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Voices from the Field: A Descriptive Inquiry into Nursing Student's Experiences and Perspectives in the Use of Simulation-Based Learning

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ABSTRACT

Simulation-Based Learning (SBL) has become a fundamental component of modern nursing education, it is designed to replicate real clinical scenarios in a safe, controlled environment. It serves as a vital bridge between theoretical knowledge and actual patient care, allowing students to build competence, critical thinking, and confidence without putting lives at risk. While existing research widely confirms the benefits of SBL, most studies focus heavily on measurable outcomes such as test scores, skill proficiency ratings, or the perspectives of educators and administrators. There remains a notable gap in literature: there is limited in-depth exploration of the lived experiences, personal perceptions, and real challenges of lives of a nursing student themselves. Purposive sampling was employed to recruit a panel of student nurse (n=15) from several nursing students usually from second year. Data was collected through in-depth, semi-structured interviews, each lasting approximately 20-30 minutes. The interviews explored student nurses' perceptions regarding the effectiveness of SBL, challenges faced, support received, and reflections on instructors' roles in facilitating student learning. When interviews were transcribed and analyzed using Colaizzi seven step process, clear patterns emerged from their shared experience in selected Universities. Preliminary findings suggest that the student nurses of SBL experience both opportunities and challenges in using the method. This study contributes to the understanding of SBL from the perspective of student nurse in a specific educational context. These findings could be useful in developing strategies to enhance the effectiveness of SBL such as building support for student nurse, and improving nursing education outcomes and settings with similar characteristics. The study underlines the importance of listening to the "voices from the field" to further refine and develop simulation-based learning practices.

Keywords: *Simulation-Based Learning, Nurse Instructors, Lived Experience, Nursing Education*

INTRODUCTION

Nursing education is a never-ending process of change to adapt to the healthcare landscape. Sometimes, traditional clinical experiences, the ones that are helpful, hinder the provision of students' exposure to a set of patient scenarios and critical events. Thus, simulation-based learning (SBL) has turned up as a revolutionary method in nursing education, this new path together with other methods like SBL has converted students into professionals with safe and controlled environments where clinical competence, critical thinking skills and decision-making abilities are developed. According to (Orchard, McKenna, Ross, and Watterson)(2026).Simulation-based education (SBE) is increasingly present in healthcare training, both academic and workplace-based environments. Within nursing and multidisciplinary education, simulation

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is recognized as a core modality for developing clinical judgment, communication, and decision-making, including alignment with established simulation standards and best-practice frameworks (INACSL Standards Committee et al., 2021). (36)

In simulation-based learning, different methods are used, which consist of low-fidelity task trainers and high-fidelity patient simulators, to create clinical situations and give students the chance of active learning and deliberate practice. However due to the cost, we just focus on task trainers and low fidelity patient simulators. SBL is immersing students into realistic scenarios, allowing them to apply their theories, practice psychomotor skills and develop communication and teamwork abilities without the risk of patient harm (Cant & Cooper, 2017). But one fact remains, the successful implementation of SBL is dependent on the skill and commitment of nurse instructors. According to Orchard et al (2026) SBE provides structured safe environments to develop and maintain proficiency, supporting patient safety and clinical performance (Barrosse-Antle et al., 2025; Monteiro et al., 2025; Turkelson et al., 2020). In ICU settings, simulation serves a dual purpose—supporting experiential learning and facilitating development of both procedural and behavioral skills. Simulation commonly is found in programs such as Advanced Life Support (ALS) (Brewster et al., 2017; Preston et al., 2009) and Extracorporeal Membrane Oxygenation (ECMO) (Ling et al., 2025), as well as procedural skills such as endotracheal intubation (Kılıç et al., 2021; Roach et al., 2024)(13)

This descriptive qualitative study aims to explore the lived experiences of nursing student using SBL in nursing education within Philippines. By employing a descriptive phenomenological approach, the research seeks to uncover the essence of these nursing student experiences, challenges, and insights regarding the implementation and facilitation of SBL activities.

The study is guided by the central question: What are the lived experiences of nursing students using simulation-based learning in nursing education within in the Philippines?

The findings of this study will contribute to a deeper understanding of SBL from the perspective of the student nurse, informing strategies for enhancing the effectiveness of SBL, supporting student nurses, and ultimately improving nursing education outcomes in the Philippines and similar settings. By amplifying the "voices from the field," this research seeks to refine and optimize simulation-based learning practices, ensuring that nursing students are well-prepared to meet the demands of the healthcare profession.

METHODS

Research Design

This study utilized a descriptive phenomenological research design, a qualitative approach specifically suited for exploring and describing the lived experiences of individuals regarding a specific phenomenon. This design was selected because the primary goal of the inquiry was to understand what it is like for nursing students to undergo Simulation-Based Learning (SBL), rather than to measure variables, test hypotheses, or establish cause-and-effect relationships.

The study was guided by Colaizzi's seven-step method of data analysis, which provides a systematic yet flexible process for extracting meaning from narrative accounts while requiring the researcher to practice bracketing or setting aside personal assumptions to faithfully represent the participants' perspectives.

This design aligns with the study's conceptual framework anchored on Jeffries Simulation Framework, Benner's Novice-to-Expert Theory, and Bandura's Social Cognitive Theory, as all three emphasize understanding the learner's experience, development, and interaction within the learning environment.

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Research Locale

The study was conducted at a tertiary educational institution offering the Bachelor of Science in Nursing program outside Metro Manila. This setting was purposively selected because it systematically integrates Simulation-Based Learning (SBL) as a core component of its nursing curriculum, maintains a fully equipped simulation laboratory, and requires students to complete simulation activities prior to clinical rotation. The locale provides appropriate access to participants who have sufficient direct experience with SBL and can therefore share meaningful accounts of their lived experiences.

Sampling Technique

Purposive sampling was used. Participants were selected based on direct SBL experience and ability to share relevant insights.

Criteria: Enrolled BSN students; completed ≥2 SBL sessions; active participants; willing to consent. Sample: 15 students, recruited until data saturation—no new themes emerged.

RESULTS AND DISCUSSION

Four major themes emerged from analysis of interviews with 15 nursing students:

- **Experiences and Responses**
  - Initial mixed emotions excitement, nervousness, fear gradually shifting to comfort and sense of safety.
- **Challenges and Difficulties**
  - Equipment unfamiliarity, time pressure, fear of error, and gaps between scripted scenarios and actual clinical situations.
- **Perceived Clinical Readiness**
  - Improved skills, faster decision-making, and greater confidence for real patient care.
- **Perception of Value and Relevance**
  - SBL seen as essential safe practice; suggestions for more realistic cases, repeated practice, and consistent feedback.

Data Analysis

Data was analyzed using thematic analysis, following these steps:

1. ***Familiarization***
   Reading and re-reading the transcripts to understand the content.
2. ***Coding***
   Identifying and labeling significant statements related to the research questions.
3. ***Generating Themes***
   Grouping similar codes into broader themes and patterns.
4. ***Defining and Naming Themes***
   Describing each theme clearly based on the findings.
5. ***Reporting***
   Presenting the themes with supporting statements from the participants.

Summary of Key Findings

Four core themes emerged from the narratives of all 15 participants:

- ***Safe Learning Environment***
  - A non-punitive space for skill-building, where anxiety diminishes as competence grows.
- ***Theory-Practice Integration***
  - Translates classroom knowledge into hands-on care, easing the transition to clinical duty.

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Volume 2 Issue 7 (July 2026)

- ***Clinical Readiness***
  - Builds preparedness, though limitations in realism and resources highlight the need for actual patient exposure.
- ***Teamwork & Communication***
  - Strengthens collaborative practice, critical thinking, and interaction confidence.

Overall, students view simulation-based learning as an indispensable part of their nursing education valuing its benefits while maintaining realistic awareness of its boundaries.

Synthesis of Findings

All four core themes are strongly grounded in the three theoretical frameworks:

Jeffries' Simulation Framework explains the purpose, design, benefits, and inherent boundaries of simulation as an educational approach.

Bandura's Social Cognitive Theory elucidates how simulation builds confidence and competence through mastery experiences, observational learning, and strengthened self-efficacy.

Benner's Novice to Expert Theory demonstrates how simulation supports developmental progression, providing the structured, low-risk experiences that allow novices to build the foundation needed to advance toward competent, expert practice.

Collectively, the findings confirm that Simulation-Based Learning is not merely a teaching strategy, but a critical developmental process that supports nursing students' safe, effective transition from classroom knowledge to real-world clinical care.

The findings demonstrate that Simulation-Based Learning (SBL) is a vital but demanding educational experience that shapes students' transition from classroom theory to clinical practice.

Students' initial mixed emotions and reported challenges align with Benner's Novice-to-Expert Theory: uncertainty, reliance on rules, and difficulty applying knowledge flexibly are expected characteristics of early learning, not signs of incompetence. As students engage in repeated, supported practice, they gradually develop greater competence and confidence.

Improved readiness and self-assurance reflect Bandura's Social Cognitive Theory: SBL provides mastery experiences, peer observation, and constructive feedback key factors that build self-efficacy and prepare learners for independent care.

The varied responses and suggestions for improvement confirm Jeffries Simulation Framework: positive learning outcomes depend not only on the student, but equally on scenario realism, facilitator guidance, debriefing quality, and alignment with actual clinical conditions.

Consistent with reflexivity, these interpretations remain grounded in participants' narratives rather than the researcher's assumptions. Overall, SBL acts as a safe bridge that strengthens both competence and confidence when designed thoughtfully and facilitated supportively.

In summary: SBL effectively bridges classroom and clinical practice; its full benefit is achieved when design is realistic, support is consistent, and learners' anxieties are recognized as part of growth.

CONCLUSION

Linked to Benner's Novice-to-Expert

Students' initial struggles and anxiety are not signs of incompetence but natural markers of the novice stage. Through repeated, supported practice in SBL, they gradually develop greater competence and flexibility—moving toward advanced beginner proficiency.

ISSN: 3116-3475
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of Education, Research, and Innovation Perspectives
Volume 2 Issue 7 (July 2026)

Linked to Bandura's Social Cognitive Theory

Improved self-assurance and readiness confirm that mastery experiences, observational learning, and constructive feedback within SBL directly strengthen self-efficacy. A safe, non-judgmental environment further encourages active participation.

Linked to Jeffries' Simulation Framework

Positive learning outcomes depend equally on scenario realism, facilitator guidance, and debriefing quality. Gaps identified by students highlight that SBL works best when all components of the framework are well-aligned and implemented.

Collectively, SBL serves as a vital bridge between classroom theory and clinical practice. It transforms learning into a safe, meaningful experience that builds both competence and confidence—when designed thoughtfully, facilitated supportively, and recognized as part of the learner's natural developmental journey.

Recommendations

- ***Educators***
  - Conduct pre-simulation orientation; use varied realistic scenarios; implement structured debriefing.
- ***Curriculum Planners***
  - Allocate sufficient time for repeated practice and guided reflection.
- ***Students***
  - Engage actively; view errors as essential learning opportunities.
- ***Future Researchers***
  - Explore long-term clinical impact and compare student and instructor perspectives

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