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Engendering Student Empathy For Disabled Clients with Urinary Incontinence Through Experiential Learning

Karen A. Karlowicz
Kay L. Palmer

It is not uncommon for nursing students to receive clinical assignments, whether in a hospital, long-term care facility, rehabilitation center or clinic, that involve caring for a client with urinary incontinence (UI). Students approach the patient care assignment armed with knowledge from classroom lectures, textbook or journal readings, and written policies and procedures of the facility. Yet, they are often unprepared to effectively care for the incontinent patient, mainly because they have no personal insight or appreciation of the psychosocial impact UI has on the individual.

Nurse educators are continually challenged to plan learning activities that provide students with the knowledge needed to practice nursing in a caring, effi-

As part of a rehabilitation clinical course for senior baccalaureate nursing students, a disability-incontinence experiential learning activity is required. The assignment is intended to familiarize students with some of the challenges encountered by a client with mobility problems, including continence management issues using disposable undergarments. Wearing the undergarments dry and wet while being confined to a wheelchair provides insight and promotes empathy for patients with bladder control problems.

cient, informed, and professional manner. Teaching strategies are most often aimed at promoting cognitive learning; in other words the acquisition and comprehension of information, using familiar approaches such as lectures, games, case study analysis, collaborative learning projects, or video presentations. Methods used to support the attainment and refinement of psychomotor skills may include demonstrations and return demonstrations of procedures such as catheterization or a sterile dressing change. More recently, the introduction of high-fidelity patient simulators to the nursing skills laboratory permits faculty to create clinical scenarios for complex skill development (Rowles & Brigham, 2005). However, planning activities to support learning that enhances the affective side of thinking, meaning the feelings and attitudes associated with an action or situation, requires creativity to ensure that the experience accurately elicits the desired viewpoints.

To help baccalaureate nursing students develop the affective behaviors needed to effectively care for the patient with UI, Old Dominion University (Norfolk, VA) faculty devised an experiential learning activity intended to recreate challenges and emotions experienced by incontinent, disabled clients. The disability-incontinence experience is an activity for senior-level students and is a required component of a rehabilitation clinical course in the last semester of the program.

What Is Experiential Learning?

Experiential learning is an instructional strategy that recognizes that people learn best by personally engaging in some sort of activity or encounter. Participation in an experiential learning activity, and the impact of that involvement, causes behaviors and attitudes to be exposed in a safe, structured environment that permits them to be acknowledged and addressed by the learner. Because

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Note: Objectives and CE Evaluation Form appear on page 379.

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it is thought that active involvement in an experience is instructionally more powerful than the passive acquisition of information from a lecture or reading, the learner's impressions from the experience are likely to be remembered over a longer period of time. Moreover, experiential activities afford the learner time and space to reflect on their experiences. As a result, one is better able to identify ideas and choices to help confront difficult situations because of their prior learning through experience (Lewis & Williams, 1994).

Experiential Learning Theory

In the early part of the 20th century, experience was recognized as a vehicle for learning by John Dewey who suggested, "all genuine education comes about through experience" (Dewey, 1938, p. 13). While many educators tended to regard learning experiences as isolated incidents, it was Dewey who observed that past experiences contribute to and modify the quality of future experiences thereby providing the connections needed to expand on the knowledge and skills acquired through experience. Dewey valued the potential of an experience to provide individual growth and development; however, he also acknowledged that experiences sometimes have a negative impact that distorts learning (Merriam & Caffarella, 1999). Thus, experiential learning was viewed by Dewey as a cyclical process that involved using experiences to identify problems, plan solutions, test solutions, and evaluate results to confirm or modify perceptions (Lewis & Williams, 1994).

Building on the ideas of John Dewey, as well as those of Kurt Lewin and Jean Piaget, David Kolb developed the experiential learning theory model (Kolb, 1984). The model links philosophical, physiological, and psychological evidence to show the relationship of experience to the learning process; it also demon-

strates the ability of knowledge to be transformed by experience (Lewis & Williams, 1994). According to Kolb, experiential learning is a four-stage cycle that has distinct adaptive learning modes: concrete experience, reflective observation, abstract conceptualization, and active experimentation (Kolb, 1984).

Concrete experience requires an openness and willingness to become involved in new experiences, thus enabling direct assimilation of life. *Reflection* relies on the use of observational and reflective skills that enable the adult learner to use personal values to distill the merits of an experience from a variety of perspectives and then integrate the new experience into their view of the world. *Abstract conceptualization* requires the ability to integrate ideas and concepts to provide order, create symbolic representations, and communicate the experience to the world. *Active experimentation* involves decision-making and problem-solving skills to test the practicality and applicability of an experience to create a link in the external world (Merriam & Caffarella, 1999; Sheckley & Allen, 1991).

A grasp of the experience as well as a transformation or application of the information must occur in order for learning to take place (Kolb, 1984). The grasping-transforming process is fundamental to experiential learning because it facilitates "the acquisition of specific performance skills required for effectiveness in the core professional role" (p. 182). The dynamic nature of the grasping-transforming process promotes human development with new ideas and stimulating experiences that enhance cognitive and psychomotor skills but also influence fundamental values and global perceptions of the individual (Sheckley & Allen, 1991). The cyclical nature of this model supports a process of reflection-on-action and necessitates a thorough

analysis of a situation after it has occurred, which is the cornerstone of the disability-incontinence experience. It is the reflection that leads to learning, as well as the continued change and growth of the individual (Merriam & Caffarella, 1999).

Experiential Learning in the Literature

There are several examples of experiential learning activities used for educating nurses and other health professionals. Van Boxtel, Napholz, and Gnewikow (1995) conducted a study to determine whether a wheelchair experience that required nursing students to simulate a physical disability would increase awareness, sensitivity, and an understanding of the self-efficacy needs of disabled persons. Likewise, a study by Goddard and Jordan (1998) examined the extent to which nursing students' attitudes changed after participating in a day-long simulation activity, which required they assume a particular disability while carrying out normal activities in the community. While the measures used to document changes in attitudes did not produce statistically significant results in either study, qualitative findings in these and another report (Bassett & Pickard, 2005) suggest that the simulation activities heighten awareness and positively influence nursing students' opinions regarding persons with disabilities.

Other reports of experiential learning include activities to promote age-sensitivity training among hospital staff (Hatcliffe, 2003), dementia understanding by nursing home caregivers (Ross, 2005), as well as simulations designed to help medical students (Wilkes, Milgrom, & Hoffman, 2002) and nurses (Hausmann & Sanna, 2003) view the hospitalization experience from the patient's point of view. The common theme inherent in each of these reports is that experiential



learning activities can elicit strong feelings and reactions that provide caregivers with insight and a deeper understanding of the daily challenges confronting patients. Although a change in attitude is often the desired outcome of a simulated experience, the active involvement of learners in such an activity also promotes critical thinking, self-reflection, and the examination of one's own past and future caregiving practices (Jeffries & Norton, 2005).

Incontinence Education

Since the release of the *Guidelines on Urinary Incontinence* (Fantl et al., 1996) nurse educators have been encouraged to include content related to the assessment and management of UI in undergraduate curricula (Jirovec, Wyman, & Wells, 1998; Newman & Palmer, 2003). The need for new graduates to enter the workforce prepared to provide basic continence care in a manner that is culturally sensitive is necessary to enhance the quality of care for persons with UI. Education using traditional instructional approaches (such as professional meetings, classroom lectures, institutional inservices, and publications) is useful in raising awareness and imparting critical information to help nursing students appreciate the focus and rationale for assessment and management strategies of UI. But, two summits examining the advances and future directions for UI practice and research suggest that efforts to provide information to health care providers about UI have been largely unsuccessful in promoting the changes needed to improve care practices (Newman & Palmer, 2003; Roe et al., 2004). While leading researchers and practitioners in continence care admit that more must be done to inform health care providers and the public about UI, there is evidence that professional education must be directed at not only providing increased information but also cultivating a change in atti-

tude about caring for patients with UI (Wyman, 2003). To that end, experiential and interactive strategies must be examined as a means of augmenting information disseminated about UI through traditional approaches to dispel myths, challenge long-held beliefs, and eliminate negative attitudes that are influencing the nursing care of patients with UI (Roe et al., 2004).

Disability-Incontinence Experience

Overview of the activity. The purpose of this experiential learning activity is to engender empathy for disabled clients with UI as well as promote a proactive approach to nursing management of UI. Students are assigned a partner from their clinical group for this experience. During the course of the activity students will assume the roles of both an individual with a physical disability (for example, hemiplegia, paraplegia, quadriplegia, post-amputation, etc.), as well as that of a caregiver partner. Students take on each role for a 6-hour period during waking hours. Partners are expected to be with the individual assuming a physical disability during the entire time that the role is assumed. They are responsible for assuring the safety of the individual assuming the disabled role and providing whatever assistance is required, as would the family member of the individual with a disability. During the time that they are engaged in the simulation, the students are encouraged to go about their daily routine in the community. This also includes conducting an accessibility assessment of some public establishment such as a restaurant, movie theater, museum, grocery store, bank, or department store in a shopping mall.

While assuming the role of an individual with a physical disability, students are required to wear an adult disposable incontinence product. Though this activ-

ity is a course requirement, it should be noted that students are able to opt out of the experience, but only with the permission of the faculty. No specific product is recommended to the students. Instead, they are encouraged to visit a local drug or medical supply store and choose a product to wear from among the many adult disposable incontinence products that are available. It is suggested that students purchase a trial pack of a product as these are often available for a one-time use and less expensive than a full package. However, students have proved resourceful in obtaining disposable undergarments: some students will obtain a product to wear from the supply of a family member; some students will ask permission to try a product used in the clinical agency in which they work; groups of students have pooled their money and purchased a regular size package of undergarments to be shared among all.

Each student is expected to wear the adult disposable incontinent product throughout the 6-hour time period that he or she is assuming the role of a disabled person. Students are instructed to wear the product "dry" for 5.5 hours of the experience. During the last 30 minutes of the 6-hour experience, students are expected to "wet" the incontinence product (either naturally or with 150 cc of warm tap water).

Upon the conclusion of the disability-incontinence experience, each student is required to write a three to five-page paper describing the disability experience that must include his or her perceptions of the incontinence product when worn dry and when worn wet. Students must also reflect on how this part of the disability experience has influenced their attitudes and understanding of problems associated with nursing management of bladder control problems.

Students' reactions. As one



might imagine, students are appalled to learn that they will be required to wear an adult disposable undergarment as part of the disability-incontinence experience. The comment faculty often receive is, "You can't be serious!" To which we respond, "Yes, we are." We assure students that this will be an enlightening experience, and then go on to explain how it will be difficult for the students to work with incontinent, disabled patients unless they have an intimate understanding of what it means to wear "diapers" and be forced to rely on others for elimination needs. Incontinence confounded by physical limitations creates unique caregiving challenges that students must come to understand in order to be effective practitioners. Once the rationale for the experience is clearly established for the students, they reluctantly resign themselves to the fact that they will have to wear an adult disposable undergarment — if for no other reason than they have a paper to write!

In Their Own Words

The range of emotions connected with wearing an adult disposable undergarment product are evident in students' comments. Here, in their own words, is what they have to say about the experience of wearing a disposable undergarment dry and wet, and its impact on their professional practice.

Fit and feel of disposable undergarment when worn dry. "I was convinced that every single person in the mall knew I was wearing a diaper. Wearing the incontinence product made me feel extremely self-conscious even though the elastic sides kept the product close to my body. The soft crushing sound of the plastic was magnified in my mind. I very cautiously wore loose-fitting pants with an elastic waist to reduce the prominence of the additional bulk an incontinence product creates,

and for the ease of personal hygiene. The worse aspect of the incontinence product was the additional bulk concentrated in the crotch of my clothes."

"I honestly had never given much thought to people wearing a product for incontinence in public and realized it is a humbling experience; even with the knowledge it wasn't absolutely necessary for me. I was overly aware of the small amount of noise it made when shifting around in my chair...It was also not designed to be worn with the type of clothing young adults wear. All of my pants are low rise; incontinence products are not...I certainly did not wish to advertise that I was wearing a diaper!"

"I wore big baggy Capri pants so the item [incontinence product] would not show through, and to promote my own comfort of sitting for 6 hours. After about 30 to 45 minutes, I found myself sweaty and sticky in the groin region and it was hot and uncomfortable. The product made some noise as I shifted in my seat, and that made me blush and stop dead in my tracks to make sure no one heard."

"I made sure I wore baggy pants so that nobody would know that I was wearing one [incontinence product]. Throughout the day I got used to it. It was a little bulky but was overall comfortable. However, it looked very unattractive when I looked at myself with it on in the mirror."

"Although the product I selected was soft and pliable, I still worried that I was making noise with movement. I also felt like my pants were huge and everyone could tell I was wearing it. All in all, it was comfortable; however, the next day the folds of my legs were chafed and red."

Fit and feel of disposable undergarment when worn wet. "Once the product was wet the experience gained a whole new level of unease. I felt greasy, dirty, and [I] could not sit still. The wet-

ness was such an unusual sensation that I felt sure other people must know about it. The desire to take it off immediately was very strong and then I began to imagine how individuals in such circumstances might feel. A strong sense of embarrassment began to develop as the 30 minutes slowly ticked away. The skin on the perineum felt moist and I had a constant fear that some of the liquid might seep out and create a wet stain on the pants for everyone to see."

"At first there was a warm feeling as the urine passed from me and it was a lot like having my menstrual cycle and using a pad. But the urine (unlike blood) gets tepid very fast and there is a LOT more of it than with the menses. Having all of that cool water near you also makes you want to urinate more. The pad was squishy, and I honestly couldn't get comfortable afterwards. I kept wondering if the person who was sitting to my right or in front of me at the movie theater could smell the urine. Also, I was wondering if I was going to leak."

"Others may not know (unless they can smell the urine) but the sheer embarrassment of being wet is enough to make anyone want to become unsocial and stay at home. Also, it is very uncomfortable and not good for the skin, which I realized after just 30 minutes sitting in the wet brief."

"The multilayer absorbency that kept liquids from leaking out also kept moisture concentrated around my perineal area....I felt immersed in liquid. I felt uncomfortable and unkempt. I desperately wanted to be cleaned up."

"When I wet the product it was very uncomfortable to wear. It did not pull the moisture away from my skin — at least it didn't feel like it did. It was wet, and warm and gross. I kept thinking I was sporting the perfect environment for bacterial growth. I wanted to take it off. The longer I sat in



it the more upset I got. I could not ignore it. My entire perineal area was wet, and so were my lower abdomen and inner thighs.”

Impact on practice. “Wearing an incontinence product definitely gave me a new perception of what people with bladder incontinence problems go through. I wet the product with water, but for a person that is actually incontinent having to sit in urine or feces must be extremely unpleasant, especially having to worry about the smell and other people noticing. After wearing the product I see how implementing some type of bladder training program could make a very positive impact in a person’s life.”

“The experience made me realize that people with bladder dysfunction might be easily embarrassed, unwilling to go out in public, and might feel a loss of dignity. This was an important discovery for me as it has created a very empathetic understanding of individuals with similar problems where once there was just a cursory acknowledgment.”

“This experience has changed my understanding of urinary incontinence. Wearing the incontinence product was extremely uncomfortable. It gave me an idea of what it is to be incontinent; however, it is impossible to fully understand what it is like to have no control of your bodily functions. Every nurse should be required to have this experience. I believe that it could greatly affect their practice in a positive manner. Knowing how it feels to wear a soiled incontinence product will increase their awareness about issues in bowel and bladder management.”

“I can truly identify with the client that needs my time to attend to the removal of their wet and stinky undergarment. I did not voluntarily choose to stay wet with my skin irritated for 30 minutes, and I know patients often go much longer without being assisted. The feelings of powerlessness

are magnified when you know you are wet and you can do absolutely nothing, because you are totally dependent on the responsible actions of someone else. This aspect of the project was the most profound, most powerful, and permanently ingrained in my mind.”

“This [experience] changed my understanding of bladder management. I have seen nurses only occasionally check to see if patients wearing absorbent undergarments are wet. I could not imagine anyone having to sit through more than 30 minutes of this. The way your skin feels when you wear it [disposable undergarment] and after you remove it is awful...Your skin feels wrinkled from being exposed to water for too long. I feel like bladder management needs to be a proactive nursing intervention. Patients should be on bladder training programs to avoid this experience.”

“This experience showed me how uncomfortable it is to stay in wet underwear. I know now that if a patient calls to be changed, it means he/she should be changed right away. Also, patients in diapers who cannot call should be checked at least every 2 hours while turning them. For patients who can participate in bladder training, it is important for them to do so and not let them just urinate in their underwear (absorbent undergarment) because it is more convenient for the staff.”

“This experience reminded me of how important it is that nurses and other caregivers pay close attention to the bladder habits of disabled adults and work on bladder training. It is very important for the comfort and dignity of the individual.”

Summary

The disability-incontinence experiential learning activity has been a required component of the baccalaureate curriculum for over 10 years. In that time, only a handful of students have formally

requested to opt out of the experience. One was granted permission because she already had an understanding of UI due to a personal health issue. The other students eventually decided to participate in the experience after discussion and counseling by faculty. In these instances, we allay their fears by helping them to understand that the concerns they have about the experience are precisely the feelings, attitudes, and beliefs we want them to confront. We further explain to the students that their ability to be patient advocates and provide quality nursing care depends upon their understanding these issues from the patient’s point-of-view.

Faculty members remain amazed by the powerful impact the experience has on students’ attitudes regarding the management of UI. The disability-incontinence experience appears to engender empathy for patients with UI by raising students’ awareness about the effect of UI on the individual’s psychosocial well-being. It also seems to promote a change in attitude regarding the nurse’s responsibility in continence care that is evident in their efforts to apply bladder management strategies in the clinical setting. Perhaps more gratifying are the comments from alumni who consider this activity one of the most memorable and important learning experiences of their baccalaureate education — one that continues to influence their practice of nursing long after graduation. ■

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Answer/Evaluation Form: Engendering Student Empathy for Disabled Clients with Urinary Incontinence Through Experiential Learning

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Answer Form:

- If you applied what you have learned from this activity into your practice, what would be different?

Evaluation	Strongly disagree	1	2	3	4	5	Strongly agree
2. By completing this activity, I was able to meet the following objectives:							
a. Explain experiential learning theory.	1	2	3	4	5		
b. Describe disability-incontinence experience.	1	2	3	4	5		
c. Discuss the effect of disability-incontinence experiential learning on nursing practice.	1	2	3	4	5		
3. The content was current and relevant.	1	2	3	4	5		
4. The objectives could be achieved using the content provided.	1	2	3	4	5		
5. This was an effective method to learn this content.	1	2	3	4	5		
6. I am more confident in my abilities since completing this material.	1	2	3	4	5		
7. The material was (check one) ___new ___review for me							
8. Time required to complete the reading assignment: _____minutes							

I verify that I have completed this activity: _____
Signature

Comments

Objectives

This educational activity is designed for nurses and other health care professionals who educate nursing students about urinary incontinence. For those wishing to obtain CNE credit, an evaluation follows. After studying the information presented in this offering, you will be able to:

- Explain experiential learning theory.
- Describe disability-incontinence experience.
- Discuss the effect of disability-incontinence experiential learning on nursing practice.

Posttest Instructions

- To receive continuing education credit for individual study after reading the article, complete the answer/evaluation form to the left.
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