

Simulation-Based Learning in Nursing Education: A Review of Effectiveness

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ABSTRACT

Simulation-based learning (SBL) is a disruptive, game-changer in nursing education and integrated into nursing student learning experiences, to provide authentic, adequate clinical situations in a risk-free environment to enhance clinical competence, critical thinking, and decision-making skills. Simulation-based learning has shown some effectiveness in teaching both undergraduate and continuing professional development nursing skills. Purpose This review analyzes the evidence of the effectiveness of simulation based learning to teach specific nursing skills across undergraduate and continuing nurse education. Review methods A systematic review process was employed to synthesise the contemporary literature outlining the use of fidelity in simulation and in modes such as high-fidelity simulation, virtual simulation, standardized patients and hybrid model. Results revealed that compared to traditional lecture-based teaching, SBL is highly beneficial for learners in terms of clinical knowledge, psychomotor, and communication skills, confidence. In addition, simulation has actually improved patient safety outcomes by preparing students to manage real-world clinical challenges. However, significant heterogeneity in design, conduct, and evaluation of trials emphasizes the necessity for structured frameworks and evidence-based recommendations. Our review highlights the need to continue integrating simulation within nursing as a key component of nursing education and points to the need for future longitudinal studies to determine the sustainability effect of simulation along with the impact on clinical practice and patient care.

Keywords: Simulation-Based Learning, Nursing Education, Clinical Competence, High-Fidelity Simulation, Virtual Simulation, Student Outcomes, Nursing Curriculum

INTRODUCTION

The need for nursing professionals to have the ability not only the theoretical knowledge but also the practical competence and critical decision is required as the healthcare delivery is changing from dynamic side. In nursing education, traditional didactic approaches, although fundamental, are often unable to equip students with the appropriate skills they require to respond to complex and highly unpredictable real-world clinical situations. Due to these difficulties, simulation based learning (SBL) has emerged as one of novel, innovative and practical teaching approaches in nursing education.

Simulation-based learning allows learners to practice and refine clinical skills, communication and judgment in a controlled, interactive environment where there is no risk to patient safety. Types of simulation range from low- and high-fidelity mannequins, virtual reality simulations, standardized (actor) patients, and hybrid simulations that combine techniques. These tools intend to simulate real-life clinical scenarios, enabling students to practice theoretical principles with immediate feedback and reflective learning.

Simulation-based education aligns with educational theories including experiential learning (Kolb, 1984), constructivism, and adult learning theory, emphasizing engagement, conceptuality, and learner-centeredness. Studies have shown that SBL is an effective mode of learning within the domains of cognitive, affective and psychomotor. It enthruses critical thinking, enhances clinical decision making as well confidence—the essential traits of safe effective nursing practice.

Although there has been increasing adoption and evidence of benefits of simulation-based learning, there are challenges with its implementation including high costs, need for faculty training, and variability in instructional design and assessment. As the field of nursing education absolutely transforms to keep pace with the global workforce requirements, there is an urgent and important need for critical appraisal of SBL efficacy to inform evidence-based curriculum planning and policy initiatives, SBL implementation should be subject to critical appraisal to ensure its sustainable uptake and running in higher education.

The purpose of this review was to synthesize literature concerning simulation-based learning approaches in nursing education, the impact of the approaches on students, best practices, and gaps in the literature. Aims: This paper examines the evidence to more effectively inform educators, policymakers and researchers on the use of simulation in nursing education and its future scope through a critical appraisal process.

METHODOLOGY

We conducted a systematic review to identify, appraise, and summarize empirical studies examining the effectiveness of SBL in nursing education. Following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework (Page et al., 2021), the method was guided by a series of methodological tenets to promote methodological rigor and transparency.

Search Strategy

We searched five major electronic databases including PubMed, CINAHL, Scopus, Web of Science, and ERIC. We searched following terms: simulation-based learning AND nursing education, clinical simulation AND effectiveness, high-fidelity simulation AND nursing students, virtual simulation and nursing students. Where appropriate, Boolean operators and Medical Subject Headings (MeSH) were conducted. Searches comprised peer-reviewed articles between January 2013 and December 2024 to ensure only recent and relevant findings were included.

Inclusion and Exclusion criteria

Studies were included based on the following eligibility criteria

Inclusion Criteria:

Object Based Study: Empirical studies that concerned the outcomes of nursing education simulation-based learning.

Nursing students at the levels of undergraduate, graduate, or continuing education

Only English-language publications

Evidence anchored in criteria relating to educational effectiveness

Exclusion Criteria:

Non-original content (i.e., reviews, editorials and theoretical papers, conference abstracts

Clarke and Strchynski — Excluded unpublished studies not located through the searches; excluded conference abstracts; excluded studies not related to nursing education or did not provide empirical data

Posts that solely review technical or equipment

Data Extraction and Synthesis

Data were extracted by using a standardized form designed to extract the relevant information from each study included in the review. Data extracted included: authors, year, country, study design, participants, modality of simulation (high fidelity and low fidelity, virtual, standardized patients), outcomes measured and findings/ key results. Because of differences in study design, interventions and outcomes, a narrative synthesis approach was used rather than a meta-analysis, in accordance with other reviews in health education research (Popay et al., 2006).

Quality Appraisal

Each study included in the review was assessed for its quality using validated critical appraisal tools. Qualitative and quantitative studies were assessed using Joanna Briggs Institute (JBI) Critical Appraisal Checklists (Aromataris & Munn, 2020), and mixed-methods studies were assessed with the Mixed Methods Appraisal Tool (MMAT); 2018 version (Hong et al., 2018). The final synthesis included only studies meeting moderate to high-quality thresholds.

RESULTS

This review includes 48 studies which met the inclusion criteria. The studies covered a variety of geographical regions across North America, Europe, Asia, and Australia aligning with the global implementation of simulation based learning (SBL) within nursing education. Four main themes emerged about the results: better clinical competence, more critical thinking and decision-making with judgments, evolved communication and teamwork skills, and finally, the satisfaction and confidence of learners.

Improvement of Clinical Skills

All studies reported significant improvements in clinical skills post-participation in simulation-based activities. High-fidelity simulations were especially effective for psychomotor and assessment skills. For instance, Kim et al. (2021) noted that students exposed to multiple simulation sessions had improved patient assessment and intervention skills compared with those who had been taught using traditional lectures. Similarly, Liaw et al. Nursing students with simulation experience perform significantly better on OSCE tests (Adhikari et al.

Enhancement of Critical Thinking and Decision Making

Various studies showed that SBL improved critical thinking, clinical reasoning, and clinical decision-making skills in students. Shin et al. Also, a meta-analysis conducted by Dwyer et al. (2015) showed a moderate-to-strong impact of simulation-based learning on the development of critical thinking as compared to conventional learning methods. Scenario-based simulations facilitated action reflections that focused nursing students on the analysis of the led problem (Jeffries & Rogers, 2019).

Evolution of Communicational and Cohesive Skillsets

Communication and collaboration are integral to nursing practice, and simulation has been shown to be a useful medium to promote collaboration and communication skills. Studies, with the use of standardized patient encounters (Wootton, 2013) and interprofessional simulations (Cant and Cooper, 2017), showed that students demonstrated significant enhancement in communicating effectively with patients and engaging in multidisciplinary teams.

Confidence of Learners and Satisfaction

Most learners were very satisfied with simulation-based learning experiences over the studies. FOR adults, the chance to practice without compromising patient care was seen as a plus, as was the instant feedback from instructing providers. Students reported feeling more confident in their clinical skills after simulation, especially performing in high-risk events like code blue or pediatric codes (Lubbers and Rossman 2020).

Summary of Key Outcomes:

Outcome Domain	Effectiveness of SBL	Representative Studies
Clinical Competence	Significant improvement in clinical performance	Kim et al., 2021; Liaw et al., 2014
Critical Thinking & Judgment	Moderate to strong positive effect	Shin et al., 2015; Jeffries & Rogers, 2019
Communication & Teamwork	Enhanced patient and peer communication	Cant & Cooper, 2017
Confidence & Satisfaction	High learner satisfaction and increased confidence	Lubbers & Rossman, 2020

DISCUSSION

The results of this review demonstrate the increasing relevance of SBL in nursing education as well as the effectiveness of SBL in comparison to traditional methods. It bridged the boundaries between theory and practice, with simulation being a prominent intervention across several outcome domains: clinical competence, critical thinking, communication, and confidence.

Acquisition & Competence in Clinical Skills

Through experience in simulation, nursing students gain access to a safe, repeatable, and controlled environment in which they can learn basic clinical skills and hone them over time. All studies in the review further indicated that the use of high-fidelity simulation resulted in higher procedural accuracy, better assessment of patients and improved ability to implement care for patients (Liaw et al., 2014; Kim et al., 2021). This is particularly applicable in light of the more complex available healthcare settings that may reduce clinical exposure either owing to patient safety considerations or resources available.

Clinical Judgement and Critical Thinking

The development of critical thinking and clinical judgment is one of the core competencies in nursing education. High-Dosage Simulation Experiences — The use of simulation provides an engaging learning opportunity to support student mastery of prioritizing care, interpreting clinical cues, and making decisions in high-pressure environments (Shin et al. 2015, Jeffries & Rogers 2019). Those skills are vital for handling high-pressure events like cardiac arrest or your patient suddenly becoming unwell.

Quality patient care is reliant on good communication and effective teamwork. Standardized patients and interprofessional simulations provide a realistic environment for learners to practice therapeutic communication and decision-making. Finally, team-based simulations were shown to improve communication, role clarity, and confidence in working on teams (Cant and Cooper, 2017). These soft skills, while often under-emphasized in traditional education, are vital in ensuring safe and efficient clinical practice.

Student Satisfaction and Psychological Safety

Besides improving technical skills, simulation-based learning also leads to enhanced learner confidence and satisfaction. As Lubbers & Rossman (2020) point out, simulation is immersive and the debriefing and feedback give students feedback about their performance and their learning. The simulation environment creates psychological safety, enabling students to take charge of their learning as well as make mistakes without causing any harm to patients.

Challenges and Limitations

Although simulation-based education is beneficial, the introduction of simulation-based education is challenging. Investing in high-fidelity simulations requires equipment, trained faculty, and dedicated space. Lastly, limitations in simulation design, debriefing style, and outcome metrics further restrict the ability to compare findings across studies (Aebersold, 2018). Longitudinal investigations are also needed to determine if simulations lead to positive patient outcomes and maintenance of competence over time.

Nursing Education Implications

Findings support the essential role of simulation as a pedagogical strategy within core nursing curricula, not as an adjunct. Garnered from evidencebased practice, standardized simulation frameworks (for example, the INACSL Standards of Best Practice) should be utilized to standardize simulation and associated approaches to ensure innovation while maintaining quality. Simulation-based learning will be complemented further by faculty development programs and interprofessional collaboration.

CONCLUSION

Background: Simulation-based learning (SBL) is a transformative pedagogical approach that has gained acceptance in nursing education as an effective alternative to traditional classroom and clinical instruction. The extensive literature review presented here shows that SBL improves the clinical competence, analytical, communication, and self-confidence of nursing students. Safe and high-fidelity simulations, virtual environments, and standardized patient-based practices provide immersive learning experiences for students that simulate real-life clinical scenarios.

These repeated results across different research designs and educational contexts provide further support for the inclusion of simulation into basic (core) nursing education programs. Simulation provides opportunities for students to practice high stake processes, react to critical incidents, and debrief their performance in a safe space. They not only familiarize students with principles of professional practice but also help enhance both patient safety and the quality of care.

Despite demonstrated educational benefits the move to widespread implementation of SBL has been hindered by some challenges, including resource investment, some variability in simulation design, and a requirement for faculty development. Funding, guidelines, and research are necessary to help mitigate these barriers and maximize the potential of simulation as an educational modality to meet nursing education objectives.

Ultimately, learning by way of simulation is not an additional modality — it is a fundamental practice in the development of competent, confident and collaborative nursing professionals. Future studies should target long-term outcomes, cost-effectiveness of methods and approaches to reproducibility in different settings. Nursing education must continue to evolve, and adhere to the ever growing complexities of modern healthcare systems, yet we must embrace simulation onstructure.

REFERENCES

- [1]. Aebersold, M. (2018). Simulation-based learning: No longer a novelty in undergraduate education. *Online Journal of Issues in Nursing*, 23(2), 1–12. <https://doi.org/10.3912/OJIN.Vol23No02PPT39>
- [2]. Al-Ghareeb, A. Z., Cooper, S. J., & McKenna, L. (2017). The effectiveness of high-fidelity simulation on nursing students' knowledge and clinical reasoning related to heart failure: A quasi-experimental study. *Nurse Education Today*, 49, 1–7. <https://doi.org/10.1016/j.nedt.2016.11.020>

- [3]. Aromataris, E., & Munn, Z. (Eds.). (2020). *JBI Manual for Evidence Synthesis*. Joanna Briggs Institute. <https://synthesismanual.jbi.global>
- [4]. Cant, R. P., & Cooper, S. J. (2017). The value of simulation-based learning in pre-licensure nurse education: A state-of-the-art review and meta-analysis. *Nurse Education in Practice*, 27, 45–62. <https://doi.org/10.1016/j.nepr.2017.08.001>
- [5]. Cant, R. P., & Cooper, S. J. (2017). The value of simulation-based learning in pre-licensure nurse education: A state-of-the-art review and meta-analysis. *Nurse Education in Practice*, 27, 45–62. <https://doi.org/10.1016/j.nepr.2017.08.001>
- [6]. Fawaz, M. A., & Hamdan-Mansour, A. M. (2016). Impact of high-fidelity simulation on the development of clinical judgment and decision-making skills among nursing students. *Journal of Nursing Education and Practice*, 6(4), 49–56. <https://doi.org/10.5430/jnep.v6n4p49>
- [7]. Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R. (2014). The NCSBN National Simulation Study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation*, 5(2), S1–S64. [https://doi.org/10.1016/S2155-8256\(15\)30062-4](https://doi.org/10.1016/S2155-8256(15)30062-4)
- [8]. Hong, Q. N., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., ... & Pluye, P. (2018). The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers. *Education for Information*, 34(4), 285–291. <https://doi.org/10.3233/EFI-180221>
- [9]. Jeffries, P. R., & Rogers, K. J. (2019). The role of simulation in nursing education. In *Simulation in Nursing Education* (2nd ed., pp. 5–18). Lippincott Williams & Wilkins.
- [10]. Jeffries, P. R., & Rogers, K. J. (2019). The role of simulation in nursing education. In *Simulation in Nursing Education* (2nd ed., pp. 5–18). Wolters Kluwer.
- [11]. Kim, H. Y., Jang, K. S., & Kim, Y. H. (2021). Effects of repeated simulation-based education on nursing students' clinical skills and learning motivation. *Journal of Nursing Education and Practice*, 11(4), 10–18.
- [12]. Kim, H. Y., Jang, K. S., & Kim, Y. H. (2021). Effects of repeated simulation-based education on nursing students' clinical skills and learning motivation. *Journal of Nursing Education and Practice*, 11(4), 10–18. <https://doi.org/10.5430/jnep.v11n4p10>
- [13]. Liaw, S. Y., Scherpbier, A., Rethans, J. J., & Klainin-Yobas, P. (2014). Assessment for simulation learning outcomes: A comparison of knowledge and self-reported confidence with observed clinical performance. *Nurse Education Today*, 34(2), 258–263. <https://doi.org/10.1016/j.nedt.2013.04.002>
- [14]. Lubbers, J., & Rossman, C. (2020). Satisfaction and self-confidence in simulation learning: A randomized controlled trial comparing three simulation methods. *Nurse Educator*, 45(2), E10–E14. <https://doi.org/10.1097/NNE.0000000000000695>
- [15]. Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*, 372, n71. <https://doi.org/10.1136/bmj.n71>
- [16]. Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., ... & Duffy, S. (2006). *Guidance on the conduct of narrative synthesis in systematic reviews*. A product from the ESRC Methods Programme.
- [17]. Shin, S., Park, J. H., & Kim, J. H. (2015). Effectiveness of patient simulation in nursing education: Meta-analysis. *Nurse Education Today*, 35(1), 176–182. <https://doi.org/10.1016/j.nedt.2014.09.009>
- [18]. Thomas, C. M., & Kellgren, M. (2017). Benner's novice to expert model: An application for simulation facilitators. *Nursing Science Quarterly*, 30(3), 227–234. <https://doi.org/10.1177/0894318417708410>
- [19]. Tun, J. K., Alinier, G., Tang, J., & Kneebone, R. L. (2015). Redefining simulation fidelity for healthcare education. *Simulation in Healthcare*, 10(4), 229–236. <https://doi.org/10.1097/SIH.0000000000000090>
- [20]. Wheeler, D. S., Geis, G., Mack, E. H., LeMaster, T., & Patterson, M. D. (2013). High-reliability emergency response teams in the hospital: Improving quality and safety using in situ simulation. *BMJ Quality & Safety*, 22(6), 507–514. <https://doi.org/10.1136/bmjqs-2012-000939>
- [21]. World Health Organization. (2013). *Transforming and scaling up health professionals' education and training: WHO guidelines 2013*. <https://apps.who.int/iris/handle/10665/93635>