and increase the efficacy of smooth communication with patients. These results are similar to the results of this study, because students experience in advance how to effectively cope with situations by organized hypothetical cases before becoming nurses and develop scenarios on how to respond accordingly. As a result, the students’ communication efficacy increased significantly compared to before experiencing storytelling techniques.

Third, there was no statistically significant difference in the scores related to therapeutic communication skills before and after conducting psychiatric nursing practice training using storytelling. These results are similar to previous studies [27-28] that found that assertiveness training and education using SBAR (Situation-Background-Assessment-Recommendation) for nursing students did not have a significant effect on communication skills. Practical training, such as scenarios and storytelling techniques, did not have significant effects on therapeutic communication skills in this study and prior studies, because these skills are usually developed by experiencing various situations and acquiring necessary knowledge. Although the students created stories and participated in role plays based on the feedback of the researcher in this study, there was no significant difference in communication ability due to difficulties in organizing content based on their short-term practical training experience.

It is necessary to further extend and apply this only to short-term practice periods and cases. It appears that it will be helpful to prepare a curriculum for a certain period of time in theoretical time as preliminary study before practicing and apply it to various cases within a longer period of time. This is because investing a longer time and systematically applying several cases will help to acquire the necessary knowledge and improve one's ability through various case experiences.

The following suggestions are based on the findings of this study. Since this study was performed on nursing students from one university located in G-metropolitan city, comparative studies should be conducted in the future with nursing students from various regions. Repeated measures studies will also be needed to evaluate the persistence of the program effects.

5. Conclusion

The results of this study show that psychiatric nursing practice training using storytelling techniques improved the empathy and communication self-efficacy scores of nursing students. Based on these findings, it is necessary to develop various practical training modules using storytelling techniques for psychiatric and mental health nursing in the future.

Conflict of interest

The authors declared no conflict of interest.

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