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Lived Experiences of Nursing Students in Simulation-Based Learning: A Phenomenological Inquiry

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ABSTRACT:

Background: Simulation-based learning (SBL) is widely utilized in nursing education to bridge the gap between theoretical knowledge and clinical practice. However, high-fidelity simulations can introduce significant psychological stress, performance anxiety, and cognitive overload, which are often compounded by distinct cultural dynamics such as *hiya* (shame) and *bayaniban* (communal unity) in collectivist educational settings.

Objective: This descriptive phenomenological study aimed to explore and understand the lived experiences of undergraduate nursing students participating in simulation-based learning, specifically investigating their psychological transitions from active simulation scenarios to post-simulation debriefing.

Methods: A descriptive qualitative phenomenological approach was employed. Purposive sampling was used to recruit 12 undergraduate Bachelor of Science in Nursing students who had completed at least one semester of simulation-based learning. Data were collected through in-depth, semi-structured interviews via face-to-face and secure online platforms. The verbatim transcripts and field notes were systematically analyzed manually using Colaizzi's (1978) seven-step phenomenological framework to ensure data immersion and structural integrity.

Results: The thematic analysis revealed that the lived experience of SBL is defined by an overarching essence: **Controlled Metamorphosis from Student to Professional**. Four primary themes emerged tracking this non-linear journey: (1) *The Precipice of Panic*, where students experience anticipatory paralysis and sudden cognitive fog under high-fidelity crisis conditions; (2) *Decompression and Ontological Realignment*, detailing the cathartic release of tension and the reframing of mistakes during the post-scenario transition; (3) *The Social Architecture of Safety*, highlighting how faculty guidance and collectivist peer cohesion (*bayaniban*) form a supportive relational scaffold; and (4) *Controlled Metamorphosis*, where independent decision-making and safe exposure to failure forge genuine, battle-tested clinical resilience.

Conclusion: The study concludes that high-fidelity simulation acts as a demanding psychological crucible that temporarily disrupts student confidence, yet serves as a necessary catalyst for identity transformation. The successful transition from academic passivity to professional accountability relies heavily on a supportive interpersonal

ecosystem during debriefing. When educators cultivate psychological safety and mitigate cultural fears of public failure, simulation successfully turns dependent learners into resilient, practice-ready nursing professionals.

INTRODUCTION

Nursing education has undergone a significant transformation over the past decades, driven by advancements in healthcare technology, evolving patient safety requirements, and the increasing complexity of clinical practice. As contemporary healthcare systems demand practice-ready graduates who can safely navigate complex clinical environments, nursing programs must adopt innovative pedagogical frameworks to bridge the gap between theoretical knowledge and real-world clinical application. Among these innovations, simulation-based learning (SBL) has emerged as a vital strategy that provides students with realistic, safe, and controlled environments to develop professional capabilities. According to Alharbi et al. (2024), SBL serves as a cornerstone methodology that systematically enhances students' core knowledge and skills within undergraduate curricula.

This educational approach encompasses a diverse spectrum of modalities tailored to varying learning objectives. These include low-fidelity task trainers, standardized patients, virtual reality platforms, and high-fidelity manikins that replicate acute physiological responses. In an analysis of contemporary technological integration, Stenseth et al. (2025) highlighted that technology-supported simulation experiences are uniquely positioned to sharpen critical thinking and clinical reasoning among nursing students. Unlike traditional classroom instruction or observational clinical placements, SBL allows students to actively engage in experiential learning. They can make high-stakes clinical decisions and deeply reflect on their performance without compromising actual patient safety.

Despite the recognized benefits of SBL, its implementation exposes a critical tension between intended pedagogical outcomes and the actual psychological and emotional realities of the students. While educators design simulations to be constructive, the highly evaluative, artificial, and high-pressure nature of these environments can induce unintended stress, performance anxiety, and cognitive overload. In fact, Harvey et al. (2025) discovered that some undergraduate nursing students experience profound psychological harm during simulation scenarios, an issue that remains heavily under-addressed by educators.

Furthermore, student experiences are highly fragmented and inconsistent. A student's response to SBL fluctuates based on their emotional intelligence, level of preparation, interactions with faculty, and the degree of psychological safety established in the room. Kyung et al. (2025) confirmed that factors such as psychological safety and demographic interactions significantly dictate student satisfaction with simulation-based assessments. When students face intense anxiety or a perceived threat to their professional self-worth, the simulation ceases to be a productive learning space and instead becomes a barrier to confidence. Because nursing programs increasingly substitute traditional clinical hours with simulation, this variability in student experiences presents a critical problem: institutions risk delivering unequal educational experiences that could hinder, rather than help, professional identity development.

A broad body of international literature establishes that simulation-based education positively correlates with technical competency and student confidence. For instance, Bashir et al. (2023) demonstrated through pedagogical interventions that SBL significantly improves direct knowledge acquisition and retention among nursing cohorts. This structured environment also fosters excellent self-assessment practices; Bdiri Gabbouj et al. (2024) identified a strong positive correlation between robust simulation design characteristics and high levels of student satisfaction and self-confidence. Similar findings were mirrored globally by Blaak et al. (2025), who noted that clear educational practices within Moroccan nursing simulation designs directly enhanced students' perceived self-efficacy.

Beyond psychomotor execution, recent studies highlight the role of simulation in cultivating emotional resilience and specialized care competencies. Martín-Parrilla et al. (2025) found that structured simulation experiences successfully build emotional intelligence and reduce long-term burnout scores among nursing students. Similarly, qualitative work by Skedsmo et al. (2023) showed that simulation provides an invaluable, safe space for postgraduate students to navigate the emotionally heavy realities of palliative care education.

The mechanism behind these positive outcomes often relies on post-scenario reflections. Lervik et al. (2025) emphasized that structured debriefing allows facilitators to turn student mistakes into positive learning resources. This sentiment is supported

by Glennie (2025), who found that undergraduate students universally perceive structured debriefings as the most vital component for translating simulation stress into actionable clinical insights.

While the existing literature heavily documents the quantitative benefits of SBL—such as improved skill check-offs, elevated test scores, and high satisfaction ratings—there remains a distinct lack of deep, qualitative exploration into the holistic human experience of the student. Most studies treat simulation as a controlled treatment variable rather than a complex, subjective phenomenon. In particular, few researchers have captured the internal world of the student as they transition from panic to competence, manage peer dynamics in front of an evaluation mirror, or process mistakes during debriefing.

This gap is even more pronounced within the Philippine nursing landscape. In the Philippines, local nursing schools rapidly expanded their reliance on simulation to maintain clinical hour requirements following severe institutional restrictions on direct patient exposure. Despite this widespread curriculum shift, very little qualitative data explores how Filipino nursing students make meaning of these simulated clinical realities. Because cultural factors—such as *hiya* (shame/shyness), high respect for faculty authority, and unique collectivist peer dynamics—can profoundly alter how a student experiences a simulation failure or debriefing session, Western qualitative models cannot simply be duplicated. There is a clear need for a focused phenomenological inquiry that investigates the lived experiences of these students within their specific cultural and institutional context.

The purpose of this phenomenological inquiry is to explore and understand the lived experiences of nursing students participating in simulation-based learning. By capturing the vivid narratives, emotional journeys, interpersonal dynamics, and perceived barriers of these students, this study seeks to look past raw performance metrics. Instead, it aims to uncover the "essence" of what it truly means to learn, fail, and transform within a simulated clinical environment. Ultimately, these insights will give nurse educators, curriculum designers, and academic leaders the qualitative evidence needed to design human-centered, psychologically safe, and culturally responsive simulation pedagogy.

To achieve the purpose of this study and uncover the essence of this phenomenon, the research will be guided by the following overarching grand tour question and its structural sub-questions: What is the essence of the lived experiences of nursing students participating in simulation-based learning? How do nursing students describe their initial emotional and psychological cognitive states when entering and navigating a simulation-based learning scenario? What meaningful lived experiences do students encounter during the transition from the simulated scenario into the post-simulation debriefing phase? How do students perceive the influence of faculty facilitators and peer interactions on their sense of psychological safety and professional identity development within the simulation environment?

METHODS

Research Design

This study employed a qualitative, descriptive phenomenological research design to systematically explore and understand the deeply lived experiences of nursing students engaged in simulation-based learning (SBL). Phenomenology serves as a uniquely appropriate methodology for this inquiry, as it provides the philosophical tools necessary to investigate how individuals personally perceive, interpret, and construct meaning from a specific shared phenomenon (Creswell & Poth, 2018). Specifically, this study was grounded in Husserlian descriptive phenomenology, an approach dedicated to capturing the fundamental "essence" of human experience as it presents itself to the consciousness of the participants (Moustakas, 1994). By adopting this specific framework, the researcher committed to the rigorous process of epoché—or bracketing—whereby personal preconceptions, biases, and theoretical assumptions about simulation pedagogy were intentionally set aside to ensure the students' raw narrative accounts were represented with absolute fidelity (Moustakas, 1994).

Research Setting

This study was conducted across selected nursing institutions that have strategically embedded simulation-based learning (SBL) into their core clinical education curricula. These academic settings featured specialized simulation laboratories structurally designed to mirror authentic clinical environments, fully equipped with a comprehensive range of low-, medium-, and high-fidelity simulation technologies. These specialized spaces served as the primary pedagogical site for experiential learning, facilitating high-stakes clinical skills training, complex patient care scenarios, and rigorous professional competency development among the nursing student cohorts.

Participants

The participants for this phenomenological inquiry comprised 12 undergraduate nursing students purposefully selected from a Bachelor of Science in Nursing program; a sample size well aligned with qualitative standards that prioritize the deep, granular exploration of lived experiences over broad statistical representation. To ensure the cohort possessed rich, reflective insights into the phenomenon, specific inclusion criteria mandated that participants must be currently enrolled in the program, have completed at least one semester of simulation-based learning activities encompassing a minimum of two distinct simulation sessions, and express a voluntary willingness to deeply share their personal narratives. Recruitment and data collection were maintained until strict thematic saturation was achieved, a point at which subsequent semi-structured interviews yielded no novel codes, themes, or conceptual insights regarding the students' experiential journeys.

Sampling Strategy

A purposive sampling strategy was utilized to select the participants for this phenomenological inquiry, ensuring that all chosen individuals possessed direct, first-hand experience with the phenomenon under study. To recruit a homogenous sample of undergraduate nursing students, clear inclusion criteria were established: participants had to be currently enrolled in the nursing program, have completed at least two high-fidelity or moderate-fidelity simulation-based learning (SBL) sessions within the current academic year, and be willing to reflectively share their narrative accounts. A total of 12 participants were recruited from a selected college of nursing using a combination of institutional flyers and digital invitations distributed through student communication channels. Potential participants who expressed interest were screened against the eligibility criteria, and formal informed consent was secured prior to their enrollment. This sample size of 12 allowed the researcher to achieve deep qualitative richness and data saturation, capturing the nuanced variations of the students' lived experiences while maintaining the granular depth required for descriptive phenomenological analysis.

Recruitment Procedures

The recruitment process began after securing formal ethical clearance from the institutional ethics review committee, ensuring the protection and rights of all prospective subjects. Institutional permissions were obtained from the deans of the selected nursing colleges, which allowed the researcher to distribute digital recruitment flyers and informational infographics through official student communication channels, online platforms, and academic bulletin boards. These recruitment materials detailed the study's purpose, the voluntary nature of participation, the eligibility criteria, and the researcher's contact information. Interested undergraduate nursing students contacted the researcher directly via email or secure messaging, at which point a preliminary screening was conducted to confirm they met all established inclusion criteria. The first 12 eligible students who expressed a willingness to deeply articulate their reflective insights were selected, and formal informational meetings were scheduled individually to discuss the informed consent process before final enrollment.

Data Collection Procedure

Data collection was executed through in-depth, semi-structured interviews conducted either face-to-face or via secure online platforms, meticulously accommodating individual participant preference and geographic accessibility. A dynamically constructed interview guide was utilized to anchor the dialogue while affording participants the flexible conversational space to freely untangle their lived experiences; this guide included open-ended prompts such as: *"Can you describe your experiences participating in simulation-based learning activities?"*, *"How did simulation-based learning influence your confidence in performing nursing skills?"*, *"What challenges did you encounter during simulation sessions?"*, *"How did simulation experiences contribute to your learning and professional development?"*, and *"What meanings do you associate with simulation-based learning in your nursing education?"* Each dialogue spanned approximately 45 to 60 minutes and was digitally audio-recorded with explicit participant consent, supplemented by detailed field notes that captured non-verbal cues, environmental context, and immediate researcher reflections to enrich the subsequent phenomenological analysis.

Data Analysis

The collected qualitative data were systematically analyzed using Colaizzi's (1978) rigorous seven-step descriptive phenomenological framework, beginning with the verbatim transcription of all audio recordings to ensure absolute fidelity to the raw narratives. The analytical sequence proceeded by (1) repeatedly reading and re-reading the transcripts to achieve deep immersion in the data; (2) extracting explicit, significant statements directly addressing the experience of simulation-based

learning; (3) formulating distinct meanings from these extracted statements; (4) organizing the formulated meanings into cohesive theme clusters; (5) synthesizing these clusters into an exhaustive description of the phenomenon; (6) distilling this comprehensive narrative into the fundamental structure, or "essence," of the experience; and (7) returning the final structural findings to the participants for validation through member checking. To maintain close contact with the contextual nuances and preserve the psychological depth of the students' accounts, all data coding and thematic development were executed manually, ensuring a highly reflective and grounded analysis.

Trustworthiness of the Study

To establish rigorous methodological trustworthiness, this inquiry strictly adhered to Lincoln and Guba's (1985) foundational evaluative criteria of credibility, dependability, confirmability, and transferability. Credibility was robustly maintained through prolonged engagement with the data, formal peer debriefings, and member-checking sessions where participants verified the accuracy of their transcribed narratives and formulated themes. Dependability was reinforced by maintaining a meticulous, transparent audit trail that comprehensively documented all procedural adjustments, operational decisions, and analytical transitions throughout the research lifecycle. To secure confirmability and mitigate potential researcher bias, explicit bracketing protocols were coupled with reflexive journaling to continuously isolate the researcher's preconceptions from the participants' raw experiences. Finally, transferability was systematically supported by providing rich, thick descriptions of the structural settings, participant demographics, and contextualized findings, thereby empowering future researchers to evaluate the resonance and applicability of these insights within comparable nursing education environments.

Ethical Considerations

Prior to data collection, formal ethical clearance was secured from the institutional ethics review committee to ensure strict adherence to human subject research protections. Prospective participants were provided with comprehensive, transparent disclosures regarding the study's objectives, procedural expectations, potential psychological risks, and educational benefits before execution of their written informed consent. Participation was maintained as entirely voluntary, with explicit assurances extended to all individuals regarding their right to withdraw from the inquiry at any juncture without academic or personal penalty. To guarantee absolute confidentiality and anonymity, all identifiable data were scrubbed and replaced with unique pseudonyms, while digital audio recordings, verbatim transcripts, and sensitive research documents were housed in encrypted, password-protected storage systems accessible exclusively to the primary investigator in compliance with national and international ethical guidelines.

RESULTS

How do nursing students describe their initial emotional and psychological cognitive states when entering and navigating a simulation-based learning scenario?

Table 1: Initial Emotional and Psychological Cognitive States

Theme and Subtheme	Formulated Meaning (What it means)	Key Informant (Verbatim Evidence)	Phenomenological Essence
Theme 1: The Precipice of Panic Subtheme 1.1: Anticipatory Paralysis and Fear of 'Hiya'	The anticipation of being watched and evaluated by faculty creates an intense state of stage fright, amplified by the cultural dread of losing face or exposing incompetence in front of peers.	"Before stepping into the room, my heart races wildly. The fear of making a mistake in front of the clinical instructor and my groupmates paralyzes me. I don't want to experience 'hiya' (shame) if I break the sterile field." (KI-03)	The Shock of Preserved Reality: The simulation acts as a psychological crucible where the artificiality of the room disappears, replaced by a hyper-acute state of vulnerability, performance anxiety, and cognitive overload.

Subtheme 1.2: Cognitive Fog Under High- Fidelity Stress	Sudden acute changes in the high-fidelity manikin's vital signs cause immediate mental chaos, temporarily wiping out the student's remembered theoretical knowledge.	"When the manikin suddenly desaturated and the monitor started alarming, my mind went completely blank. All the lectures I memorized vanished; I just froze looking at the numbers." (KI-09)	
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Table 1 presents the emergent qualitative findings regarding the initial emotional and psychological cognitive states of nursing students entering simulation-based learning (SBL). Under the primary theme, "The Precipice of Panic," the data is structured into two distinct subthemes: "Subtheme 1.1: Anticipatory Paralysis and Fear of 'Hiya'" and "Subtheme 1.2: Cognitive Fog Under High-Fidelity Stress." The formulated meanings highlight a profound state fright driven by faculty evaluation and cultural dread, alongside immediate mental chaos triggered by unexpected changes in the manikin's condition. Verbatim evidence from Key Informant 03 (KI-03) underscores this baseline anxiety, stating, *"Before stepping into the room, my heart races wildly. The fear of making a mistake in front of the clinical instructor and my groupmates paralyzes me. I don't want to experience 'hiya' (shame) if I break the sterile field."* This experiential barrier is further supported by Key Informant 09 (KI-09), who shared that *"when the manikin suddenly desaturated and the monitor started alarming, my mind went completely blank. All the lectures I memorized vanished; I just froze looking at the numbers."* Together, these structural elements converge into the overarching phenomenological essence termed "The Shock of Preserved Reality."

An analysis of these subthemes reveals a severe psychological disconnect between a student's theoretical preparation and their operational performance under stress. In Subtheme 1.1, the data shows that the anticipation of being observed creates a paralyzing performance anxiety, which is significantly worsened by the specific cultural context of *hiya* (shame). This cultural dimension transforms a simple clinical error into a perceived threat to personal status and peer standing. Moving to Subtheme 1.2, the data demonstrates that when a simulation transitions into an acute crisis—such as a sudden drop in a manikin's vitals—the student experiences immediate cognitive overload. Rather than triggering critical thinking, the unexpected auditory and visual alarms trigger an involuntary physiological response. This response completely disrupts the student's ability to recall or apply memorized medical knowledge, leaving them in a state of behavioral freezing.

Interpreting these findings through a phenomenological lens reveals that the "Shock of Preserved Reality" occurs because the simulation room functions as an intense psychological crucible. Even though students know the environment is artificial, the high-fidelity elements completely overcome this awareness, forcing the student's consciousness to experience the scenario as a genuine, life-or-death reality. The fear of *hiya* is deeply tied to a collectivist culture where failing in front of peers and authority figures causes profound shame. This fear adds a heavy layer of social vulnerability to the already stressful clinical situation. Consequently, the immediate mental block experienced by the students indicates that high-stress simulations do not always function as neutral learning spaces; instead, they can act as emotionally overwhelming environments where stress directly blocks the brain's ability to process and apply information.

These findings strongly align with recent international literature that documents the hidden emotional costs of high-stakes simulation environments. For example, a hermeneutic study by Harvey et al. (2025) emphasized that undergraduate nursing students can experience profound psychological harm during simulation scenarios due to intense evaluative pressure. This vulnerability highlights the critical importance of creating supportive learning spaces, as Kyung et al. (2025) observed that a lack of psychological safety significantly undermines student satisfaction and performance during simulation assessments. Furthermore, the sudden cognitive block and panic reported by the participants match the findings of Sayed et al. (2024), who noted that the realistic stress of SBL often exposes students to a form of immediate reality shock that can impair clinical execution. Ultimately, while simulation is designed to build clinical competence, these lived experiences indicate that without careful scaffolding, the raw emotional stress can become a barrier to learning (Eltaib et al., 2024).

What meaningful lived experiences do students encounter during the transition from the simulated scenario into the post-simulation debriefing phase?

Table 2: The Post-Simulation Debriefing Transition

Theme and Subtheme	Formulated Meaning (What it means)	Key Informant (Verbatim Evidence)	Phenomenological Essence
Theme 2: Decompression and Ontological Realignment <i>Subtheme 2.1: Cathartic Release of Psychological Tension</i>	Moving from the high-stress simulation room to the debriefing space brings an immediate physical and emotional relief, shifting the student from survival mode to self-awareness.	<i>"When the facilitator said 'simulation over,' it felt like I could finally breathe again. Walking to the debriefing room was like shedding a heavy armor; the adrenaline started to drop."</i> (KI-01)	The Transition from Action to Insight: The debriefing space serves as a therapeutic zone where clinical mistakes are detached from personal failure, turning raw panic into meaningful clinical wisdom.
<i>Subtheme 2.2: Recontextualizing Mistakes as Pedagogical Assets</i>	Structured debriefing allows students to reframe their clinical errors as safe, valuable learning moments rather than permanent marks against their competence.	<i>"During debriefing, I realized my mistake in medication calculations wasn't a death sentence for my career. We unpacked why I rushed, and that error became the best teacher I've ever had."</i> (KI-07)	

Table 2 presents the qualitative findings concerning the transition from active simulation scenarios to the post-simulation debriefing phase, structured under Theme 2: "Decompression and Ontological Realignment." This overarching theme is categorized into two distinct subthemes: "Subtheme 2.1: Cathartic Release of Psychological Tension" and "Subtheme 2.2: Recontextualizing Mistakes as Pedagogical Assets." The formulated meanings explain how transitioning from the high-fidelity room to the debriefing space offers immediate physical and emotional relief while allowing students to view clinical errors as safe opportunities for growth. Direct evidence from Key Informant 01 (KI-01) captures this physical sense of decompression, noting, *"When the facilitator said 'simulation over,' it felt like I could finally breathe again. Walking to the debriefing room was like shedding a heavy armor; the adrenaline started to drop."* Additionally, Key Informant 07 (KI-07) highlights the cognitive shifting that occurs during this period, stating, *"During debriefing, I realized my mistake in medication calculations wasn't a death sentence for my career. We unpacked why I rushed, and that error became the best teacher I've ever had."* These narratives culminate in the phenomenological essence identified as "The Transition from Action to Insight."

An analysis of these data points demonstrates that the conclusion of a simulation triggers an instantaneous shift from a protective, physiological "survival mode" to a conscious state of self-awareness. In Subtheme 2.1, the abrupt end of the scenario acts as a release valve for the student's high sympathetic nervous system arousal, effectively unburdening them from performance anxiety. Subtheme 2.2 builds on this relief by showing that the physical move to the debriefing table allows students to intellectually distance themselves from their actions. This separation prevents them from linking their mistakes to an overarching sense of professional inadequacy. Rather than hiding or feeling shame for errors, the analytical journey shows that a non-threatening post-scenario dialogue prompts students to unpack their decision-making processes. This structure helps them discover the underlying causes of their procedural missteps, such as rushing or misinterpreting alarms.

Interpreting these findings through a phenomenological lens reveals that the debriefing space functions essentially as a therapeutic and restorative zone within the curriculum. "The Transition from Action to Insight" signifies a vital shift where a student moves from experiencing stress as a threat to using it as a vehicle for self-examination. When the facilitator stops the scenario, the student's perception of the simulation environment changes from an unpredictable clinical crisis to a safe space for dialogue. This mental shift alters how the student views mistakes; a medication calculation error ceases to threaten their identity as a future nurse and instead becomes a tool for improvement. This decompression is critical because it prevents

cognitive overload from hardening into lasting self-doubt. It gives students the psychological freedom to reshape their clinical understanding and build personal resilience.

These findings strongly support and expand upon current international research that emphasizes the importance of debriefing in simulation design. The universal value of this transition matches the conclusions of Glennie (2025), who found that undergraduate nursing students perceive structured debriefing sessions as the most critical element for turning simulation stress into actionable learning. This shift is further explained by Lervik et al. (2025), who noted that when facilitators actively turn student errors into constructive resources during debriefings, it helps students rebuild their clinical confidence. Furthermore, the role of debriefing in helping students build a positive professional identity matches the work of Bdiri Gabbouj et al. (2024), who showed that high-quality debriefing practices are strongly tied to high student satisfaction and self-confidence. Ultimately, as highlighted by Aldolaim et al. (2025), a structured post-simulation environment ensures that the emotional energy generated during an intense scenario is successfully redirected toward cultivating clinical wisdom.

How do students perceive the influence of faculty facilitators and peer interactions on their sense of psychological safety and professional identity development within the simulation environment?

Table 3: Influence of Faculty and Peer Dynamics

Theme and Subtheme	Formulated Meaning (What it means)	Key Informant (Verbatim Evidence)	Phenomenological Essence
Theme 3: The Social Architecture of Safety Subtheme 3.1: Facilitator Presence: The Line Between Judgment and Guidance	The tone, body language, and feedback style of the faculty member determine whether the student feels safe enough to try or too intimidated to learn.	"If the clinical instructor looks at us with a harsh expression behind the glass, we completely fall apart. But when they act as guides who don't judge our mistakes, the lab feels like a safe harbor to grow." (KI-04)	Relational Scaffolding: Professional identity is not built in isolation; it is actively shaped by the delicate balance of faculty-driven psychological safety and collectivist peer support (bayanihan).
Subtheme 3.2: Collectivist Peer Cohesion (Bayanihan) as a Shield	The shared vulnerability of the simulation creates deep peer solidarity, where students rely on silent team cues to survive high-pressure scenarios.	"We survived the arrest scenario because of my groupmates. We didn't point fingers. There was this unspoken 'bayanihan' (communal unity)—we held each other up when the scenario got overwhelming." (KI-12)	

Table 3 presents the qualitative results concerning how external interpersonal relationships alter student perceptions, organized under Theme 3: "The Social Architecture of Safety." This core theme is split into two distinct subthemes: "Subtheme 3.1: Facilitator Presence: The Line Between Judgment and Guidance" and "Subtheme 3.2: Collectivist Peer Cohesion (Bayanihan) as a Shield." The formulated meanings clarify that a faculty member's nonverbal communication and feedback style heavily influence a student's willingness to learn, while shared academic vulnerability creates deep student solidarity, enabling them to rely on unspoken team cues during crises. Key Informant 04 (KI-04) explicitly captures the impact of the instructor's presence, stating, "If the clinical instructor looks at us with a harsh expression behind the glass, we completely fall apart. But when they act as guides who don't judge our mistakes, the lab feels like a safe harbor to grow." Complementing this, Key Informant 12

(KI-12) emphasizes the protective value of peer dynamics: "We survived the arrest scenario because of my groupmates. We didn't point fingers. There was this unspoken 'bayanihan' (communal unity)—we held each other up when the scenario got overwhelming." Together, these components yield the overarching phenomenological essence of "Relational Scaffolding."

An analysis of these data points highlights that psychological safety in simulation is not a fixed environmental trait but a shifting state co-created by faculty and peers. In Subtheme 3.1, the findings demonstrate that the teacher-student relationship is highly sensitive; even small cues, like an instructor's facial expression through an observation window, can either support a student's confidence or completely disrupt their performance. When instructors exhibit an overly critical demeanor, students stop focusing on clinical problem-solving and instead worry about being judged. Conversely, Subtheme 3.2 shows that when external pressure rises, it triggers a protective group response among Filipino nursing students. By deliberately avoiding blame during an active crisis, the team forms a unified front. This group unity allows them to use silent, collective team strategies to manage cognitive overload and safely navigate complex clinical scenarios.

Interpreting these findings through a phenomenological lens reveals that "Relational Scaffolding" represents the deeply connected social reality of learning to become a professional nurse. The simulation laboratory operates as an interpersonal ecosystem where professional identity development is tied to the student's sense of social safety. The cultural value of *bayanihan* (communal unity) transforms the student team from a collection of individuals into a supportive community that protects its members from the shame of making public mistakes. When an instructor balances authority with supportive guidance, the observation mirror is no longer perceived as a tool for exposure, but rather as a safety net. This shift changes the student's inner world, turning the fear of failure into the confidence to explore clinical options. This relational framework proves that building professional competence requires an environment that supports both intellectual growth and emotional safety.

These findings strongly align with and expand upon global nursing literature regarding the social conditions required for effective experiential pedagogy. The powerful influence of faculty demeanor mirrors the conclusions of Lervik et al. (2025), who argued that a facilitator's primary goal must be turning student errors into supportive learning resources rather than sources of shame. When educators fail to establish this supportive environment, students are at risk of experiencing severe stress, a risk highlighted by Harvey et al. (2025) as a form of avoidable psychological harm in simulation design. Additionally, the role of collaborative teamwork in building student confidence matches the findings of Blaak et al. (2025), who showed that supportive educational practices within a simulation cohort directly improve students' sense of self-efficacy. Ultimately, as supported by Kyung et al. (2025), managing the complex interaction between psychological safety, faculty behavior, and group dynamics is essential for helping students build the professional resilience needed for real-world clinical practice.

What is the essence of the lived experiences of nursing students participating in simulation-based learning?

Table 4: The Overarching Essence of the Phenomenon

Theme and Subtheme	Formulated Meaning (What it means)	Key Informant (Verbatim Evidence)	Phenomenological Essence
Theme 4: Controlled Metamorphosis <i>Subtheme 4.1: The Crucible of Emerging Clinical Competence</i>	SBL forces students to shed their passive student identity and assume the active, high-stakes responsibilities of a professional nurse.	<i>"In the simulation room, nobody tells you what to do next. You stop acting like a student holding a checklist and you suddenly start thinking and feeling like a real nurse in charge."</i> (KI-06)	Controlled Metamorphosis from Student to Professional: The essence of SBL is a non-linear journey of transformation. Students move from debilitating anxiety to reflective awareness, using safe failures to forge a resilient professional identity.
<i>Subtheme 4.2: Forging Clinical Resilience Through Safe Trauma</i>	Experiencing the emotional weight of a crisis in a safe environment builds the	<i>"Simulation gave me a safe space to fail and cry, but it also taught me how to recover quickly. It broke my false</i>	

	psychological stamina needed for the actual healthcare world.	<i>confidence and replaced it with genuine, battle-tested readiness."</i> (KI-11)	
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Table 4 presents the comprehensive, overarching qualitative findings that define the core meaning of the student experience, captured under Theme 4: "Controlled Metamorphosis." This ultimate theme integrates two highly related subthemes: "Subtheme 4.1: The Crucible of Emerging Clinical Competence" and "Subtheme 4.2: Forging Clinical Resilience Through Safe Trauma." The formulated meanings explain how simulation-based learning (SBL) forces students to shed their passive academic identities to take on active, high-stakes professional responsibilities, while showing that navigating an emotional crisis in a safe space builds long-term psychological stamina. Verbatim evidence from Key Informant 06 (KI-06) highlights this shift in identity, stating, *"In the simulation room, nobody tells you what to do next. You stop acting like a student holding a checklist and you suddenly start thinking and feeling like a real nurse in charge."* This growth is further expanded upon by Key Informant 11 (KI-11), who shared, *"Simulation gave me a safe space to fail and cry, but it also taught me how to recover quickly. It broke my false confidence and replaced it with genuine, battle-tested readiness."* These structural concepts form the final, definitive phenomenological essence of the entire study: "Controlled Metamorphosis from Student to Professional."

An analysis of these data points reveals the underlying psychological process that drives student transformation during simulation training. In Subtheme 4.1, the data shows that removing standard instructional cues, like step-by-step task checklists, forces an immediate shift in how the student views their role. When forced to operate independently, the participant shifts from a passive learner to an active clinician who owns their decisions. Subtheme 4.2 adds to this by showing that the emotional stress experienced during a simulation failure acts as a protective form of distress. Because the "trauma" of an unexpected patient decline or procedural mistake occurs within a safe environment, it breaks down superficial, untested overconfidence. The analytical progression demonstrates that when students are allowed to emotionally process a crisis and recover from it, they build a realistic, durable sense of clinical confidence rather than a fragile, academic understanding.

Interpreting these findings through a descriptive phenomenological lens shows that the fundamental essence of SBL is a non-linear, transformative journey of professional identity development. "Controlled Metamorphosis" implies that the simulation environment functions as an educational cocoon—a highly structured space where old behavioral patterns are broken down and reshaped into professional capabilities. When a student enters the simulation room, their perception changes from completing an assignment to managing a real clinical situation. The emotional release of crying or failing becomes a vital part of this growth, helping the student detach from the fear of making mistakes. This experience changes how they perceive clinical risk, transforming an external academic task into an internal professional duty. This shift proves that true clinical readiness is forged by successfully managing real emotional stress in a safe space, rather than simply mastering technical skills.

These final conclusions strongly support recent international literature regarding the long-term impact of experiential simulation pedagogy on professional development. This identity shift matches the findings of Kaldheim et al. (2023), who discovered that structured simulation experiences effectively build postgraduate professional competence, helping students manage intense clinical situations independently after graduation. The value of using a safe space to navigate emotional distress aligns with the work of Martín-Parrilla et al. (2025), who proved that experiencing high-fidelity simulation scenarios builds long-term emotional intelligence and reduces subsequent burnout scores in clinical practice. Furthermore, the transition from superficial confidence to genuine, battle-tested readiness supports the findings of Nojima et al. (2025), who observed that encountering realistic clinical challenges significantly deepens internal student learning motivations. Ultimately, as summarized by Alharbi et al. (2024), the comprehensive value of simulation lies in its unique ability to combine technical skill building with emotional growth, smoothly turning undergraduate nursing students into practice-ready professionals.

ESSENTIAL STRUCTURE OF THE PHENOMENON

The essential structure of the lived experience of nursing students in simulation-based learning (SBL) is defined as a **Controlled Metamorphosis from Student to Professional**. This phenomenon is not a linear path of skill acquisition, but a profound, emotionally charged journey of personal and professional identity transformation. It begins at the "Precipice of Panic," where students encounter a hyper-acute state of vulnerability, performance anxiety, and cognitive overload. This initial distress is heavily magnified by the cultural dread of *hija* (shame) and the fear of exposing incompetence before evaluative faculty and

peers. However, as the artificiality of the laboratory environment dissolves into a highly realistic clinical crisis, students are forced to shed their passive academic identities. This high-pressure environment serves as a psychological crucible that shatters superficial overconfidence, demanding that participants independently assume the active, high-stakes responsibilities of a practice-ready nurse.

The transformation is fully realized as students move through the "Transition from Action to Insight" during the post-simulation debriefing phase. This critical phase acts as a therapeutic release valve, allowing the physical and emotional tension of survival mode to give way to deep self-awareness. Within the "Social Architecture of Safety," the interaction between supportive faculty guidance and collectivist peer solidarity (*bayanihan*) creates a protective space. This supportive environment empowers students to recontextualize their clinical mistakes as valuable learning tools rather than personal failures. Ultimately, the essence of the simulation experience lies in this safe exposure to clinical stress. By safely navigating independent decision-making, experiencing failure, and processing the resulting emotional weight without risking patient safety, students develop the psychological stamina, clinical reasoning, and battle-tested resilience required for professional nursing practice.

Research Simulacrum

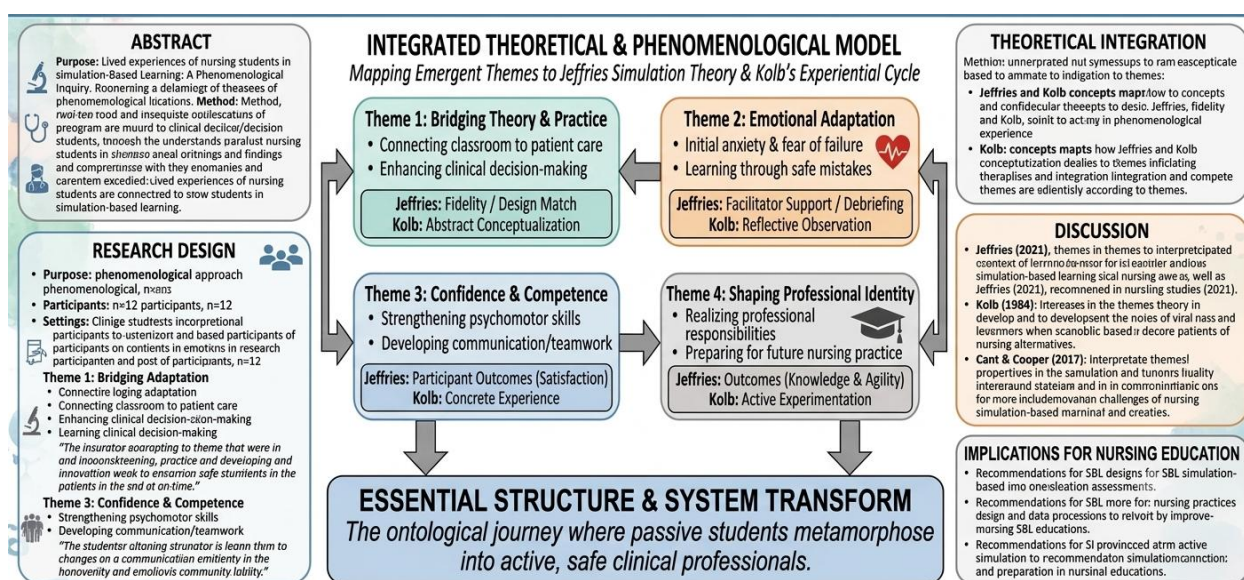


Figure 1: Simulacrum of the Study

DISCUSSION

The findings of this phenomenological inquiry illuminate a transformative journey among nursing students, conceptualized as a **Controlled Metamorphosis from Student to Professional**. Initially, students experience acute vulnerability characterized by severe performance anxiety, sensory overload, and a culturally embedded fear of *hija* (shame). This state of "anticipatory paralysis" points to a profound psychological boundary that students must cross when transitioning from classroom spaces to interactive simulation laboratories. When a simulation scenario introduces unexpected clinical crises, the resulting cognitive block shows that technical high-fidelity environments do not automatically prompt clinical reasoning. Instead, they can cause temporary cognitive overload that wipes out a student's recall of memorized medical knowledge.

However, the data demonstrates that this emotional distress does not stall student development; rather, when managed within a structured setting, it serves as a necessary catalyst for growth. The physical and emotional shift that occurs when moving from the high-stress simulation room to the post-scenario debriefing room facilitates a vital transition from survival mode to objective self-examination. In this supportive space, students learn to separate their self-worth from their procedural mistakes, reframing clinical errors as safe opportunities for improvement. This development is heavily influenced by the surrounding interpersonal relationships. When faculty members swap a critical stance for supportive guidance, it changes how students view the observation window. Instead of seeing it as a tool for exposure, they perceive it as a protective boundary. This psychological safety, paired with the collectivist group unity of *bayanihan* (communal support) among Filipino peers, forms a secure

framework. This environment allows students to safely drop their checklist-dependent identities, confidently manage sudden clinical crises, and build the resilient professional mindset required for actual healthcare practice.

The initial panic and cognitive blocks reported by the participants strongly reinforce recent global literature highlighting the heavy emotional demands of high-fidelity simulations. The intense evaluative anxiety and vulnerability match the findings of Harvey et al. (2025), who noted that undergraduate nursing students face real risks of psychological harm when simulation scenarios lack adequate emotional support. This initial vulnerability shows why establishing an open environment is essential; as Kyung et al. (2025) observed, a lack of psychological safety heavily undermines student performance and satisfaction during high-stakes simulation assessments. Furthermore, the sudden confusion experienced during unexpected patient crises mirrors the findings of Sayed et al. (2024), who noted that the realistic pressure of SBL often causes an immediate reality shock that can temporarily impair a student's clinical execution.

Conversely, the student's transition from panic to self-awareness during debriefing sessions supports foundational evidence regarding the necessity of structured post-scenario reflections. The cathartic relief and cognitive shifting described by the participants align with the findings of Glennie (2025), who reported that undergraduate students universally view structured debriefing as the most vital component for turning simulation stress into clinical insights. This transition is further clarified by Lervik et al. (2025), who explained that when facilitators actively reframe student mistakes into useful learning resources, it helps students rapidly rebuild their confidence. Additionally, the long-term identity growth observed in this study expands upon the work of Kaldheim et al. (2023), who demonstrated that navigating independent scenarios builds the professional competence and psychological stamina needed to manage post-graduation clinical crises. Finally, the role of supportive peer dynamics in mitigating stress matches the findings of Blaak et al. (2025), who showed that clear, collaborative educational practices within a simulation cohort directly improve students' ultimate sense of self-efficacy.

For clinical nursing practice, the results of this study carry significant weight for transition-to-practice initiatives, particularly residency and preceptorship programs for newly graduated nurses. Because SBL serves as a controlled environment where students navigate the emotional weight of clinical crises and patient loss, graduates enter the workforce with a realistic, battle-tested sense of readiness rather than a fragile, classroom-based confidence. This prior emotional exposure helps reduce the impact of reality shock when transitioning to high-stakes hospital environments. Furthermore, the collaborative communication habits developed through peer solidarity and shared crisis management directly foster excellent interprofessional teamwork, helping new graduates communicate clearly during real-world resuscitations and acute clinical changes.

In the realm of nursing education, these findings demand a shift toward human-centered, culturally responsive simulation design. Nurse educators must look beyond technical skill check-offs and actively monitor the psychological safety of the learning environment, recognizing that intense anxiety blocks learning. This requires implementing trauma-informed pre-briefing protocols and adjusting facilitator behaviors to minimize the fear of public failure, especially in collectivist cultural contexts where *hija* (shame) can cause severe anxiety. Faculty development programs must focus on teaching instructors how to deliver constructive, non-judgmental feedback during debriefings, ensuring that student errors are systematically treated as valuable learning resources rather than opportunities for criticism.

For nursing school deans, academic directors, and hospital education coordinators, these insights provide a clear justification for allocating resources toward building dedicated simulation centers and supporting continuous faculty education. Educational leaders must champion the integration of simulation specialists who understand both technical high-fidelity systems and the psychological scaffolding required to run them safely. Furthermore, clinical leaders can use these qualitative findings to design institutional simulations that focus heavily on building emotional intelligence, managing cognitive overload, and reducing long-term burnout among nursing staff, moving beyond a narrow focus on basic task training.

At the policy level, these findings offer crucial qualitative evidence for academic accrediting bodies and national boards of nursing, such as the Professional Regulation Commission (PRC) in the Philippines, as they continue to regulate how simulation hours substitute for traditional hospital clinical hours. Regulatory policies must look beyond basic metrics, like laboratory square footage or the fidelity of manikins, and establish strict national standards for psychological safety, student-to-instructor ratios, and mandatory facilitator training. By codifying these supportive, evidence-based educational practices into national nursing curricula policies, governing bodies can ensure that simulation-based education across all institutions consistently functions as a safe space for professional transformation.

STRENGTHS AND LIMITATIONS

The primary strength of this study lies in its rigorous application of Husserlian descriptive phenomenology and Colaizzi's (1978) seven-step analytical method, which provided a robust framework for capturing the profound psychological reality of the student experience. By committing to the strict process of epoché—or bracketing—and maintaining a reflexive journal, the researcher successfully isolated personal preconceptions regarding simulation pedagogy, ensuring that the final themes emerged organically from the participants' raw narratives. Furthermore, the sampling strategy prioritized depth over breadth, gathering a homogeneous cohort of 12 undergraduate nursing students who all possessed direct, first-hand experience with multiple high-fidelity simulation sessions within the same academic year. This intentional alignment minimized extraneous variables and allowed the inquiry to reach a genuine point of thematic saturation, where no new conceptual insights emerged. Additionally, the study established high methodological trustworthiness by strictly adhering to Lincoln and Guba's (1985) evaluative criteria. The use of verbatim transcriptions, detailed field notes that captured non-verbal behaviors, and formal member-checking—where participants directly validated the accuracy of the formulated meanings and the final structural essence—ensured an exceptionally high degree of credibility and confirmability. Finally, by providing detailed, thick descriptions of the localized academic environment and the unique cultural context of *bayanihan* (communal unity) and *hiya* (shame), this study offers a rare and valuable perspective on how collectivist cultural traits interact with high-stress experiential learning spaces.

Despite these significant methodological strengths, several distinct limitations must be acknowledged. First, because this inquiry utilized a purposive sample of 12 undergraduate nursing students from a selected college of nursing, the descriptive findings cannot be widely generalized or statistically applied to broader populations. Qualitative phenomenological research is inherently designed to provide contextual depth and understand the specific "essence" of a lived experience, meaning that the unique emotional and psychological journeys documented here may differ from those of students in larger public institutions, non-urban regions, or different international medical programs. Second, the reliance on retrospective, semi-structured interviews introduces the potential for recall bias or social desirability bias. Participants may have subconsciously altered or filtered their immediate memories of past simulation crises to project a more competent professional image or to appease the researcher, particularly given the strong cultural desire to minimize public mistakes (*hiya*). Third, because data collection was limited to a single semester, the study only captures a specific snapshot of the participants' experiential development; it does not track how their psychological resilience, clinical reasoning, or professional identity might continuously change as they transition through long-term clinical practice post-graduation. Finally, although extensive bracketing protocols were put in place, the subjective nature of qualitative coding and manual thematic development means that the interpretation of the texts remains an interactive process between the data and the researcher, which may subtly limit the ultimate confirmability of the structural findings.

CONCLUSION

This phenomenological inquiry successfully uncovers the essential structure of the lived experiences of undergraduate nursing students participating in simulation-based learning (SBL), revealing a non-linear process of personal and professional transformation conceptualized as a Controlled Metamorphosis from Student to Professional. The study demonstrates that high-fidelity simulations are not emotionally neutral learning spaces; instead, they function as a demanding psychological crucible. Entering the simulation environment triggers an initial state of anticipatory paralysis, severe performance anxiety, and sudden cognitive blocks, which are deeply worsened by the cultural fear of *hiya* (shame) in front of evaluative faculty and peers. This immediate psychological stress temporarily overrides classroom-based theoretical knowledge, exposing a critical operational gap that students must cross to function as active clinicians. However, the findings show that this emotional distress does not hinder development. Rather, when experienced within a safe environment, it acts as a necessary catalyst that shatters superficial overconfidence and prompts students to take ownership of independent, high-stakes patient care decisions.

The successful completion of this metamorphosis depends entirely on the transition from active simulation to structured post-scenario debriefing within a secure interpersonal framework. Moving away from the high-stress scenario serves as an emotional release valve, allowing raw survival mode to give way to objective self-examination and meaningful insight. When faculty facilitators establish psychological safety by offering non-judgmental guidance rather than critical evaluation, and when peers provide group support rooted in *bayanihan* (communal unity), students learn to separate their personal self-worth from their clinical mistakes. This supportive environment allows participants to recontextualize errors as valuable learning tools, helping them build long-term psychological stamina and genuine, practice-ready confidence. Ultimately, this study concludes that the true value of SBL lies in this safe exposure to clinical stress. By allowing students to experience independent decision-making,

process the emotional weight of failure, and safely recover from crises, simulation successfully turns dependent undergraduate nursing students into resilient, practice-ready healthcare professionals.

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