To Clap or Not to Clap

Relevance of "Applause" in Simulation-Based Learning Sessions

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Introduction: Applause is a common behavior during simulation case learning sessions. Some simulation facilitators believe that this should not be allowed, arguing that it can mislead students when they make mistakes during simulation. This study was conducted to explore the opinions of students about spontaneous applause (initiated by the participants), as a habitual behavior in the simulation sessions, in the undergraduate and postgraduate nursing degrees.

Methods: A qualitative research study was conducted based on the content analysis of 7 focus groups composed of simulation students (N = 101, both undergraduate and graduate students). The participants were asked to conduct a debate about the following question: What is your opinion about the spontaneous applause given to participants by their peers at the completion of the scenario as they go to the debriefing, and why? An inductive method of content analysis was used to interpret the data.

Results: The majority considered applause as a sign of support; one student disapproved of the practice. For most participants, receiving spontaneous applause from their peers after finishing the simulation represented a spontaneous example of moral support that reduced the participants' stress.

Conclusions: Applause within the context of clinical simulation is a motivational act, which should not be repressed by the facilitator, as long as it is a spontaneous and genuine act by the participants once the simulation experience ends. (Sim Healthcare 18:187–190, 2023)

Key Words: Motivation, simulation, clapping, qualitative analysis, education.

At present, educators and researchers are making major efforts to make the "safe environment" become a requirement for learning with healthcare simulation groups. 1-4 Trust, respect, and a motivating and welcoming atmosphere provide a suitable environment for simulation learning. Simulation learning entails the public exposure of actions that are evaluated and discussed, and making mistakes and discussing them without inhibitions can be challenging. We must also consider that in this educational context, a group of humans is actively interacting, and occasionally, some spontaneous behaviors may occur during a simulation session, which is the topic of the present article.

Within the context of clinical simulation in higher education, students often applaud those who have just finished the simulation as soon as they enter the debriefing room. Some Spanish facilitators believe that this should not be allowed, arguing that it can mislead students who have made mistakes during the development of the scenario, and who may misinterpret the applause as positive reinforcement for their wrongful actions. Others argue that this spontaneous applause is simply a recognition of the effort put forth by the students

ognition may serve as motivation for them to continue with their learning. The effects of applause on classroom interaction have been scarcely studied. A study in Japan concluded that students applauded their peers as a sign of approval when the tasks presented in class were well done and as long as the teacher was the initiator of the applause (teacher-initiated action).

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who participated in the simulation exercise and that this rec-

Considering this, the teaching team from our university began to discuss the interpretation of applause in simulation and brought this discussion to other Spanish universities. On the one hand, applause was understood as a judgment of the competences demonstrated during the simulation, and on the other, applause was interpreted as a sign of recognition by the group toward the peers who had executed and finished the simulation case and was therefore considered as a motivational element.

Motivation is a fundamental element in the teaching-learning process, ¹⁰ and we believe that this aspect has not been sufficiently addressed in the field of nursing simulation. ⁵ The main objective of this study was to explore the insights of undergraduate and graduate students on the meaning of the spontaneous applause, which may arise after a simulation.

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METHODS

Design

A qualitative research study of undergraduate and graduate nursing students was conducted to explore their interpretation of spontaneous applause (initiated by the participants) during simulation sessions. This study describes the students'

opinions. To collect qualitative data, focus groups were used, and a descriptive qualitative approach was used to interpret the data. ¹¹ The study was conducted at the Catholic University of Murcia, Spain.

Study Setting and Participants

To recruit the most suitable informants for the study, an intentional, nonprobabilistic sampling method was used. The participants were undergraduate nursing students and emergency nursing graduate students who met the following inclusion criteria: (1) previous participation in at least 100 hours of simulation during their undergraduate/postgraduate studies and (2) enrollment in a learning with simulation program. The data were collected between the months of January to November 2019.

The recruitment process was conducted through student representatives from both undergraduate and graduate programs. Students were asked to join a focus group to discuss their experience with simulation-based learning. Each focus group was moderated by a single member of the research team (J.L.D.-A.). The role of the moderator was to stimulate debate and to refocus the discussion when it shifted from the main objective. At the start of each focus group, the moderator ensured that all the participants understood the purpose of the study and what was required from them.

The participants were asked to start a debate about aspects associated with motivation and simulation. In the final section of the session, after other subjects had been discussed, the following question was explicitly asked: What is your opinion about the spontaneous applause given to participants by their peers at the completion of the scenario as they go to debriefing, and why?

The focus groups took place in the debriefing rooms of the simulation unit at the Catholic University of Murcia, where the conversations could be recorded and saved as a video/audio file for later transcription and analysis.

This article presents only unedited results pertaining to the discussion of the behavior of spontaneous applause. This research study is a subset of another, broader study on motivational aspects in general,⁵ but the research team decided to focus on the behavior of applause and publish it separately, given the importance of the subject.

Data Analysis

An inductive, open coding method¹² was used to address the analysis of the transcripts. For the codification process, the qualitative analysis software program MAXQDA v.18 was used.¹³

The researchers sought at all times to maintain a reflective attitude to minimize the impact of their subjectivity during the data collection and analysis process. The transparency and quality guidelines proposed by the COREQ checklist¹⁴ were followed.

The theoretical saturation of the data allowed us to identify when data collection could be stopped. This theoretical saturation of the data was defined as the point in time when the interventions and opinions about a subject became recurrent.

Ethical Considerations

The study was approved by the ethical committee of the Catholic University of Murcia, Spain (reference no 5939). All the participants signed the informed consent form, which included

permission for audiovisual recording. The contributions of the participants were coded to guarantee anonymity and confidentiality. Participants were assigned an alphanumeric code to present verbatim transcripts (eg, G3-S5 = focus group #3, student #5).

RESULTS

From the cohort of 185 students, 101 volunteers (54.6%) participated, who were distributed into 7 focus groups. Three focus groups were composed of 15 students, while 4 groups were composed of 14 students. Of the 101 participants, 75 (74.25%) were women and 26 (25.75%) men, with a mean age of 24.6 years (SD, 4.6 years). Each focus group lasted an average of 37 minutes.

Most opinion considered applause as a sign of support and therefore as a motivational element. However, we found an opinion from a female student who disagreed with this general opinion (Table 1).

For most of the participants, receiving the spontaneous applause from their peers after finishing the simulation implied more of an example of moral support than a reinforcement of particular behaviors.

"It is easier to leave a simulation, which may have been good or bad, with all your classmates, who are now your friends, applauding, than if everyone is silent and staring... it is more moral support" G1-S5.

"Yes, my stress goes away," instead of saying "I did this right, or I did this wrong," it's like "uff, it is done" G4-S1.

One of the most common emotions during the simulations was the feeling of being evaluated. For some of the informants, the applause mitigated this feeling:

"... When you are in there, you have the feeling that you are taking an exam... like this, you don't have the feeling that you have a test." G3-S2

The preference for applause was notable in our participants. It was observed that applause was not considered to be an approval of the performance during the scenario, but a behavior that favored emotional venting and the relief of the participants.

"It's also that even when you have done it well, and if you feel bad and you get to class and everyone is applauding, and then you feel better, it's not related with you doing it right or wrong. It is...moral support." G5-S11

"... It is as if they recognize the work you have done, not matter how bad you've done it, recognition is given" G2-S3

TABLE 1. Clap or Not to Clap Opinions*

Category	Subcategories	Coded Segments	Frequency, %
Applause	Sign of support and safe environment	66	98.5
	In disagreement with applause	1	1.5
	TOTAL	67	100.0

*Data extracted from the analysis program MAXQDA 2018. Coded segments: The segments found in the transcriptions are counted. Each coded segment means that some participants referred to the category or subcategory in their discourse. Frequency: refers to the percentage represented by the theme in the total elements coded from the transcriptions (the data are shown according to category/subcategory). The coded segments are excerpts of interventions (each segment does not correspond only to a person, but to an opinion or set of opinions).

When the focus group facilitator asked follow-up questions about whether applause represents a judgment the majority indicated no. "... We interpret it as unconditional support (laughs)" G3-S5

"It's like... Come on, you're all done!" G7-S9

Yeah, it's not "you did it well, I applaud you," or "you did it badly, no." G7-S3

However, one female student was not in agreement with the idea that the applause from her peers motivated her or acted as moral support. She interpreted the applause as an expression of external and public evaluation (with a judgment) of her behavior in the simulation room. Her reasons were:

"I don't like it, because I'm very competitive and I get mad if I did the simulation wrong, and then they clap" G3-S7.

Facilitator: Then, you would prefer that they do not applaud?

"Obviously if I did something wrong in there, and I go out and they applaud, I feel bad, and tell myself "damn, and they even applaud," no, I'm not joking, I feel bad because I think that they are applauding out of pity, that's what I think" G3-S7.

To make the behavior guidelines more uniform in the session, the students were asked about their opinion on eliminating the applause at the end of the simulation experience, and some of the opinions were:

Facilitator: Then, would you advocate eliminating the applause? Because we are trying to decide if we should say, remove, and "no one gets applauded."

Students: "No."

G1-S8: "I also think that the applause comes out spontaneously."

Rest of the students: "Yeah."

DISCUSSION

The main finding of this study is that most participants felt that applause was considered as a sign of moral support, which decreased the stress of the participants when they arrived at the debriefing room. Those who participate in training sessions with clinical simulation tend to be subjected to stress due to many factors. On the one hand, they must play their role in a simulated case, while under observation from others (their peers and the instructor, who leads the session and evaluates the behavior of the participants); on the other hand, the sessions are recorded and/or streamed on the Internet for other observers (as it is presently occurring due to the contact restrictions between individuals due to the pandemic). Ultimately, the participants are evaluated, and afterward, a discussion ensues on their correct answers and aspects to be improved related to their caregiving practices, behaviors, and attitudes. It is in this context in which spontaneous applause is produced from the observers when the students who have entered the debriefing room have finished with the case.

Several research studies oriented toward the safety and management of patients, as well as the evaluation of the participant's stress, ^{15,16} examined the psychological, cognitive, and emotional elements related with the teaching/learning

process in simulated environments.¹⁷ Some of these studies pointed to clinical simulation as a more efficient teaching method, as compared with traditional methods, for the development of skills related with clinical practice.^{18,19} Nevertheless, a psychologically safe environment is fundamental for taking full advantage of the simulation.¹ Our study suggests that spontaneous applause contributes to creating this safe environment.

The motivation of the students is a key element in learning processes.²⁰ For example, the intrinsically motivated student is willing to make a greater effort to achieve a goal. There is a growing number of recommendations about the need to increase the motivation of students through the use of multiprofessional simulation,²¹ and there is also a greater demand for more research on motivation and its ability to optimize the learning experience in health science education.²²

During the pandemic, the applause given to health care personnel by the public was considered as a motivating element to provide support in those difficult times. We believe that it is necessary to create a culture of applause for occasions in which efforts are made, even when these efforts are not fruitful. Taylor et al²³ concluded that applauding the health workers during the pandemic was not correlated with being in favor of or against them; however, we believe that the signs of support such as applause should be allowed in the context of learning, if it is spontaneous.

We believe that there is a cultural tradition common to Mediterranean cultures that allows for greater public expression of emotion than may not be acceptable elsewhere. Therefore, we understand that in our context, applause is an appropriate act that may not be so in other cases. ²⁴ The cultural differences in the display of emotions have been studied in transcultural psychology, ²⁵ with differences found especially between individualistic and collectivistic cultures. Some cultures are more oriented toward deference and politeness, with a lower tendency to make public their display of emotions. ^{26,27}

In simulation scenarios, we recreate real-life problematic situations, and the participants try to solve them as best they can. As educators, we try to provide a motivating atmosphere to enhance teaching and learning. Applause for participants could be normalized as a gesture of support for the work done by the students, offered regardless of the "correctness" of the actual performance. This support may reduce the participants' stress level as they come into the debriefing, making that debriefing more enriching for all. We did not find similar studies to compare our results with, except for the work by Hosoda and Aline⁸ and Kasper et al,⁹ who investigated applause behaviors of English language learners in Japan. These authors found that applause was a teacher-initiated group approval behavior for a well-presented task in class. In another study focused on "jigsaw activities," and conducted with Chinese²⁸ learners in the context of learning the English language, applause functioned as an indispensable motivational element both at the beginning and at the end of the task.

Regarding limitations, the "applause" behavior is a phenomenon found in our local study (in Spain) that may not be of interest to readers from other contexts, where this aspect may not be relevant. However, it could be enriching for other contexts, in which applause is not commonly carried out, to consider it as an extra motivational element.

Future studies are needed in other cultural contexts to provide a more adequate recommendation for the improvement of simulation.

CONCLUSIONS

Applause, in the context of clinical simulation, can serve as moral and motivational support. Based on our findings, we believe that applause should be permitted and not discouraged by the facilitators, provided that the applause is spontaneous and genuine. In our Spanish context, applause was considered as an act of support that reduces the stress of the participants and was generally not perceived as judgment of the "correctness" of actions within the scenario.

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