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WESTERN CAPE

**TITLE: EXPERIENCES OF SIMULATED PATIENTS IN A CLINICAL SKILLS
LABORATORY IN A SCHOOL OF NURSING AT A UNIVERSITY IN THE WESTERN
CAPE PROVINCE**

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A thesis submitted in fulfilment of the requirements for the degree of Master in Nursing at the
School of Nursing, Faculty of Health and Community Sciences

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KEYWORDS

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Clinical skills laboratory

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Simulation

Students nursing

Clinical skills



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ABSTRACT

Nursing simulations using simulated patients have proven effective in creating realistic opportunities to enhance the students' clinical competence within a safe learning environment. This safe learning environment potentially decreases anxiety and increases self-confidence among students in the health sciences.

This qualitative study aimed to explore and describe the experiences of simulated patients in a clinical skills laboratory in the Department of Nursing at a university in the Western Cape Province. The accessible, all-inclusive population served as the total population and included all simulated patients (N=15), who assisted with simulated sessions in a simulated skills laboratory at the Department of Nursing. Data was collected using individual face-to-face, semi-structured interviews. Field notes were taken during the interviews to capture non-verbal communication of the participants. All sessions were audio-recorded and validated through member-checking after the transcription of the interviews.

The data collected was categorised into codes from which emerging themes and sub-themes were developed. Data were analysed by the researcher guided by Braun and Clark's (2006) systematic data analysis process. An independent coder reviewed the data and, following a consensus meeting, themes and sub-themes as identified were confirmed. Ethical principles were adhered to and ethical approval was obtained from the Humanities and Social Sciences Research Ethics Committee before the commencement of data collection. Participants were informed that participation in the study was voluntary and they could withdraw from the study at any stage with no consequences. The study purposed to provide recommendations to a Department of Nursing on how to support simulated patients in improving their skills in simulation in a clinical skills laboratory, thus improving student learning opportunities.

DECLARATION

This is to declare that this thesis titled “**Experiences of simulated patients in a clinical skills laboratory in a School of Nursing at a university in the Western Cape Province**” is a product of my original research. I also declare that it has not been submitted for any degree or examination at any other university. All the sources used or quoted in this study are clearly indicated and acknowledged by complete references.

FULL NAME: MBALENHLE PEARL GOBA

SIGNATURE: 

DATE: 02 DECEMBER 2022



DEDICATION

This research is dedicated to my Almighty God, for his Promises are Yes and Amen

2 Corinthians 1:20

&

My parents Maggie and Alfred Shange for the sacrifices they made for my basic education,
which enabled me to succeed in life.



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- Prof Williams, my editor, and all my friends, thank you all for your support and prayers. I am lucky to be surrounded by such wonderful people.

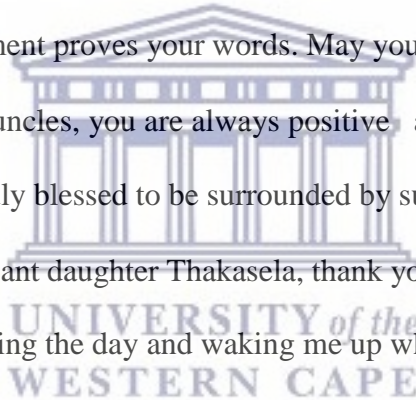


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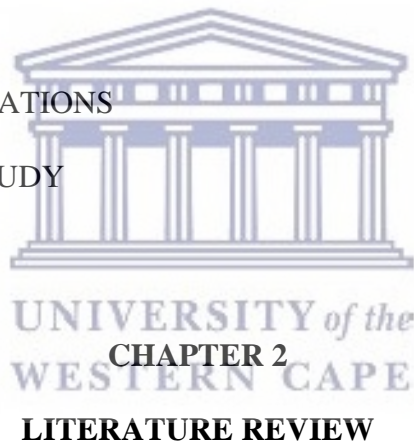
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OPERATIONAL DEFINITIONS

Clinical skills laboratory	A clinical skills laboratory (CSL) can be defined as an educational tool used in health sciences that provides a safe and protected environment in which students can practice procedures before applying it on real patient. The CSL methodology of teaching was first started in the Netherlands Limburg University of Maastrich in 1976 (Khandaker, 2022).
Integration	A process of combining theory and practice to ensure that they interlink (Maselele, 2000). In nursing education, it means combining theory and practice so that they work together to produce effective patient outcomes (Andrews & Roberts, 2003).
Nursing	Nursing can be described as both an art and a science; a heart and a mind that encompasses standards of professional nursing practice. At its heart, lies a fundamental respect for human dignity and responsibilities of the nurse in any healthcare setting to perform safe, competent and ethical care as defined by their educational, legislative and regulatory authority (Nursing Act No.33 of 2005).
SANC	The South African Nursing Council (SANC) is a statutory body that governs nursing practice in South Africa (The Nursing Act, 2005).
Skills Laboratory Methodology	Refers to clinical skills education in a clinical skills laboratory environment. It means teaching and learning of clinical skills in a clinical skills environment (Carmichael, 2008)
Simulated patient	An individual who is trained to act as a real patient in order to simulate set of problems or symptoms. They are predominantly actors/ role players who add emotional intelligence to the training, allowing learners to develop their clinical and interpersonal skills in a safe environment (Wilson & Rockshaw, 2011).
Student nurse	An individual who is registered at a South African Nursing Council (SANC) accredited institution for the four- and five-year Bachelor of Nursing programme in order to be registered as a Professional Nurse (Nursing Act No.33 of 2005).
Theory-practice gap	The inconsistency between nursing as taught in lecture settings and nursing as it is practised by undergraduate nursing students in clinical settings (Ajani & Moez, 2011).
Undergraduate student	This is a person registered in a category under section 31(1) in order to practice nursing or midwifery in terms of the Nursing Act, No 33 of 2005. It refers to a student at a College or University who has not yet received a degree (Colour Oxford Dictionary Thesaurus, 2002).
Undergraduate nursing program	This is a program that prepares students to become registered nurses (Nursing Act, No 33 of 2005). At the completion of this program there are career opportunities and advanced practice positions.
University	Also known as a higher education institution, a university is described as any institution that provides higher education on a full-time, part-time or distance basis, which has been merged, established, declared or registered as a higher education institution (Nursing Act, 50 of 1978).

ABBREVIATIONS AND ACRONYMS

CSL	Clinical skills laboratory
DoN	Department of Nursing
HEI	Higher education institution
LSIM	Live simulated patients
NEI	Nursing Education Institution
OSCE	Objective structured clinical examination
SA	South Africa
SANC	South African Nursing Council
SL	Skills laboratory
SLM	Skills laboratory method
SiP	Simulated patient
WCP	Western Cape Province



CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Simulation is an educational strategy that provide students with a realistic clinical situation which allows them to practice and learn clinical skills within a safe environment (Wong, Print & Gerzina, 2021). The integration of simulation into nursing education established the ability to teach clinical skills in a non-threatening, safe environment where mistakes can be made without harming the patient (Alanazi, Nicholson, & Thomas, 2017). This safe environment decreases anxiety and increase greater self-confidence among students in the health sciences (Khalaila, 2014). Simulated training provides a platform for interactive experiences to develop skills, critical thinking, and the capacity to solve complex clinical problems (Parker & Myrick, 2011). Simulated Patients (SP's) contribute to the authenticity of the simulation and they are used to teach communication skills (Lovink et al., 2021).

The medical health practitioners' field started using simulation more than a hundred years ago. Since then it has been used by numerous healthcare specialities as a routine part of education and training for healthcare students (Jones, 1998). This training offers a powerful learning experience by providing students with an opportunity to integrate theory to practice which supports the transfer of knowledge that was obtained during the simulated setting into real life situations (Jeggels, Traut & Kwast, 2010; Lovink et al., 2021). Nursing is a practice-based profession therefore clinical teaching is critical to the optimal training of student nurses (Jeggels et al., 2010). Clinical teaching is regarded as an integral part of the undergraduate nursing program to prepare well trained professional nurses for healthcare services (Mehdipour-Rabori, Bagherian & Nematollahi, 2021). There are two driving components in nursing namely theory, which is the knowledge that is provided in the classroom and the clinical component, where nursing students are placed in the clinical learning environment for

experiential learning, which enables nursing students to deliver quality care (Saifan, Safieh, Milbes & Shibly, 2015). During the clinical component of their studies, students are exposed to clinical situations in a clinical skills laboratory, during which theory is applied to practice. In this platform the student is supported to demonstrate the values and skills learned in theory (Vyas, Bray & Wilson, 2013).

1.2 PROBLEM STATEMENT

The history of simulation-based training in medicine dates back seven decades (Simon & Present, 2020). Nursing schools introduced a simulation-based approach forty years ago, where nursing students practise their clinical skills on live simulated patients in order to develop clinical competence in a safe environment (Smith & Dollas, 2021). The simulation programme is important in nursing education; the intervention requires feedback from the simulated patient to the students to ensure growth in the educative process (MacKenzie, 2009). The researcher has observed the interactions between nursing students and simulated patients in a skills laboratory in University of Western Cape School of Nursing in the Western Cape Province (UWC SoN). During simulated sessions the researcher noticed challenges experienced by the simulated patients that could negatively impact student learning. These challenges included a lack of confidence on the part of the simulated patient when having to provide the student with constructive feedback regarding their clinical performance. Because the simulated patients are not medically trained professionals, they tend to forget medical facts and terminology important to the condition reflected in the case studies they are role-playing during simulated sessions. They tend to struggle to maintain the role of a 'non-expert' patient due to the regular interaction with the same case scenario and end up prompting students. The possible negative impact on student learning during simulated sessions necessitated the need to explore and describe the experiences of simulated patients in a clinical skills laboratory in UWC School of Nursing in the Western Cape Province.

1.3 SIGNIFICANCE OF THE STUDY

The study aimed to provide recommendations to a Department of Nursing at a university in the WCP on how to support simulated patients to improve their skill in simulation in a clinical skills laboratory to improve student learning opportunities.

1.4 RESEARCH QUESTIONS

- Which contextual elements associated with simulation have you experienced as a simulated patient during clinical skills laboratory sessions?
- Which educational design elements have you encountered during your simulated experience in the clinical skills laboratory?
- What is your view on the achievements of stipulated student outcomes after a simulated experience in the clinical skills laboratory?

1.5 AIM OF THE STUDY

The aim of this study was to explore the experiences of simulated patients in a clinical skill laboratory at UWC School of Nursing in the Western Cape Province.

1.6 OBJECTIVES OF THE STUDY

- To explore and describe the contextual elements associated with simulation experienced by simulated patients during clinical skills laboratory sessions.
- To describe the educational design elements identified by simulated patients during a simulated experience in a clinical skills laboratory.
- To determine the simulated patients' view on the achievement of stipulated student outcomes of a simulation experience in a clinical skills laboratory.

1.7 LITERATURE REVIEW

The following databases were consulted to search primary and secondary sources for the literature review: Academic Search Premier, Computer Index to Nursing and Allied Health

Literature, Ebscohost, Google, Google Scholar, Medical Literature Online, Nexus Springer Link, Science Direct, Scopus and other university library resources. A combination of keywords was used in the search. Williams and Song (2016) indicated that there are several gaps even though literature on simulated patients is expanding. There is thus still a need to fill the gaps, in this study through documenting experiences of simulated patients.

1.8 DESCRIPTION OF THE SKILLS LABORATORY METHODOLOGY

In order to develop nursing students' clinical competency, nursing schools have included practising clinical skills using simulated patients (Smith & Dollas, 2021). The application of a simulation-based approach supplements the traditional method of exposure of nursing students to clinical skills in health facilities only (Smith & Dollas, 2021). Training within a clinical skills laboratory is used as a teaching strategy to assist nursing students to develop and improve their clinical skills and to develop proficiency to ensure safe care when in contact with real patients (Mothiba, Bopape & Mbombo, 2020).

1.9 BENEFITS OF SIMULATION

Kapucu (2017) recognized that the integration of simulation training into nursing curricula would overcome the challenges faced by students, specifically in areas where there are shortages of clinical areas for training due to the increased number of nursing students. Simulation has grown into an evidence-based, effective learning technology providing students with a safe space to learn the skills they require before entering the clinical site (Aebersold, 2018).

1.10 BENEFITS OF BEING A SIMULATED PATIENT

Pritchard, Blackstock, Keating and Nestel (2017), in their study related to the pillars of well-constructed simulated patient programs, identified that a framework could assist educators in designing high-quality SP programs that support SPs and learners. Simulated patients

apparently value their experience; they even modify their health style by adopting advice given as health education by nursing students, e.g. healthy eating & exercising (Trivino et al., 2013). The training and experience they receive assists them to cope when they, or a family member, becomes ill. The longer the person is acting as a simulated patient, the greater the benefits (Trivino et al., 2013; Wagenschutz, Ross, Bernat & Lypson, 2013).

1.11 RISKS OF BEING A SIMULATED PATIENT

Studies on effects of simulation on the simulated patient focus on the potential risk of experience (Plaksin et al., 2015). The reported negative effects can be divided into several categories, i.e. immediate psychological and physical effects and long-term effects. The most common are the immediate psychological effects which occurred in approximately 75% of the simulated patients surveyed (Plaksin et al., 2015; Wagenschutz, Ross, Bernat & Lyson, 2013). Other effects are due to the experiences of simulation itself, i.e. being anxious or nervous prior to beginning a simulation exercise (Bokken, van Dalen & Rethans, 2004). Simulated patients may struggle with transition into and out of the patient role or they could feel frustrated with their own performance (Hoelzer, Froehmel & Kretschmann, 2007).

1.12 STUDY SETTING

The study was conducted at a clinical skills laboratory at a Department of Nursing in the WCP. In 2003, the DoN at the university where the study was conducted, reviewed the skills laboratory methodology. This was to accommodate contextual changes which occurred due to the restructuring of the higher learning landscape, which necessitated a review of the methods used to develop the clinical skills of undergraduate nursing students (Jeggels, 2010). Following a political decision to merge higher learning institutions, the student intake for the nursing program increased dramatically. The increased number of students required that the university review the undergraduate nursing program, with specific emphasis on the clinical skills training program (Jeggels, 2010). Skills laboratories were established to ensure that students acquired

the required nursing competencies through simulation which is resembling real clinical facilities (Mselle, 2020).

This university currently offers two Bachelor of Nursing programs; the South African Nursing Council (SANC) regulatory programs (Regulation 425 & Regulation 174). The R174 programme was introduced in January 2020, with a total of 150 registered students, and the R425 programme, which is being phased out, has a total number of 867 students. During their clinical practice all undergraduate nursing students have contact with the simulated patients who play a role in enhancing their clinical learning experience within the skills laboratory.

1.13 THEORETICAL FRAMEWORK: SIMULATION DESIGN FRAMEWORK

A theoretical framework provides an outline of how the researcher plans to conduct the research (Grove, Burns & Gray, 2012). The aim of this study was to obtain a deeper understanding of the challenges simulated patients encounter considering that simulation is likely to enhance effective clinical learning in nursing training institutions. The simulation design framework was used in this qualitative descriptive study and consists of three major components: outcomes, contextual elements, and design elements (Jeffries & Rogers, 2007). There is an absence of supporting evidence in the concept of simulation design, however the characteristics are discussed widely within the simulation community. Groom, Henderson and Sittner (2014) identified the need for standardization rapport, and description of theories and methodologies reported in the simulation literature. The outcomes of simulation in nursing are focused on assisting students in knowledge acquisition, improving their skills performance, ensuring learner satisfaction, developing critical thinking and self-confidence. The simulation design framework guided the researcher to achieve the need for standardization during simulated sessions that form an integral and important part in clinical learning and teaching.

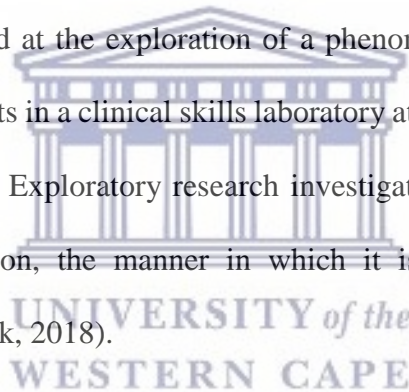
1.14 RESEARCH METHODOLOGY

Burns, Grove and Gray (2014) define research methodology as a study of methods by which knowledge is gained; it aims to set out the work-plan of the research. It is the overall approach to describe life experiences and give them meaning (Burns, Grove & Gray, 2014). This exploratory, descriptive and contextual qualitative study enabled data collection regarding the phenomenon, environment, interactions, meaning and everyday life (Rubin & Babbie, 2011). Data collection was focused on an exploration and description of the experiences of simulated patients in a clinical skills laboratory at UWC Department of Nursing in the Western Cape Province.

1.15 THE RESEARCH DESIGN

1.15.1 Exploratory Research Design

This is a research design aimed at the exploration of a phenomenon of interest, such as the experiences of simulated patients in a clinical skills laboratory at UWC Department of Nursing in the Western Cape Province. Exploratory research investigates the complete nature of the phenomenon under investigation, the manner in which it is manifested and the related underlying factors (Polit & Beck, 2018).



1.15.2 Descriptive Research Design

The descriptive research design method will provide an accurate and complete description of the phenomenon under investigation to provide deeper meaning (Rubin & Babbie, 2011; De Vos, Strydom, Founche & Delpont, 2011). This design will provide the researcher with a detailed and deeper understanding of the research topic under investigation and ensure objectivity during the research process.

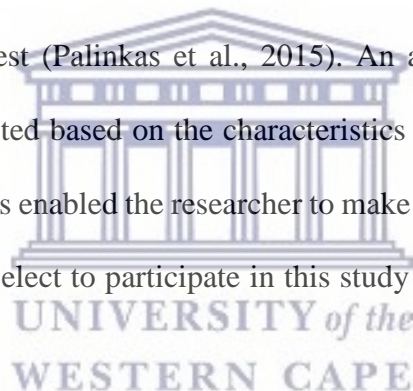
1.15.3 Contextual Research Design

Contextualisation is important to gain an understanding of the reality of the research participants. It does not merely focus on the physical environment, such as the clinical skills

laboratory, it produces an environment to collect data from participants in a structured manner regarding the phenomenon under investigation (Duda, Warburton & Black, 2020).

1.16 POPULATION AND SAMPLING

According to Burns, Grove and Gray (2014) a population refers to a specific type of individual or element who is the focus of the research. In qualitative research selecting a small sample of individuals who are both willing and able to provide the type of data required by the study is crucial because there is a need to collect detailed data from participants (Oliver 2010:77). Inclusive sampling was used to select the participants. The target population was all the simulated patients (N=15) involved with simulated activities with third- and fourth-year nursing students, and who are accessible. Through convenience sampling participants were identified and selected as a group of individuals with specific knowledge about or experienced with the phenomenon of interest (Palinkas et al., 2015). An all-inclusive sample is a non-probability sample that is selected based on the characteristics of and the accessibility of the population. The study objectives enabled the researcher to make certain selections about which members of the population to select to participate in this study (Burns, Grove & Gray, 2014; Nikolopoulou, 2022).



1.16.1 Inclusion Criteria

Inclusion criteria are defined as all elements that the participant possesses to be included in the study (Patino & Ferreira, 2018). In this study, to be included the participants had to be actively involved in providing a simulated experience to undergraduate nursing students. Participants had to have a minimum of 12 months experience in simulated activities to be able to reflect based on adequate exposure and experience achieved.

1.16.2 Exclusion Criteria

Exclusion criteria are defined as those criteria that a participant does not possess if he/she is to participate in a particular study (Patino & Ferreira, 2018). Participants were excluded from the study if they have not been actively involved in providing a simulated experience for a period of 12 months to undergraduate nursing students.

1.16.3 Sample size

In qualitative studies, the number of participants depends on what information is required, what is credible and useful, the purpose of the study as well as time availability and resources (Patton, 1990). Furthermore, it is crucial to study a few individual studies and collect extensive details about each individual studied until data saturation is reached (Creswell & Creswell, 2018). The sample size for this study comprised of all simulated patients (n=15) who were involved in simulated sessions with third- and fourth-year students. Data was collected until no new data emerged. Throughout the qualitative study there was reflective practice in the form of 'analytic memos', write-ups or mini analyses about what was identified, e.g. open codes, categories, concepts, and patterns that might be emerging in the data (Moser & Korstjens, 2018). This guided the researcher to discern when data saturation was reached.

1.17 DATA COLLECTION METHODS

Data sources include human participants, documents, organisations, electronic media and events. Data collection refers to the theory and methods used by researchers to create data from a sampled data source in a qualitative study (Moser & Korstjens, 2018). According to Burns, Grove and Gray (2014) interviewing is one of the most used powerful ways to understand fellow human beings.

1.17.1 In-depth interviews

In order to understand the experiences faced by each and every participant during simulation, individual in-depth interviews were conducted to allow the participants freedom to explain themselves (Jamshed, 2014). Semi-structured interviews were conducted in English which is the language of instruction at the university where the study was conducted. Interviews were recorded on a digital voice recorder, with consent, to avoid loss of information, assist in transcribing the data and also enabled the researcher to review information at a later stage. The questions in the in-depth interview guide were developed by the researcher to fulfil the purpose of this study (**Annexure C**).

1.18 MEASURES TO ENSURE TRUSTWORTHINESS

According to Nowell, Norris, White and Moules (2017) the key to the criterion, or principle of good qualitative research, is found in the notion of trustworthiness, which includes credibility, transferability, dependability and confirmability. Credibility refers to the truth of the data or the participant views and the interpretation and representation of them by the researcher. It was enhanced by the researcher describing his or her experiences as a researcher and verifying the research findings with the participants (Polit & Beck, 2021). Transferability allowed researchers to discern if the study findings can relate to other contexts (Nowell, Norris, White, & Moules, 2017). It was established by providing readers with evidence that the research study's findings could be applicable to situations, times and population (Nowell et al., 2017). The researcher provided information about the context where the research was conducted so that other researchers can distinguish if the findings are transferable to their contexts. Dependability speaks to the validity of the research data gathered which was reviewed by an independent coder to confirm themes and categories identified by the researcher. A dependable study needs to be accurate and consistent (Lincoln et al., 1985; Brink et al., 2018). Confirmability is the extent to which the researcher is able to prevent personal ideas and

experiences from influencing the findings of the research study as they should focus on the participant's experiences and not be biased (Lincoln & Guba, 1985). The researcher made use of a self-reflective journal as the research and data collection process necessitated introspection and bracketing. Bracketing is a method used in qualitative research to mitigate the potentially deleterious effects of preconceptions that may taint the research process (Lea & Peter, 2012).

1.19 DATA ANALYSIS

According to Creswell (2018), data analysis is an ongoing process that starts before the first interview. It is a process of breaking down, examining, conceptualising, comparing and categorising data to provide an explanation of a single phenomenon of interest (Bhatia, 2018). Transcribed and verified interviews were coded into themes and categories according to the six-step of Braun and Clarke (2006).

1. The researcher became familiar with the data obtained from the interviews with the participants by firstly transcribing the data and thereafter listening and re-listening to the audio recordings and making notes where it was necessary.
2. Coding the data through the assignment of codes with similar features or patterns in the data
3. Searched for themes by allocating codes to broad themes
4. Reviewed themes by reviewing the previously identified themes until a set of distinctive themes emerged
5. Named themes by allocating firstly descriptive names to the themes and by indicating the content of the themes
6. Produced the report by producing a clear and accurate account of the findings of the data collected and the data analyzed. No re-coding of the data was done as it was requested by the independent coder of this study.

1.20 ETHICAL CONSIDERATIONS

Ethical approval for this study was obtained from the UWC Humanities and Social Sciences Research Ethics Committee (HSSREC). Permission to conduct the study was obtained from the UWC Registrar and the Director of the Department of Nursing. The participants completed a signed consent form which was completed prior to the commencement of data collection. Every participant had a right to protection from discomfort and harm.

Participants were treated as autonomous agents who have the freedom to control their lives without external controls (Burns, Grove & Gray, 2014). In ensuring this principle, the researcher reassured simulated patients about the principles of anonymity and confidentiality that would be applied to ensure transparency of the study, and clear any uncertainties among participants. Participants had the right to withdraw from the study at any time without being penalized. Because the research study included human participants, there was a minimum risk that some participants might find the session stressful or upsetting. Therefore, participants were reminded that they can access the university's counselling center available for members of staff. The simulated patients were referred to and provided with the contact details for wellness support that is available 24 hours a day, seven (7) days a week should they require an intervention.

1.21 OUTLINE OF THE STUDY

The chapters of this study are outlined as follows:

Chapter 1: Introduction

This chapter focused on the introduction of the problem that has been identified and researched, the background, significance of the study, aim, objectives, list of abbreviations, description of operational definitions and a brief outline of the research methodology that was used in this study.

Chapter 2: Literature review

This chapter includes a review and discussion of relevant literature focussing on the experiences of simulated patients in a clinical skills laboratory in a Department of Nursing at a university in the Western Cape Province.

Chapter 3: Research methodology

This chapter presents the appropriate research methodology identified for this study. The research design, data collection tool and sampling procedure will be included in this chapter.

Chapter 4: Findings and discussion

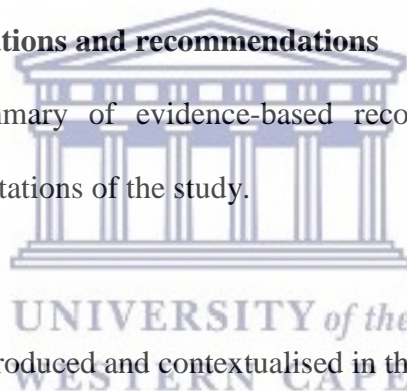
Supported by relevant literature, this chapter presents and discusses the data analysis and the research findings of the study.

Chapter 5: Conclusion, limitations and recommendations

This chapter presents a summary of evidence-based recommendations from research, concludes the findings and limitations of the study.

1.22 SUMMARY

The research topic has been introduced and contextualised in this chapter. A clear statement of the identified problem has been stated and a brief outline of how the research aim and objectives were achieved have been provided. In the next chapter a deliberation in support of the problem identified will be included by using relevant literature.



CHAPTER 2

LITERATURE REVIEW

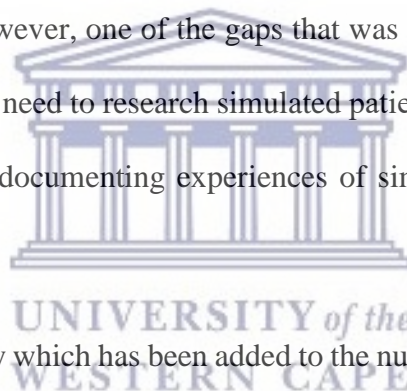
2.1 INTRODUCTION

This chapter discusses the literature review that was conducted for this study with regards to challenges that are experienced by the simulated patients during simulation sessions in the skills laboratory.

A literature review serves as a critical and in-depth evaluation of research that was previously done, and it assists researchers to understand the meaning and nature of the identified research problem. Additionally, literature review is an excellent way of synthesizing research findings to show evidence on a meta-level and to uncover areas in which more research is needed (Patel & Couto, 2012; Snyder, 2019). It is a critical and in-depth evaluation of previous research that allows those reading the paper to identify what other researchers have already reported; this assists to determine the gaps to pursue in a particular research topic. It can also help to provide an overview of areas in which the research is disparate and interdisciplinary (Snyder, 2019). The review of literature is a summary of a subject field that identifies and organizes concepts in relevant literature supports of specific research questions and other research needs that are revealed through existing knowledge in a subject area (Rowley & Slack, 2004; Snyder, 2019).

The library website of the university assisted the researcher to locate related literature using the portal to the Library catalogue (Ukwazi). The researcher followed a protocol to conduct a literature search for the concepts simulated patient and standardized patients. The initial search results only obtained four articles which examined the challenges of simulated patients. It was necessary to conduct secondary search in order to ensure that the researcher fully covered the

literature on simulated patients. The terminology of simulated patient and standardized patient are both used across the literature, despite meaning the same thing. It was necessary to use a combination of broad search terms due to the divergent terminology. In this literature review the researcher's knowledge of the most recent and existing data, as published by other scholars on this topic, is presented. The following databases were consulted to search primary and secondary sources to compile the literature review: Academic Search Premier, Computer Index to Nursing and Allied Health Literature, Ebscohost, Google, Google Scholar, Medical Literature Online, Nexus SpringerLink, Science Direct, Scopus and other university library resources. A combination of keywords was used in the search. The online literature search was conducted using keywords that included: experiences, challenges, simulated patient, standardized patients, clinical skills laboratory, skills laboratory method, simulation, nursing, students and clinical skills. However, one of the gaps that was noted by the researcher during literature search was that of the need to research simulated patients' experiences. There is still a need to fill the gap through documenting experiences of simulated patients' (Williams & Song, 2016).



Simulation is a learning strategy which has been added to the nursing curriculum. It is intended to foster nursing students' critical thinking, encourage positive patient relationships and practice utilizing sound clinical judgement (Kelly et al., 2016). The researcher is of the opinion that it is critical to identify the experiences and meaning of simulation for simulated patients.

Most research has focused on the learning outcomes for medical practitioners, not the experiences, risk and benefits for the simulated patients, there is a need for studies which seek to understand how medical education affects simulated patients (Plaksin, Kundrod, Zabar, Kalet & Altshuler, 2016). In research conducted by Simmenroth-Nayda, Marx, Lorkowski and Himmel (2016), simulated patients reported that the simulated consultations they participated

in while they were SPs seemed to have activated a learning that has led to a higher awareness structure, rules and content of consultation. SP have to learn to portray different disease conditions which can be challenging. Furthermore, a long training period may be required to produce a high-quality simulation patient? (Shankar & Dwivedi, 2016).

Research studies reviewed provided evidence that students' learning attitude determines the success of a simulation-based session. Adequate learning takes place when nursing students took the simulation session seriously and had prepared before the session which encouraged a realistic portrayal of the character, whilst students who showed no interest, were disrespectful, had an insufficient knowledge-based prior to the session, had a lack of proactive participation and a playful attitude can demotivate the SPs (Lay-Khim & Bit-Lian, 2019). Furthermore, preparation prior to the session was seen as crucial to ensure the success of a simulated patient-based simulation session. Simulated Patients perceived that by ensuring that they were well-equipped with the requirements of the script they contributed to the students' learning journey and were hopeful that students were able to pick up essential social intelligence skills.

2.2 DEFINING SIMULATION

Abersold (2016) defines simulation as a presentation of a realistic situation to simulate real life conditions without risk to the student or patient. In healthcare, it provides opportunities for developing critical thinking, cognitive and affective skills, and clinical judgement (Coyne et al., 2018). Importantly, in order to ensure that health students link the relevance of theory to their future practice it is imperative that processes and actions range from basic skills addressing psychomotor to complex skills for the development of optimal clinical skills (Betts, 2012; Boese et al., 2013). Simulation is a technique used to demonstrate clinical situations that undergraduate students are yet to experience (Coyne et al., 2018).

The conceptual framework used in this study was based on Jeffries's (2015) Simulation Theory Framework for designing, implementing, and evaluating simulation used as a teaching strategy in nursing. The framework provides an organized guide that evokes aspects of the real world in a fully interactive fashion. Simulations mimic the reality of a clinical environment. Therefore, simulation should be seen as a means of learning which is enhanced when students are actively involved in gaining knowledge through the application of scenarios that promote decision making and critical thinking.

2.3 THE HISTORY OF SIMULATION

Using simulation in nursing education as an instructional strategy is supported not only by constructivist approach to education, but also the lessons learned from those preparing pilot, military Special Forces teams, and students preparing for administering anesthesia or performing surgery (Billings & Halstead, 2009). Aviation and the Military have used simulation to train Pilots and personnel in both skills and safety related behaviors. Historically, simulation in nursing has been used primarily in undergraduate education to teach nursing skills (Aebersold, 2016). Trainees were formally educated on scientific principles and later they were measured against knowledge, skills and behavior. This represented a significant milestone in health science education (Rosen, 2008; Plaksin et al., 2016). Since that time simulated patients have been used extensively to enhance simulation teaching strategies and to develop nursing students' skills, clinical decision making and critical thinking (Sanford, 2012 & Arbersold, 2016). Simulation in medicine continued to advance during the 19th and 20th centuries. It was not until after the Industrial Revolution that technology developed to such a degree that simulation became a popular and standard feature of healthcare education (Owen; 2012).

Billings and Halstead (2009) guide on the Nightingale model of nursing training which uses an apprenticeship approach to prepare students for clinical practice. This model remained the dominant approach until nursing education moved from a hospital-based program to Higher Education Institutions (HEI) and Nursing Education Institutions (NEI). Since the change to HEI'S or NEI's, nursing educators teaching clinical courses have provided students with clinical instruction and practice in skills laboratories (Billings & Halstead, 2009).

Simulation is an important teaching and learning strategy in which learners incorporate new concepts into prior knowledge and increasing that knowledge (Clayton, 2016). The use of simulated patients (SP) for teaching and evaluation has become widely accepted and has greatly enhanced the ability to develop soft skills and offer high-quality clinical skills teaching and assessment (Budd, 2020).

2.4 THE SKILLS LABORATORY METHODOLOGY

According to Mothiba (2020), the skills laboratory is a conducive learning area used by most educational institutions offering health related qualifications for undergraduate nursing students. It is a safe environment that impacts positively on nursing students developing their clinical skills. The clinical skills laboratory is generally used to demonstrate clinical skills to students and to assess students regarding these skills (Mothiba, 2020). With the skills laboratory method (SLM), procedures are demonstrated in the skills laboratory, and, in addition to a pure focus on practical skills, learners have the opportunity to practice communication skills with the use of simulated patients (Garasuta, 2019).

Nursing is a practice-oriented discipline; therefore, education involves the theoretical content discussed in classrooms as well as sufficient clinical placement to allow for skills development and the application of theoretical content to practice. This can only be achieved by ensuring that nursing students apply what they have learnt in the classroom and simulation laboratories

to real-world situations (Salifu, 2018). The theory-practice gap is a frequently identified construct in nursing education and practice because the integration of theoretical content in practice does not always occur smoothly (Salifu, 2018). Skills laboratories provides a safe environment for students to practice procedures (Aerbesol, 2018). Skills laboratory methodology bridges the gap between theory and practice by means of a patient independent environment where a learner is enabled to acquire clinical and communication skills on models, fellow students, live simulated patients and computer simulation which all portrays real life (Jegels et al., 2010; Aerbesol, 2018).

The clinical supervisors facilitate the experiential learning with students engaging with simulated patients. The clinical skills that are required by students can be acquired through simulation. The purpose of the clinical skills lab is to provide reality through simulation, so that clinical activities can be better understood and practiced. It also ensures competence of skills and confidence without exposing any patient to danger (Aerbesol, 2018).

2.5 SKILLS LABORATORY METHOD IN SOUTH AFRICA

The educational environment in particular plays a central role in the process of teaching and learning. In nursing, the educational environment comprises both practical and theoretical learning settings. The skills laboratory method was designed to minimize the danger of harming patients, and to develop the competence of students in a safe and fault-forging environment prior to real life application at the bedside (Bugaj, 2016; Mthimunye, 2019). The skills laboratory is a safe on-campus facility that resembles the real-life clinical setting environment where nursing students are able to practice procedures and gain competence to perform these procedures on real patients (Bugaj, 2016; Mthimunye, 2019).

Currently in South Africa most of educational institutions that offer qualifications in health-related professions utilize the skills laboratory method (SLM). This innovative clinical teaching

and learning strategy allows nursing students to take responsibility for their learning and setting their own goals (Jeggels, Traut & Kwast, 2010; Mothiba, 2020). Furthermore, self-directed learning may take place in the skills laboratory, and competencies may be assessed by using simulated scenarios, demonstrations, and role modelling. In the clinical skills laboratory method, simulation is included by either using simulated patients for role play or high-fidelity patient simulators (HFPS) (Mothiba, 2020).

2.6 SIMULATION AND THE SOUTH AFRICAN NURSING COUNCIL

The South African Nursing Council (SANC) is the regulatory or governing body for nursing and nursing education in South Africa. There are specific rules and regulations related to the theoretical and clinical components of the training of nurses through the Nursing Act No. 50 of 1978, as amended by Act No. 33 of 2005. All Nursing Education Institutions (NEI) offering nurse training must be accredited with the SANC for the training of all nursing categories. The SANC sets standards for clinical simulation which should not exceed 20% of the total component for work integrated learning (Nursing Act No 33 of 2005).

The higher education institution (HEI) where this research was undertaken is accredited with the SANC for training Registered nurses (R425 being phased out & R174 phasing in program). R425 is a legacy nursing qualification that is being phased out. This program will continue to run concurrently with the new four-year Bachelor program (R174) until all students have completed the R425 qualification. These two qualifications are mutually exclusive qualifications and neither one replaces the other (Nursing Act No 33 of 2005).

2.7 BENEFITS OF SIMULATION

Nurses and other healthcare professionals are under increasing scrutiny to provide safe and effective nursing care. Nursing education programs are faced with increasing pressure to produce graduates who are capable of providing safe patient care. The use of simulation based

learning (SBL) in nursing education has been documented since 1874 (Gillan et al., 2014a; Nehring & Lashley, 2009). Simulation-based learning contributes to expanding and consolidating students' knowledge and enables educators to assess whether the students are able to translate their learned technical skills (Owen, 2012; Martins, 2018).

Simulation is also an excellent educational strategy for developing students' ethical attitude and behaviors. Furthermore, the ability for decision making in situations where resources are scarce or in extreme situations can be taught during simulation-based learning experiences (Martins, 2018). Simulation increases both the students' and simulated patients learning and improves learning itself. It provides a unique opportunity to ensure training addresses affective issues, as it deliberately places the students' needs at the center of attention and creates the best conditions for teaching practice (Martins, 2018; Mothiba, 2020). Repeated simulation experiences increase the students' and simulated patients' confidence because it allows an opportunity to transfer theory to practice in an integrated learning environment of low, mid or high-fidelity simulation. The degree to which the simulation imitates reality determines the level of simulation fidelity (Martins, 2018).

The use of simulation as a teaching strategy can contribute to patient safety and optimize outcomes of care, providing learners with opportunities to experience scenarios and intervene in clinical situations within a safe, supervised setting without posing a risk to a patient (Martins, 2018). For instance, efficiency and effectiveness of care are improved with the development of knowledge and skills for clinical judgement, definition of priorities, decision making and delivering safe patient care. Students can read about how to perform a procedure, but hands on practice with a simulated patient in a dedicated environment such as a clinical skills laboratory helps them to feel more comfortable, especially when patient complications occur (Bugaj, 2016).

2.8 BENEFITS OF BEING SIMULATED PATIENT

The training and experience they receive enables them to cope better when anyone in the family becomes ill. These benefits are more apparent to the simulated patients who have been assisting in the skills laboratory for a longer time period (Wagenschutz, Ross, Bernat & Lypson, 2013; Plaksin et al., 2016).

The benefits for those portraying SP roles include improved health knowledge and attitudes, better relationships with their health care practitioners (HCP) and changed health behaviors (Plaksin et al., 2016). SPs are reported to value their contribution to the education of HCP's and the experience they gain (Lay-Khim & Bit-Lian, 2019). Some SPs are further reported to have increased medical and healthcare system knowledge and decreased prejudice against people with psychiatric illnesses or chronic medical conditions (Plaksin et al., 2016). Most significantly, SP's became more activated as real patients in that they prefer to have more control over their own health

SP's have developed skills that can be applied to interactions with their HCP's in real life. Outside of simulations, SP's are reported to have an increased understanding and realization of the differences in skills between different HCP's. As a result, they have higher expectations of their own HCP's in terms of their own clinical and communication skills (Plaksin et al., 2015; Simmenroth-Nayda et al., 2016). Studies also provide evidence that experienced SP's communicate better and feel more confident and assertive when interacting with HCP's, and view the HCP-patient relationship as a partnership (Plaksin et al., 2015; Plaksin et al., 2016). Others are reported to have developed the ability to prepare for visits with their HCP's by knowing what information to bring to their HCP's attention and which questions to ask (Gillespie, Hyland & Kalet, 2009). These benefits seem to be more apparent in those who have worked as SP's for longer and in those that participate in simulations that include physical

components compared to simply the history taking component (Abe, Roter & Erby, 2011; Abe, Evans, Cleland, Barton & Suzuki, 2015). Finally, certain groups of SPs' reported changing their health behaviors as a result of their experiences. For example, overweight women who repeatedly simulated a patient in health behavior counselling courses were motivated to change their own health behaviors in a number of ways (Wagenschutz, Ross, Bernat & Lypson, 2013).

2.9 RISKS OF BEING A SIMULATED PATIENT

Studies on the effects of simulation on the simulated patient focus on the potential risk of experience (Plaksin et al., 2015). Recent studies have investigated the effect of various scenarios on the psychological and physical well-being of the SP (Cohen, Kitai, David & Ziv, 2014; Aldridge, 2017). Simulated patients sometimes participate in difficult scenarios that affect them psychologically and physiologically. The most common is immediate psychological effects, which occur in up to 75% of the simulated patients. These effects were considered to be due to simulating a new scenario or that has been personally experienced or emotionally complex role (Bokken, Van Dalen & Rethans, 2006; Plaksin et al., 2016). Other effects are due to the experiences of simulation itself, i.e., being anxious or nervous prior to the start of a simulation exercise and transition into and out of the patient role. Furthermore, they could feel frustrated with the feedback they provide to the learner or their own performance (Bokken, van Dalen & Rethans, 2004; Newlin-Cnzone, Scerbo & Gilva-McConvey, 2013; Plaksin et al., 2016).

Other studies reported immediate negative physical effects which could also be case specific and often include pain. In most cases, these are due to elements of the physical examination, such as the posture held by the SP during the encounter or a headache from prolonged periods of concentration while playing the patient role (Harvey & Radomski, 2011). In general cases, however, SP's are reported to be thinking about developing symptoms learnt in a previous role

and worrying about their emotional and physical health. Furthermore, they had to consciously remember to not play that particular role when seeing their own HCP (Bokken, Dalen & Rethans, 2004, Plaksin et al., 2016).

2.10 THEORETICAL FRAMEWORK: SIMULATION DESIGN FRAMEWORK

The conceptual framework for this study was based on Jeffries’s simulation theory. Jeffries (2015) provides a holistic model of the simulation process. The process and model as described are consistent with what is known about simulation; particularly the emphasis on realism. . The theory is called ‘Simulation Theory’ because it emphasizes the central role that views and experiences play during the simulation process. Recognizing that nursing is a practice-based profession, simulation theory emphasizes learning by doing and reflection. According to the theory, a truly successful simulation experience occurs when the simulated patient’s ability creates an environment of full psychological and contextual fidelity (Jeffries et al., 2015).

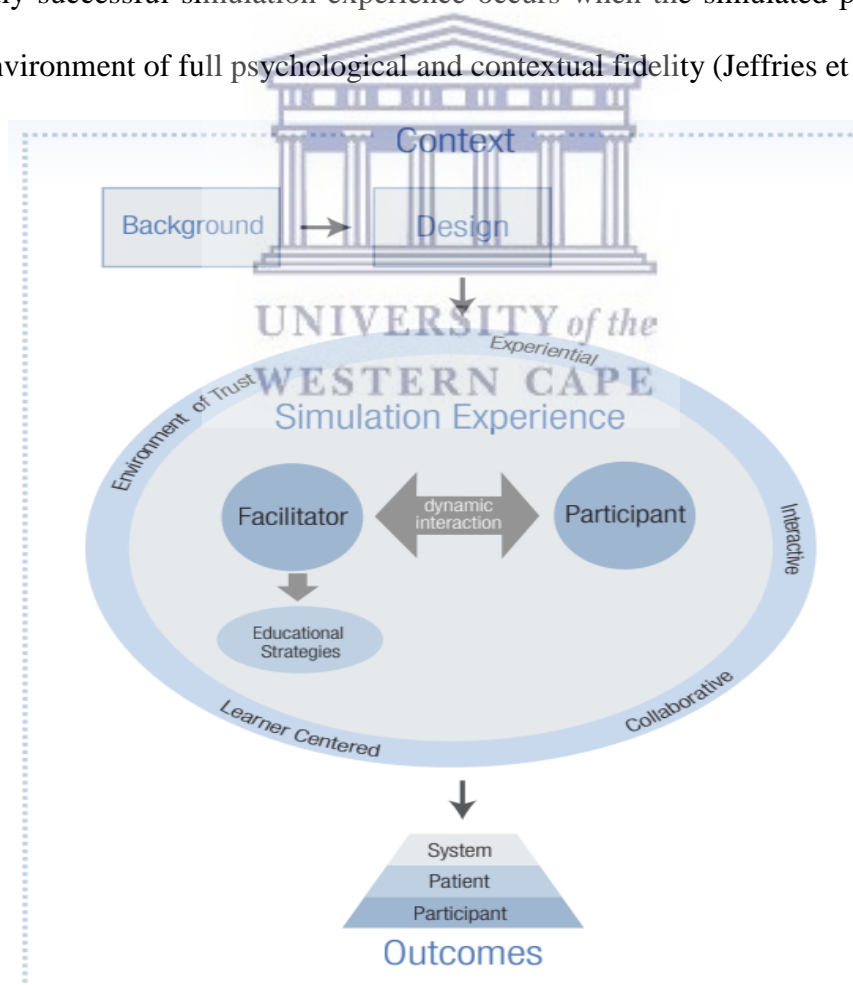


Figure 1: NLN Jeffries Simulation Theory (2015)

Jeffries (2015) proposed the following concepts of simulation including context, background, design, simulation experience, facilitator and educational strategies, participant and outcome (see Figure 1).

Context – Contextual factors such as circumstances and setting are important starting points in designing and evaluating simulation because they impact every aspect of the simulation (Jeffries et al., 2015).

Background – Within this context, the background includes simulation goal(s) and specific expectations that influence the simulation design. The background of a simulation includes resources such as equipment, time and how well these resources will be allocated. Furthermore, the theoretical perspective for the specific simulation is an important element and how the simulation fits within the curriculum (Jeffries et al., 2015).

Design – The actual simulation experience includes specific elements that make up the simulation design. The design includes the specific learning objectives that guide the development or selection of activities and scenario(s) with appropriate content and problem-solving complexity (Jeffries et al., 2015).

Simulation experience – An environment that is experiential, interactive, and collaborative and learner centered is distinguished by a simulation experience. This environment requires trust to be established from both the facilitator and simulated patient because they enhance the quality of the simulation experience through “buying-in” to the authenticity of the experience (Jeffries et al., 2015).

Facilitator and educational strategies – There is dynamic interaction between the facilitator and the participant. The characteristics they add to the simulation experience and how this

affects simulation can be extensive. During the simulation experience, the facilitator responds to participants emerging needs by adjusting educational strategies (Jeffries et al., 2015).

Participant – Attributes such as age, gender, level of anxiety, self-confidence and preparedness for the simulation can affect simulation learning experiences (Jeffries et al., 2015).

Outcomes – The focus is on participant outcomes including reaction, learning and behavior. Figure 1 depicts outcomes in a triangular format based on a hierarchy of outcomes (Jeffries et al., 2015).

The above simulation concepts will be used to analyze the data gathered to understand how simulated patients experience the simulation environment.

2.10 SUMMARY

In this chapter, the literature review included international and national studies. The focus of the literature review was on areas relevant to the objective of the current study, namely: experiences of simulated patients in a clinical skills laboratory. Significant limitations identified from the current literature reflects the importance for additional studies to improve the experiences of simulated patients' in a clinical skills laboratory.



CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The present chapter addresses methods used to conduct the study and the various aspects relating to the research method of the empirical study to meet the objectives. It provides a description of the participants, an explanation of the measurement instrument, method used to collect the data and the approach used to analyze the data. In order to understand the simulated patients' experiences during simulation in the clinical skills laboratory, a qualitative research design, utilising a semi-structured interview guide was used to explore the research problem. It is through the use of a qualitative research methodology that the researcher can explore a problem or issue pertaining to a particular group or population, particularly one which has not been researched previously (Creswell, 2013; Creswell, 2018).

3.2 AIM OF THE STUDY

The aim of this study was to explore the experiences of simulated patients in a clinical skills laboratory at UWC School of Nursing in the Western Cape Province.

3.3 OBJECTIVES OF THE STUDY

The objectives of the study were to:

1. Explore and describe the contextual elements associated with simulation experienced by simulated patients during clinical skills laboratory sessions.
2. Describe the educational design elements identified by simulated patients during a simulated experience in a clinical skills laboratory.
3. Determine the simulated patients' view on the achievement of stipulated student outcomes of a simulation experience in a clinical skills laboratory.

3.4 RESEARCH DESIGN

The purpose of a research design is to provide a plan for answering the research questions (Brink et al., 2018). The researcher employed a qualitative research design to explore and describe the experiences of simulated patients in the skills laboratory setting in the DoN. A qualitative research design is effective for studying human perception as it allows the researcher to gather the data in the form of words instead of numbers (Brink et al., 2018). The researcher selected this design because it enables discussion between the researcher and the participants and as a result, the researcher can investigate the deeper meaning as experienced by the participants (Marriem & Grenier, 2019). Whether it is traditional or non-traditional, quantitative or qualitative, no particular research design is considered to be more valuable than another. The best design is always one that is most appropriate to the research problem (Brink et al., 2018).

3.4.1 Exploratory Research Design

This is a research design aimed at the exploration of a phenomena of interest, such as the experiences of simulated patients in a clinical skills laboratory in the Department of Nursing in the Western Cape Province. Exploratory research designs are used to make preliminary investigation into relatively unknown areas of research, the manner in which it is manifested and the related underlying factors (Sixbert, 2021). The research design of a study provides the basic strategies that researchers adopt to develop evidence that is accurate and interpretable (Sixbert, 2021). This design was considered relevant and applicable to use because of the flexible and inductive approach and the ability to look for new insights within that particular phenomenon. Furthermore, the qualities of this design were relevant and applicable to use in order to answer the research questions. In this study, the researcher explored and gained a deeper understanding of the experiences of simulated patients regarding their role in simulation in a skills laboratory.

3.4.2 Descriptive Research Design

Descriptive research was used to accurately describe the experiences of simulated patients in a clinical skills laboratory. This descriptive research design provides an accurate and complete description of the phenomenon under investigation as well as deeper meaning into the phenomena (Brink et al., 2018). A descriptive design was used to determine current problems in clinical practice because more information was required (Brink et al., 2018). The intention of the descriptive research design was to answer questions about the current state of each simulated patient's experiences (Gravetter, 2020). The design aimed to describe the condition of the situation or environment in respect of the experiences of simulated patients in clinical skills laboratory.

3.4.3 Contextual Research Design

In qualitative research contextualization is important; it enables the researcher to gain an understanding of the reality of the research participants (Eakin & Gladstone, 2020). This design does not merely focus on the physical environment, such as the clinical skills laboratory, but it is also able to create a conducive environment to collect data from participants in a structured manner regarding the phenomenon under investigation (Creswell, 2013; Creswell, 2018; Creswell & Creswell, 2018). The study was conducted in a clinical setting, with a focus on the experiences of simulated patients in a clinical skills laboratory in a Department of Nursing in the Western Cape Province. According to Creswell et al. (2018) the context of the environment where learning occurs is important to understand the meaning of the human experiences.

The researcher is currently employed as a clinical administrator manager at the institution under study, dealing with undergraduate nursing students. The researcher, during the interview process, had to constantly be aware of not expressing an understanding of the phenomenon under study, as it was from the participants' point of view that the phenomenon had to be

explored. The researcher also had to consciously put aside any bias pertaining to the phenomenon under study. An understanding and acknowledgement of the process of simulation and what it involved, assisted the researcher with bracketing, setting aside personal views and listening to the participants' own accounts of their experiences.

3.5 RESEARCH SETTING

A research setting refers to the specific place or places, site or location where data were collected for this study (Brink et al., 2018). The decision about where the study would be conducted was based on the research questions and the type of data needed to address them (Brink, van Der Walt & van Rensburgh, 2018). This study was conducted in a Department of Nursing (DoN) at a university in the Western Cape where the simulated patients are employed. The Department of Nursing is part of the Faculty of Community and Health Sciences and one of the largest residential nursing schools in South Africa (Jeggels, 2010).

The Department of Nursing opened in 1972 with 14 registered students, and currently there are more than 1000 registered students over the entire four (4) year degree program. The Department of Nursing has been accredited by the South African Quality Authority (SAQA) and all programs offered in the school are registered with the SANC. The core program currently is the Regulation 174 undergraduate Bachelor of Nursing program. Approximately 15 Simulated patients are employed by the Department of Nursing and are assigned to simulate scenarios to enhance clinical learning for students in all year levels.

The research setting was chosen as it met the requirements for the phenomenon under study. There is a functional clinical skills laboratory where simulated patients are available to portray clinical scenarios which creates learning opportunities for undergraduate students. A detailed description of the clinical skills laboratory was provided in chapter two, section 2.5. In the clinical skills laboratory, simulated patients attend to groups of students while clinical skills

demonstrations are conducted and facilitated. This practice is guided by the clinical supervisors; sessions run for two hours at specified times.

3.6 STUDY POPULATION

According to Burns et al. (2015) a study population refers to a specific type of individual or element that meets the criteria of the study. In qualitative research selecting a small sample of individuals who are both willing and able to provide the type of data required by the study is crucial because of the need to collect detailed data from participants (Brink, et al., 2018) . A population may be either broadly defined, for instance when thousands of individuals are involved, or narrowly specified when the population includes a small number of people. The accessible or source population is the aggregate of cases that conform to designated criteria and are accessible as participants for a study (Creswell & Creswell, 2018; Brink et al., 2018). Researchers usually choose a sample from an accessible population (Creswell, 2018). In this study the target population included all simulated patients employed at a Department of Nursing (N=15) at a university in the Western Cape. However, due to inclusion criteria ten simulated patients were eligible to be interviewed but after eight interviews data saturation was confirmed. Participants were approached in their environment which was familiar to them, at the nursing education institution, and individual in-depth individual interviews using semi-structured questions allowed the participants to express their experiences freely.

3.7 SAMPLING

Sampling involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about, or experienced about, a phenomenon of interest (Creswell & Creswell, 2018). All-inclusive sampling is a non-probability sample that is selected based on the characteristics of a population and the study objectives. This enables the researcher to select regarding which people to involve in the sample (Burns, et al., 2015). It is based on

selecting research participants whom the researcher believes are typical and most representative of the population under investigation. In order to obtain the richest possible data and answers to the research questions, the researcher purposefully selected simulated patients who would be able to inform the study based on their understanding of the research problem and the central phenomenon in the study (Creswell, 2013; Creswell, 2018). Purposive sampling as a sampling technique is widely used in qualitative research. The researcher gained access to conduct interviews with the simulated patients after permission was obtained from the Registrar of the university, Director of the Department of Nursing and relevant on-site managers.

3.7.1 Sample Size

In qualitative studies, the number of participants depends on what information is required, what is credible and useful, the purpose of the study as well as time availability and resources (Patton, 2015). It is crucial to collect extensive information from each individual included in the study until data saturation is reached (Creswell & Creswell, 2018). The all-inclusive or total population sampling for this study comprised of all simulated patients (n=15) at the Department of Nursing, and data collection continued until data saturation was reached, which is the point at which no new information emerged (Creswell & Creswell, 2018).

3.7.1.1 Inclusion criteria

Inclusion criteria refers to all elements that the participant needs to possess to be included in the study (Burns et al., 2015). In this study, inclusion required that the participants be employed at the institution as a simulated patient providing simulated experiences to undergraduate nursing students for a period of 12-months. This was to ensure that they received the necessary training and gained experience in simulation.

3.7.1.2 Exclusion criteria

Exclusion criteria refers to those elements that a participant does not possess; and which excludes the participant from a particular study (Burns et al., 2015). In this study, participants were excluded if they had less than 12 months experience at the institution under study.

3.8 DATA COLLECTION METHOD

The data for the purpose of this study data was collected through the use of semi-structured interviews (**Annexure C**). By conducting the interviews personally, the researcher was able to gain first-hand knowledge of the experiences shared by the participants. The researcher also used the opportunity to observe the participants' non-verbal communication during the course of the interview process, and made field notes during each interview to capture nuances in body language. The semi-structured interview created a platform for conversation with the intent to obtain in-depth answers to questions and not to evaluate or to test a hypothesis (Creswell & Creswell, 2018; Brink et al., 2018).

The basis of an in- depth interview is to understand the experiences of other people and the meaning that they attach to those experiences (Abubu, 2010). Appointments were made with the participants prior to the interview. The interview venue was a private room at the university where the study was conducted. The venue information was communicated to the participants prior to the day of the interview. All Covid-19 rules and regulations were adhered to, e.g. hand sanitising on entering the interview room, maintaining social distances of 1.5 meters, and wearing a mask that covered the mouth and nose. Saturation of data was reached after eight interviews were conducted as no new information emerged.

3.8.1 Data Collection Instrument

In this chapter the nursing educational simulation framework relevant to clinical simulation was closely aligned with healthcare simulation due to its capacity to enlighten and enhance the

learning by providing guidance for the development, implementation and evaluation of clinical simulation in nursing. A semi-structured interview guide was used (**Annexure C**). The questions in the semi-structured interview guide were self-developed by the researcher for the purpose of the study. The semi-structured interview guide ensured that the interviewer maintained a reference in terms of the aims and objectives of the study. The pre-determined, probing questions were used as a guide to engage the participant in a discussion based on the objectives of the study (Brink et al., 2018).

3.8.2 Probing Questions

Probing was achieved by asking the participants questions such as “tell me more”, “please elaborate” (Ciesielska & Jemielniak, 2018). Probing is a verbal or non-verbal prompt that is made by the researcher when participants need to provide a more detailed answer (Ciesielska & Jemielniak, 2018). It gave the researcher an opportunity to clarify and expand responses, and explicate the meaning thereof. It also enhances rapport between interviewer and interviewee (Brink et al, 2018).

3.8.3 Pilot Testing

Sometimes referred to as a ‘preliminary study’, a pilot is a small-scale study conducted prior to the main study on a limited number of participants. It aims to investigate the feasibility of the proposed study, and to detect possible flaws in its methodology (Brink et al, 2018). According to Brink et al. (2018), the purpose of a pilot interview is to test the accuracy of the instrument, to establish whether the participants understand the probing questions posed to them and to identify possible vagueness of a question. The first two interviews were utilised by the researcher as pilot interviews. The purpose was to evaluate and test the semi-structured interview schedule and guide methodological appropriateness. The questions in the semi-structured interview guide were found to be clear and understandable in order to meet the aims

and objectives of the study. The two pilot interviews were shared with the researcher's supervisor, who listened to the interviews and provided feedback on the results of the pilot interviews conducted. As there was no change required to the interview schedule, the pilot interviews were included as part of the main study.

3.8.4 Conducting Semi-Structured Interview

Each interview lasted between 30 - 40 minutes. All the participants regarded the venue as convenient. All interviews with the participants were conducted in English, because English is used as a medium of instruction at the institution under study, and the participants were comfortable to converse in this language. An audio recorder was used to record the interviews. The audio recordings were number coded to ensure anonymity of the data, thus ensuring that the data could not be traced back to individual participants. The interviews were conducted between 20 September 2021 and 22 October 2021.

3.8.4.1 Data collection process

The coordinator of simulation was consulted to arrange access to the simulated patients. The researcher was provided with a schedule guiding when the simulated patients would be in clinical skills laboratory and available. This allowed time to plan an appropriate day and time to meet. Prior to the interview, the simulated patients were informed about the study and any questions requiring clarification were answered. Printed copies of the information sheets pertaining to the research study were distributed to the simulated patients (**Annexure A**). On the day of the interview, the participant was asked to provide written consent to be interviewed and for the use of an audio recorder (**Annexure B**) prior to the commencement of the interview. Participants were assured that they could seek clarification should they not understand the questions. Probing questions such as "can you tell me a little bit more about this or that", and

please elaborate more”, were used by the interviewer to clarify interesting statements and relevant issues raised by the participant.

3.9 DATA ANALYSIS

The researcher must choose methods of exploring and organizing raw data, as well as analyzing and interpreting it, in order to give data meaning (Holloway, 2017; Creswell & Creswell, 2018). It is vital for a researcher to be immersed in data when exploring in qualitative research (Brink et al, 2018). The process involves reducing the volume of raw data, sifting important information from the relevant data, identifying important patterns, and constructing a framework for communicating the essence of what the data reveals (Brink et al., 2018; Creswell & Creswell, 2018). The semi-structured interviews were recorded and transcribed verbatim to enhance the trustworthiness of the data collected.

The researcher used the six-step process devised by Braun and Clarke (2006) to analyze the data obtained in the following manner:

1. The researcher became familiar with the data obtained from the interviews with the participants by firstly transcribing the data and thereafter listening and re-listening to the audio recordings and making notes where it was necessary.
2. Coding the data through the assignment of codes with similar features or patterns in the data
3. Searched for themes by allocating codes to broad themes
4. Reviewed themes by reviewing the previously identified themes until a set of distinctive themes emerged
5. Named themes by allocating firstly descriptive names to the themes and by indicating the content of the themes

6. Produced the report by producing a clear and accurate account of the findings of the data collected and the data analyzed.

The data generated three main themes and nine sub – themes through application of the six-step process devised by Braun and Clarke (2006). The themes with relevant categories are presented in detail in chapter four. The results address the main objectives of the study which were:

- To explore and describe the contextual elements associated with simulation experienced by simulated patients during clinical skills laboratory sessions.
- To describe the educational design elements identified by simulated patients during a simulation experience in a clinical skills laboratory.
- To determine the simulated patients' view on the achievement of stipulated student outcomes of a simulation experience in a clinical skills laboratory.

During the analysis phase of the data, the researcher was constantly aware that only the experiences of the participants were being explored, especially when the experience mentioned, evoked familiar feelings. To ensure that bracketing was maintained, the researcher was totally immersed in the data obtained from the participants, concentrating solely on the participants' experiences as presented through the audio recordings and transcripts.

Each of the themes and their related subthemes will be aligned to the study's theoretical framework and will be discussed in detail in chapter four.

3.9.1 Organising and Preparation of Data

All interviews were transcribed word for word and one recorder was used to ensure audibility for the transcription. Participant numbers were allocated to participants to protect their identity and to allow for direct quotations to be used to enhance the credibility of findings while

maintaining anonymity and confidentiality. Field notes were read while listening to the recording to ensure consistency of the data. The researcher made summaries of ideas which arose during the interviews.

3.9.2 Developing an Overview of the Research

To develop an overview of the research, re-reading of data was done across all interviews and the researcher was able to reflect on the meaning of each interview. Any underlying meanings were written in the margin. When transcribing was completed, hard copies of data were printed.

3.9.3 Coding of the Data

The research questions were reviewed and the participants' experiences when simulating in the clinical skills laboratory were noted and highlighted across all interviews. Perceptions that occurred frequently in each interview were noted and underlined, forming text segments. The researcher used the most descriptive wording to provide a topic for all similar codes for the formation of themes. The related codes were grouped together, and subthemes were identified in each theme where appropriate. These themes were then analysed. Multiple perceptions from different participants were identified and described using the participants' quotations to describe and explain the phenomenon in more detail, which increased the trustworthiness of the data.

3.9.4 Presenting Findings

An integration of reviewed literature and findings was done to extend and explain the themes and add to the richness of the findings. This section is described in more detail in chapter four.

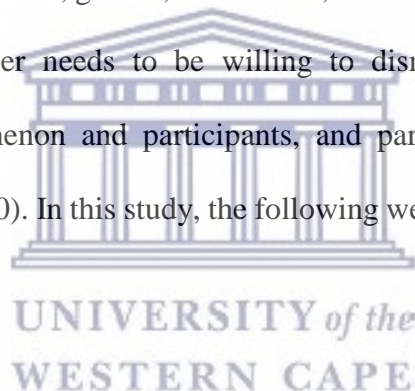
3.9.5 Interpretation of the Findings

According to Creswell (2009) & Brink et al. (2018) the interpretation stage involves making sense of the data through reflection, including the researcher's personal views and comparing

new findings with past studies. The overall results of the findings are discussed in detail in chapter four. In this study Jeffries's simulation theory framework is relevant to healthcare simulations and will be explored in light of its capacity to enlighten and enhance the simulation activities classified under this type of learning.

3.10 RIGOR FOR QUALITATIVE DATA

Rigor in qualitative research signals openness, relevance, epistemological and methodological congruence, thoroughness in data collection and the data-analysis process, and the researcher's self-understanding (Brink et al., 2018). The aim of rigor is to ensure that the findings are a true representation of the participants' experiences. Johnson et al. (2020) emphasises that the researcher's self-understanding in qualitative research is an interactive process, involving the researcher's personal history, values, gender, social class, race and ethnicity as well as those of the participants. The researcher needs to be willing to dismiss preconceived ideas and judgements about the phenomenon and participants, and participate in the research with openness (Brink et al., 2018:110). In this study, the following were observed in order to ensure rigor:



3.10.1 Trustworthiness

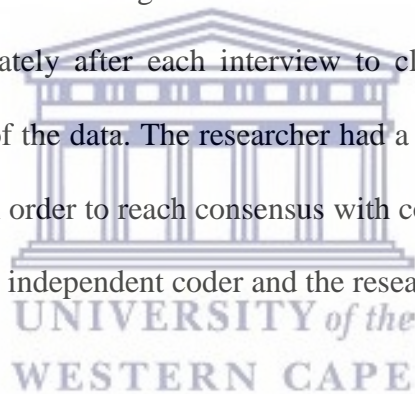
The data collected for this descriptive qualitative study was evaluated for trustworthiness. Researchers make judgements of trustworthiness possible through developing dependability, transferability, credibility, conformability and reflexivity. Trustworthiness is a way of evaluating the quality and rigor in qualitative research. The researcher remained as objective as possible. Furthermore, independent coding was used to achieve objectivity of the researcher. The values, feelings and perceptions of the researcher did not play a role in the research (Creswell, 2018; Kyngas et al., 2020).

3.10.2 Dependability

Dependability is a further criterion to establish the trustworthiness of the study (Brink et al., 2018:111). According to Kyngas et al. (2020), dependability refers to the consistency and stability of the data collected. In this study, data was collected from simulated patients who were directly involved in simulation with students and who were working at the Department of Nursing where this study was conducted.

3.10.3 Credibility

Credibility means that the researcher's findings have to reflect the participants' ideas and meanings of their experiences which are not distorted but reported truthfully (Holloway, 2017; Brink et al., 2018). To ensure credibility in the present study, field notes were written during interview. Information was probed during interviews until data were saturated. A detailed summary was written immediately after each interview to clarify the data obtained from participants and confirmation of the data. The researcher had a meeting with the independent coder, who used Atlas Ti 22, in order to reach consensus with coding, themes and sub-themes that were generated by both the independent coder and the researcher.



3.10.4 Member checking

Member checking refers to the sharing of findings with the participants, to correct obvious errors and verify accuracy (Brink et al, 2018).

- Informal member checking was done during the interviews through clarification with the participants. This was achieved by the researcher through summarising and re-stating the participant's comments during interview.
- Participants were invited to review the transcripts of the interviews to ensure that what they shared was correctly captured before commencing the data analysis process to ensure credibility.

3.10.5 Transferability

Transferability refers to the extent to which the findings could be applied in another context or with other participants (Kyngas et al., 2020). This was ensured by the presentation of a detailed description of the participants, research context and setting, together with appropriate quotations. The researcher established transferability by providing the reader with a description of the research study and what it entailed plus the context of the study.

3.10.6 Confirmability

Confirmability guarantees that the findings, recommendations and conclusions are supported by the data, and that there is internal agreement between the investigator's interpretation and the actual evidence. Qualitative research focuses on the characteristics of the data gathered in the study and by using an audit trail (Brink et al., 2018: 111). Voice recordings made during the interviews were transcribed. An independent coder and the supervisor of the researcher, confirmed the interpretation of the data themes and responses identified by the researcher, thus ensuring that there were no discrepancies identified in the data analysis. Confirmability relates to whether the findings, conclusions and recommendations are supported by the data (the transcripts and field notes) and not by any the bias of the researcher (Brink et al., 2018). The procedure was thoroughly documented for the checking and rechecking of data. The field notes, memos and transcripts were available upon request, as well as the reflective report, which allowed the reader to follow the process of the research study.

3.10.7 Reflexivity

Reflexivity is the process of self-reflection by the researcher to provide more effective and impartial analysis (Holloway, 2017). It is within the concept of reflexivity where the researcher is conscious of the bias, values and experiences that they bring to qualitative research study (Creswell, 2013; Brink et al., 2018). In this study, the researcher has four years of experience

as a clinical supervisor at the Department of Nursing. It is vital for qualitative researchers to realise the importance of positioning themselves in their writing. The researcher maintained awareness of reflexivity throughout the entire research process to reduce the risk of being misled by her own experiences and interpretations. The researcher made use of clarifying questions when the participants mentioned information they assumed the researcher should know. This was done in order to emphasise the researcher's role as an active learner, rather than an expert.

3.11 RESEARCH ETHICS

Protection of human rights is an important consideration when planning research. In South Africa, ethical issues relating to proposed research are evaluated by an accredited research ethics committee, which is also responsible for granting permission to proceed with the study (Brink et al., 2018). It remains the researcher's responsibility to ensure that the research is conducted in an ethical manner.

The rights and protection of the participants were adhered to as follows:

3.11.1 Permission

Ethics approval was obtained from the university where the study was conducted (**Annexure H– Ref No. HS21/6/14**). Permission for the simulated patients to participate in the study was obtained from the Director of the School of Nursing at the university and the Postgraduate Research Committee. In this study the researcher respected the rights and protection of the participants by adhering to the following:

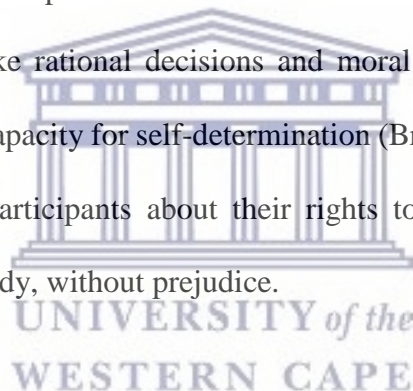
3.11.2 Confidentiality and Anonymity

This refers to the researcher's responsibility to protect the gathered information from being disclosed to any other person and ensuring that all identifiable information was removed from the interview script (Brink et al., 2018). The researcher ensured that any information collected

pertained to this study, was discussed with the participants, and was not disclosed to anyone (except the supervisor of the researcher). To further ensure confidentiality, all audio recordings, transcripts, the researcher's reflective journal notes and all written notes pertaining to this research study, were locked in a cupboard for the duration of the study, and these will be securely stored for five years, after which they will be destroyed. Study codes were used for each participant, to protect the anonymity of participants. The study codes were also used as identification tools on the audio recordings, as well as the transcripts. The researcher also ensured that all identifiable information was removed by de-identifying the participants at the start of the interview and providing them with a participant number.

3.11.3 Autonomy

This ethical principle states that all person has intrinsic and unconditional worth, and therefore, should have the power to make rational decisions and moral choices, and each should be allowed to exercise his or her capacity for self-determination (Brink et al., 2018). In this study, the researcher informed the participants about their rights to withdraw at any time from participating in the research study, without prejudice.



3.11.4 Justice

This principle requires that the research strategies and procedures are fair and just. In a multicultural society, this includes proper representation in research samples and respect for diversity; age, gender, disability and sexual orientation (Brink et al., 2018). This principle means people should be treated fairly and the researcher must adhere to the research protocol. The participants who participated in this study, all met the inclusion criteria. Therefore, they all had equal chance of participating in the study.

3.11.5 Non-maleficence

This refers to the participant's right to protection from any discomfort and harm (Brink et al., 2018). Participants were informed that the decision to either participate or not would not affect their work. They were assured that there would be no harm in participating in this study.

3.11.6 Beneficence

This refers to treating people in an ethical manner, not only by respecting their decisions and protecting them from harm, but also by an effort to secure their wellbeing. The term beneficence is often understood as covering acts of kindness or charity that go beyond strict obligation (Brink et al., 2018). In this study all participants were treated ethically and they were assured that information would be protected and secured by the researcher.

3.11.7 Informed Consent

According to Brink et al. (2018), informed consent is a written document which contains all information related to the purpose of the study, data collection and participants' role in the study, and ensures that the participants have understood this information and are capable of making informed decisions and providing voluntary consent to participate in the study. Written consent (**Annexure B**) was obtained from those who volunteered to participate in this research. As participation was voluntary, participants were informed that they had the right to withdraw at any stage from the research process. The researcher shared adequate information with the participants to ensure they understand the purpose of the study and their right to consent, or decline participation, voluntarily, without any repercussions.

3.11.8 Privacy

This refers to the researcher's responsibility to protect the gathered information from being disclosed to any other person (Brink et al., 2018), except the supervisor of the study. The participants were assured that the information would only be available to the researcher and

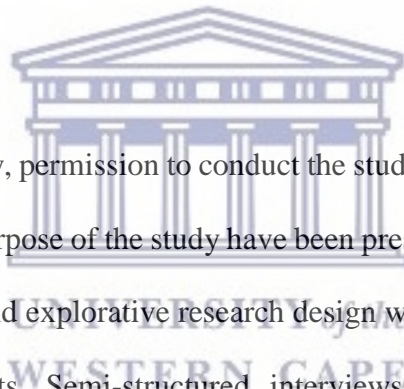
her supervisor but not the identity of the participants, this should only be known to the researcher. All audio tape recordings, transcripts, the researcher's reflective journal notes and all written notes pertaining to this research study, were locked in a cupboard for the duration of the study, and will be securely stored for five years, after which it will be destroyed.

3.11.9 Risk

In this study, there were risks for the participants, although the risks were minimal. Since the research explored personal experiences during in-depth interview sessions, there was a possibility that detailing some of these experiences might have affected the participants emotionally. The researcher informed the participants that should they feel the need for counselling as a result of the in-depth interviews, they should inform the researcher, and counselling would be made available.

3.12 SUMMARY

In this chapter, the methodology, permission to conduct the study at the selected university and procedures for achieving the purpose of the study have been presented. A qualitative approach, with a descriptive contextual and explorative research design was employed to investigate the experiences of the participants. Semi-structured interviews were utilised to give each participant an opportunity to share their experiences. All ethical principles were adhered to and were included in this chapter. The findings of the study and discussion thereof will be presented in Chapter 4.



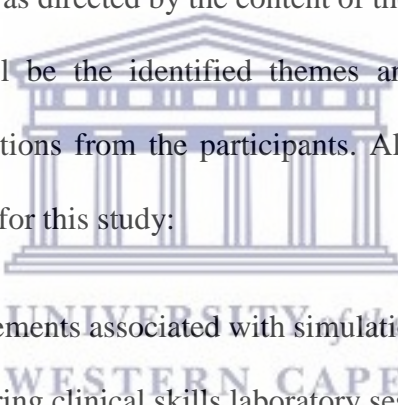
CHAPTER 4

RESULTS AND DISCUSSION

4.1 INTRODUCTION

Chapter three dealt with a discussion of the research design and methods. This chapter covers the research findings obtained from the simulated patients working in a Department of Nursing in the Western Cape on their experiences of being a simulated patient.

Eight individual semi-structured interviews were conducted with simulated patients. Participants provided consent prior to participating in the interview. The data analysis was conducted using the six-step process devised by Braun and Clarke (2006). An excel spreadsheet was used to capture the data following transcribing the data verbatim, to develop themes and sub-themes in an inductive way as directed by the content of the data (Braun & Clarke, 2006). The focus of this chapter will be the identified themes and sub-themes which will be substantiated by relevant quotations from the participants. All findings presented served to answer the following questions for this study:

- 
- Which contextual elements associated with simulation have you experienced as a simulated patient during clinical skills laboratory sessions?
 - Which educational design elements have you encountered during your simulated experience in the clinical skills laboratory?
 - What is your view on the achievements of stipulated student outcomes after a simulated experience in the clinical skills laboratory?
 - What were your worst and your best experiences with regards to your interaction with nursing students during clinical learning sessions in the clinical skills laboratory?

4.2 OPERATIONISING OF DATA ANALYSIS AND LITERATURE CONTROL

4.2.1 Interviews

Data was collected via eight one-to-one semi-structured interviews, each lasting an average of thirty minutes. The interviews were analysed using a descriptive method and coded by the researcher. The main themes and sub-themes identified by the researcher were confirmed with the findings of the independent coder.

The eight participants interviewed all met the inclusion criteria for this research as described in chapter three, namely that all participants had to be employed at the institution as a simulated patient providing simulated experiences to third (3rd) year and fourth (4th) year undergraduate nursing students. They must have worked in the simulation laboratory for a period of 12-months; received training and gained experience in simulation in an undergraduate nursing program.



4.2.2 Literature Control

The following electronic databases were searched to support the findings of the research study: EBSCOHOST, MEDLINE, Academic Search Premier, Nexus, CINAHL, Science Direct, Scopus, Google, Google Scholar and the library resources of the university. The keywords that were used included: experiences, simulated patient, clinical skills laboratory, skills laboratory method, simulation, nursing, students, and clinical skills. The literature searched and collected were merged into the findings and discussion.

4.2.3 Demographic Background of Participants

The accessible population for this study comprised of 15 female simulated patients, aged between 30 – 63 years. All participants are employed at a Department of Nursing at the university where data for the study was collected. The data collected from two participants during the pilot interviews was also included in the study, because no adjustments to the

interview questions were required. Participants had all been employed by the Department of Nursing for five or more years. Some of the participants did not obtain matric in their basic education. The participants' data are displayed in table 4.2.3.1:

Table 4.2.3.1: Demographic Background of Participants

Participant no.	Age	Gender	Education status	Years of experience
Participant 1	30 years	Female	Grade 12	6 years
Participant 2	33 years	Female	Grade 12	6 years
Participant 3	50 years	Female	Grade 10	8 years
Participant 4	60 years	Female	Grade 8	10 years
Participant 5	40 years	Female	Matric	7 years
Participant 6	63 years	Female	Grade 8	10 years
Participant 7	32 years	Female	Matric	6 years
Participant 8	49 years	Female	Grade 8	9 years
Participant 9	44 years	Female	Grade 9	7 years
Participant 10	48 years	Female	Grade 9	4 years
Participant 11	50 years	Female	Grade 8	9 years
Participant 12	37 years	Female	Grade 11	5 years
Participant 13	37 years	Female	Grade 11	4 years
Participant 14	48 years	Female	Grade 8	8 years
Participant 15	59 years	Female	Grade 7	10 years

4.3 DATA ANALYSIS INDICATED THE IDENTIFIED THEMES

Themes are structural meaning units of data (Streubert & Carpenter, 2011). According to DeSantis and Ugarriza (2000) “a theme is an abstract entity that brings meaning identity to a recurrent experience and its variant manifestations. It captures and unifies the basis of the

experience into a meaningful whole”. Three main themes and nine sub-themes emerged after data analysis. The themes and sub-themes will be elaborated upon in the rest of the chapter and supported by direct quotations from the raw research data and verified by literature. The themes and sub-themes are presented in Table 4.1.



Table 4.1: Themes and sub-themes concerning the experiences of simulated patients working at a School of Nursing in the Western Cape Province

CONCEPTS OF THE THEORETICAL FRAMEWORK	OBJECTIVE	THEMES	SUB-THEMES
Simulation experience	To explore and describe the contextual elements associated with simulation experienced by simulated patients during clinical skills laboratory sessions.	THEME ONE: Participants described contextual challenges related to being an SP	Participants described the: <ul style="list-style-type: none"> 1.1 attitudes of students 1.2 frustrations experienced 1.3 educators should train the SP to perform the simulation correctly
Educational strategies	Describe the educational design elements identified by simulated patients during a simulated experience in a clinical skills laboratory.	THEME TWO: Participants explained the function of SPs in terms of educational design	Participants explained: <ul style="list-style-type: none"> 2.1 they must understand the learning context and the health condition their ‘character’ is experiencing 2.2 they must be able to role-play, ensure consistency and support students 2.3 they acquired knowledge about the healthcare system through simulating scenarios

<p>Dynamic interaction: Facilitator; Participant</p>	<p>Determine the simulated patients' views on the achievement of stipulated student outcomes of a simulation experience in a clinical skills laboratory.</p>	<p>THEME THREE: Participants explored their positive experiences</p>	<p>Participants: 3.1 described their impact on the learning process for students 3.2 expressed their satisfaction when students learn and meet the outcomes 3.3 are continually learning and improving</p>
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4.4 PRESENTATION AND DISCUSSION OF THEMES AND SUBTHEMES

In this study the Simulation Theory by Jeffries (2015) was used as the theoretical framework because “the simulation theory represents a student-centered approach to learning through simulation-focused pedagogy for integration throughout the nursing curriculum” (Daley & Campbell, 2017). The discussion of the emerging themes and literature control encapsulating the theoretical framework follows in the section below.

4.4.1 Theme 1: Participants described contextual challenges related to being an SP

The contextual factors that are important in simulation include the designing of the simulation session and the evaluation thereof. The context considers the place where the simulation occurs, for instance academic vs practice, which refers to: in situ in clinical areas vs the simulation laboratory, and the overarching purpose of the simulation, for instance evaluation or instructional functions (Jeffries, Rodgers & Adamson, 2015).

The context therefore includes the background, which further comprises the goals of the simulation exercise, and any specific expectations that could influence the design of the simulation. These factors can affect the experience of the simulation exercise for all participants. The background also incorporates resources such as time, equipment, and other resources (Jeffries et al., 2015).

The simulation experience is characterised as experiential, interactive, collaborative and learner centered. There is a need to establish trust, and all participants share the responsibility to maintain trust. The quality of a simulation exercise is enhanced by the authenticity of the experience. The simulated patient has to help to *suspend disbelief* so that engagement by students is enhanced (Jeffries et al., 2015). Participants in this study described the context in which they are working, and the challenges that they experience, which will be described further in the following sub-themes.

4.4.1.1 Attitudes of students

Attitude can be defined as a way in which a person views and evaluates something or someone, a predisposition or a tendency to respond positively or negatively towards a certain idea, person, object or situation (Vargas-Sanchez, Plaza-Mejia & Porras-Burnon, 2016). Nursing students' attitudes were reported as impacting negatively on simulated patients' performance.

The younger SPs alluded to being exposed to disrespectful attitudes from students and this could have an impact on the overall quality and effectiveness of their participation in a simulation exercise. From the various experiences of the participants, it appears that the majority of younger participants experienced a form of disrespect from students. Schelgel and Smith (2019) indicate that simulated patients are valuable partners in the training of health professionals. It is unfortunate that this creates an environment or atmosphere where SPs are unable to easily perform their duties (Zhu et al. 2019). Participants made the following remarks on the issue:

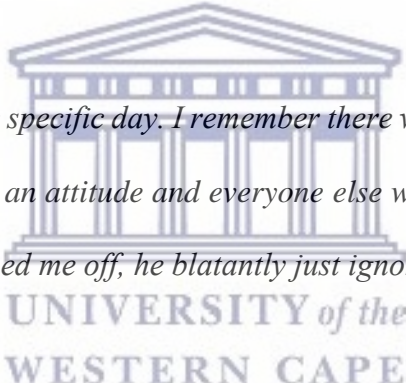


Participant 4: *“To be honest, I would say, I’m not the youngest anymore, but I was the youngest. And I would say in my experience, when I was in a cubicle with students my age I would maybe feel that they was a bit of down looking from their side, students sometimes look at or looks at simulated patients, ... sometimes they won’t recognise you [indicates students disrespectful]”.*

Participant 7: *“I would say that there were, um, probably an amount of time that I can count on one hand where students had a bit of an attitude in the sense of me being younger.”*

Agreeing with the above remarks, the findings of Zhu et al. (2019) have emphasised that experiences of incivility in clinical education are common and have a negative impact on nursing and the nursing profession. The incivility experienced by the younger SPs resulted in negative consequences in that they had to respond in a respectful and ethical manner to ensure effective delivery of a simulation session, but the attitude of the students affected the interaction in the skills laboratory (Clark, 2017).

Another negative consequence is that the negative emotions experienced by the participants conjured up the misconception of being regarded as not important by the students. According to the participants in this study, this gave simulated patients a bad impression, especially about nursing students, and adversely affected simulation sessions (Clark, 2017). The following quotes from participants highlighted this perspective:



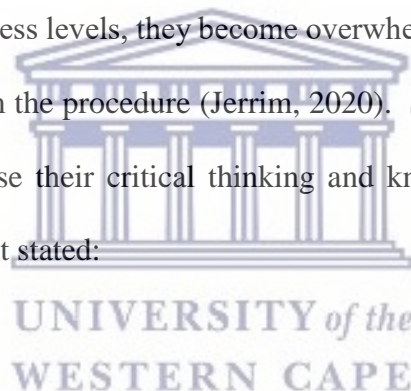
***Participant 7:** “This one specific day. I remember there was a student who came in, but he already came in with an attitude and everyone else was greeting and I greeted him and he just almost brushed me off, he blatantly just ignored me”.*

***Participant 8:** “They didn’t really see us as important to them. For me, they were very arrogant, some of them. You can’t tell me. ... We were taught like if they (students) were in a room in the skills lab then they must actually tidy the trolleys and you know, pack whatever they unpacked of again and clean the trolley. And then some of them were very... like don’t tell me. I’m not going to do this...”*

Simulation is defined as a teaching and learning strategy that is increasingly used in nursing education to prepare students for the clinical workplace (Jeffries et al., 2016). This implies that the clinical learning of nursing students depends on a supportive learning environment, which

includes simulated patients and other health team members who are involved in student clinical learning. Therefore, it is important to ensure that the clinical practice environment is conducive for all parties concerned. There are significant limitations in the current literature and additional studies are needed to better characterise the SP experience (Plaksin et al., 2016). Most research on simulated patient programs focuses on outcomes pertinent to the learner rather than how this experience affects the simulated patients themselves (Plaksin et al., 2016).

One of the participants pointed out that during formal assessments, students become anxious and scared. This led to students making minor mistakes (Jerrim, 2020). The SPs indicated their frustration at not being allowed to help the students, they were of the opinion that they could keep them calm by providing some guidance. Generally, assessment times were considered problematic due to students' stress levels, they become overwhelmed and anxious, resulting in them forgetting how to perform the procedure (Jerrim, 2020). SPs acknowledged that during exams, the students need to use their critical thinking and knowledge to perform the skill appropriately, as one participant stated:



Participant 1: *“My worst thing is the exams. Shame when the students are so busy and they are so nervous. And I lay in that bed and I see they knew about this; they knew what they're doing, but they are so nervous so they're making mistakes”.*

The opinions above agree with George, Wells and Cushing's (2022) study where they reported that SP's described the duality of their role in being both a participant, and an observer, as difficult. This relationship has both inherent benefits and considerable challenges, for instance when unable to provide support to students during exam time/ assessments (George, Wells & Cushing, 2022). The extracted quotation provides evidence that SPs acknowledge the fact that

each student is unique in their personality and learning style, therefore, they could experience a sense of nervousness when adjusting to the clinical assessment environment. It is important to acknowledge that the evaluation of the competence and practical skills of nursing students is an integral part of the nursing education programme. The fact that the student's performance could be negatively influenced by a significant level of stress and anxiety prior to the test should be acknowledged (Mojarrab, Bazrafkan & Jaberi, 2020).

4.4.1.2 Frustrations experienced

Similar to the previous sub-theme, this sub-theme also relates to negative experiences of simulated patients. The impact of the simulation experience on the simulated patients ranges from psychological and emotional responses relating to their experiences, to physiological effects on the body (Madsgaard, Roykenes, Smith-Strom, & Kvernenes, 2022).

Participants felt overwhelmed, frustrated and disheartened during simulation sessions due to the negative behavior that was displayed by students, which increased their levels of stress. Some of them indicated that students appeared to experience transitional difficulties in understanding simulation and role play. The simulated patient, by definition, enhances the quality of the simulation experience when they 'buy-in' to the authenticity of the experience and thereby help the student to fully engage with the experience (Jeffries et al., 2015). If the student does not understand the context of simulation it could result in discomfort; for example, students could react negatively during or after a simulation session if the scenario is perceived as 'real' which can result in the SP feeling unhappy or stressed. The SPs are specifically taught to strive to mimic reality in the skills laboratory, but if students experience difficulties and think it is reality, the SP becomes conflicted (Madsgaard, Roykenes, Smith-Strom, & Kvernenes, 2022). A participant relates:

Participant 5: *“The worst part was for me in the beginning, where we also acted out and the student was very upset with me, actually really thinking that was real. And the student refused to speak to me, refused to look at me. And I felt afterwards I was actually shocked that she would react in that way because it was explained to her when we started. That this is nothing that we take to heart, this is role playing”.*

The participants described feelings of being ‘looking down on’ to depict the impact created by negative attitudes from students:

Participant 1: *“So they would come in and they would just look at you, students sometimes look at or looks at simulated patients, how can I say like, sometimes they will recognise you as somebody down [looking down on simulated patients].”*

Another frustration was the physical pain inadvertently inflicted by students during practise and assessment sessions with the SPs. The SPs have been trained to role play scenarios, but students should be sensitised regarding potential *discomfort*, both physical and emotional (Madsgaard, Roykenes, Smith-Strom, & Kvernenes, 2022). The participants indicated their frustration which prevented them from performing their duties comfortably, which compromises role playing, as expressed below:

Participant 7: *“You know some students do that ...they don’t have long nails but the way they press hard, I have deep marks on my arms. It’s not a problem for me but I mean, they are so nervous you know”.*

A study by Williams and Song (2016) and Avau, Vanhove and Scheers et al. (2022) regarding the impact of simulation on people who act as simulated patients agrees with the findings that people who act as simulated patients experience adverse effects caused during performing patient roles. It is clear from the literature that the efficacy of simulated patients can be hindered by the disappointing behavior from nursing students.

It is not only in the work place that simulated patients experience negativity and derogatory behaviour. The following quotation emphasises the difficulties and disrespect experienced by the participants:

***Participant 4:** “And sometimes people will look at your job description, as they always say that we are just guinea pigs. But I would like to say to those people that we are just not guinea pigs, we are more than just guinea pigs”*

Elaborating on the notion of being called ‘guinea pigs’, Bokken et al. (2006) similarly found in his study that one of the negative consequences of being a simulated patient is the resultant disrespect and mistreatment due to level of education. The students must learn that SPs are healthy individuals who are meticulously trained to perform the role of a patient by portraying a certain health condition as realistically and consistently as possible (D’Souza, 2018).

Having expressed their frustrations with disrespect, some participants also verbalised they encountered challenges having to prepare for the various scenarios they role play. They are trained to portray the case realistically and consistently over a period of time, for instance for several days if there is an examination (Plaksin et al., 2016). It is a challenge to role play a scenario similar to a personal experience, it brings back painful memories that are difficult to deal with. The following quotes refers:

Participant 3: *“The worst, it's when I have to act maybe on something difficult, or something that happened to me a long time ago. Then I have to maybe I lose someone in the family. Then you must act on that thing that it comes back.”*

Participant 5: *“I have experienced was we would maybe get a scenario of them doing their homeostasis for the day. Homeostasis would be your blood pressure, your pulse, your respiration, you temperature... we would also then have urine analysis being done”.*

Agreeing with the above remarks, the findings of Plaksin et al. (2016) emphasised that simulation can have immediate negative psychological or physiological effects. Immediate psychological effects were most common, occurring when simulated patient had to remember the medical facts of the case and simulate her real characteristic. Similarity to this finding was that the participant reported difficulty transitioning into and out of different patient roles and mastering different conditions. This causes simulated patients to be irritable and frustrated with their own performance, especially if one has to play a new role, or after they played complex role. The SPs expressed that it is essential to ensure that one is adequately prepared regarding the needs of the scenario. A study by Plakin et al. (2016) confirmed that negative effects of being an SP include anxiety, exhaustion/ fatigue, psychological and physical discomfort following a simulation and these findings are consistent across age groups, and the type of role being simulated.

4.4.1.3 Educators should train the simulated patients to perform the simulation correctly

A person with a deep motivation for learning would seek to satisfy an intrinsic interest in the tasks expected of them at their place of work, and would be likely to employ appropriate strategies to achieve this. The importance of learning is that it helps the individual to acquire

the necessary skills through learning and knowledge so that they can achieve their set goals (Jeffries et al., 2015).

Participants in this study observed that it is crucial to understand the scenario to effectively perform it. Therefore, there is a need for educators to train and support the SPs to ensure that they accurately portray the patient and diagnosis (Showstark, Sappio, Schweickerdt, & Nyoni, 2022). The specific learning objectives are important and will guide the development, or selection of, activities and scenarios with appropriate problem solving and complexity (Jeffries et al., 2015). Clearly the SPs need to be fully briefed on all these factors, and training should be provided to support them, and enable them to adequately portray the patient attributes needed for the training or evaluation session. The training and support for the SPs will assist them to realise the complexity of the skills they need to improvise, remind them to stick to the script and not over help, or under assist, the students. The nature of the performance deficit will determine the course of action and additional training sessions required by SPs to achieve a significantly higher skill performance (Jeffries J. , 2020). Some participants' remarks regarding training before simulating were:

Participant 3: *“the first thing that I think about is perhaps a patient who might be showing signs of bipolar disorder, we would then act out those symptoms, in order to identify my condition that I'm acting out...”*

Participant 6: *“There's a lot with simulation that I've experienced, and my focus depending on scenario will be the signs and symptoms of the scenario that we are doing. Often it helps to do your own research as well so that you can really get to know what you're supposed to be”.*

Observation in simulation is considered to be a unique teaching/ learning strategy which requires that the simulator has an adequate skill set, and is well equipped to perform ((Jeffries et al., 2016; Ledoro et al., 2019). The study participants agreed that the appropriate skill performance is valued for its ability to create conditions that optimise learning, and intricate elements of a difficult procedure that can be selectively rehearsed repeatedly (Mwale & Kalawa, 2016).

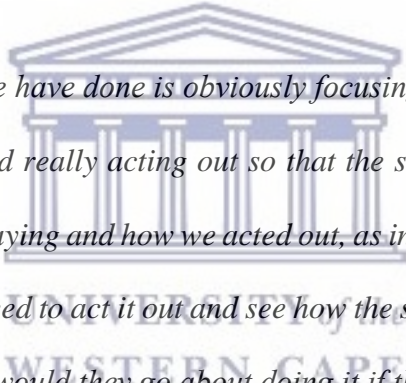
It was apparent from the findings of this study that participants viewed training for the various scenarios to be vital (Ledoro, et al., 2019). This was identified to be rooted in the fact that they valued their job function and benefitted from instruction, which empowered them. These findings suggested that when simulated patients are motivated towards simulation, they will effectively research their role in order to successfully simulate a scenario in the clinical skills laboratory.

In a study by Locke et al. (2019) they claimed that individual motivation to know can either originate from inside or outside of a person. One can be motivated by an external reward like good training, experience or internal reward like personal growth from learning something new (Sieck, 2021). Participants in the study also stated that commitment is the most important factor to ensure a convincing simulation session and to ensure that they can correlate their experiences with the scenario they are being trained for. This provides simulated patients with sufficient guidance because they become aware of crucial points to take note of during a simulation session.

Traditionally, technical aspects of clinical competence such as physical examination skills, have been taught using a didactic approach, often involving textbook and lecture notes which can limit students' opportunities to perform and practice the necessary skill (McCoy et al., 2011). In order to overcome these limitations, simulation has been introduced in the field of

healthcare education. Ravert (2015), suggests that skills performance practice and validation is the educational outcome with the greatest level of empirical support.

A participant explained that training experiences are positive and assist SPs with internalising the scenario to be role played. This confirms that creating a hospital environment in the simulation laboratory was useful to prepare students for their clinical placements with real patients. The findings of a study by Welman and Spies (2016) emphasised that authenticity of the simulation environment is determined by available stock and equipment. Therefore, simulation scenarios should be realistic and represent the actual clinical practice (Welman & Spies, 2016). The following quote elaborates on the issue of training to creating a hospital environment:



Participant 5 “: *What we have done is obviously focusing on role playing the scenario that was given to us, and really acting out so that the student could understand what we were actually role playing and how we acted out, as in going into hospital and really experiencing that. We need to act it out and see how the student would (do) if they were in a real situation, how would they go about doing it if they were put in hospital”.*

The training of participants contributed to the importance of knowing the scenario and being able to role-play it as realistically as possible (Koukourikos, Tsaloglidou, & Panagiotou, 2021). Additionally, simulations offer an opportunity for students to receive feedback in real-time, which could help them to better understand how their actions directly impact patients (Burns C. L., 2015). The simulated patients alluded that clinical simulations provide hands-on experience to help nursing students develop their skills and develop effective practice. It is the researcher’s assumption that the level of realism in the skills laboratory setting must mimic the care provided in the actual clinical setting.

Theme 2: Participants explained the functions of simulated patients in terms of educational design

According to Mckenney and Reeves (2013) educational design is the cornerstone of the education sector. It is a process whereby iterative development of solutions to complex educational problems provides the setting for scientific inquiry. Kinley et al. (2022) identified that SPs play an important role in healthcare education and recognise that an understanding of their role and responsibilities contributes to effective student learning in a simulated environment. During their daily encounters in the simulation laboratory, the participants needed to ensure that they understood their functions because the actual experience includes specific elements that make up the simulation design. The design includes the specific learning objectives that guide the development or selection of activities and scenario(s), and ensures that they have the appropriate content and problem-solving complexity as required.

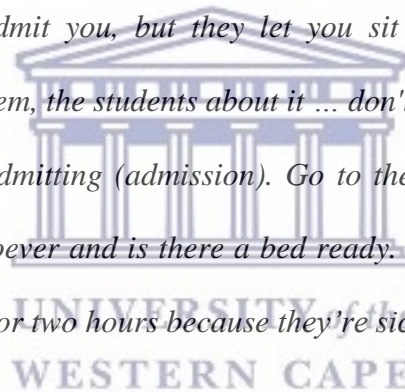
4.4.2.1 Participants must understand the learning context and the health condition their ‘character’ is experiencing

Simulated patients have reported a reinforcement of didactic knowledge through the application of prior experience in a simulation exercise. The numerous simulated consultations they participate in reportedly activates a learning process that leads to a higher awareness of rules, structure and the content of consultations with healthcare professionals (Koukourikos, Tsaloglidou, & Panagiotou, 2021). One of the positive outcomes identified by participants was the integration of past and present information which improves the way simulated patients act out the scenario and aids in students having a better understanding of the disease that is being simulated. They have to stay in character and role play accurately and in the same way for each student (Koukourikos, Tsaloglidou, & Panagiotou, 2021). These findings match with a study where positive consequences were noted in terms of participants learning to identify the signs and symptoms of different disease profiles, the steps to follow personally in the management

of certain health conditions, and medical terminology used in the skills laboratory context (Harder, 2009; McCallum, 2007; Crafford et al., 2019). Participants concurred:

Participant 1: *“We learn a lot of the scenarios and we role-play the scenarios and there’s sickness sometimes the scenario said maybe TB (Tuberculosis). I knew a lot about TB because I had TB in my younger years, that’s why I can explain to them more about TB what TB is and what and how can the clinic or the hospital help you with the TB and the medicine... It’s a very nice experience because I can learn the students about my illness...”*

Participant 2: *“The scenario ... was about them (students) must admit you at a hospital. Some hospitals they admit you, but they let you sit for hours and hours ...I did experience, I can tell them, the students about it ... don't let your patients sit hours and hours if you do your admitting (admission). Go to the sister and tell the sister ... I admitted patient whatsoever and is there a bed ready. Don't let them (the patient) sit there and wait an hour or two hours because they're sick”.*



There appeared to be benefits to integrating past and present experiences. One such benefit, according to a participant, was due to increased motivation and their behavior as they become more engaged in what they do (George, Wells, & Cushing, 2022). The participants quoted above attest to their appreciation of the collaboration of their past and present information because they are supported to reach their goal of effective simulation and retain knowledge for longer. Personal experiences of SPs have a substantial effect on the growth of an individual. In this study it emerged that participants viewed their personal experiences as a good foundation to enable them to enhance their skills and play an active role in their personal learning process

(Lay-Khim & Bit-Lian, 2019). Furthermore, their personal experiences served as a basis for reflection which helped the SPs to develop ideas about bringing life and emotion into the scenarios portrayed. Koukourikos et al. (2021) emphasised that simulated patients simulate information through self-reflection. Some cases relate to their own personal experiences, and this is where SPs start to actively engage with what they are simulating (Koukourikos et al., 2021). The SPs found that the experiences and reflection allowed them to learn new information and connect it to the scenarios and the knowledge they have already acquired from their own real-world situations.

A study by Jeffries et al. (2015) revealed that the learning process is dependent on the way in which integration provides innovation, efficient processes and creates an environment where important teaching and learning can be applied. The contribution of simulation was found to be a meaningful, valuable and effective means of teaching skills and enhancing learning (Lovink et al., 2021). The opinions below concur with the study by Simmernroth-Nayda et al. (2016) where it was reported that simulation creates an environment where important teaching and learning principles can be applied by means of standardised learning experiences.

Participant 3: “I’ve learned a lot of things. You know ... I also know how to take pulse”.

Participant 4: “They taught me some tips, how to do certain things. And my child ... is now two years old and I can say the things that I’ve learned over the few years that I’ve been here working with University, ... I can apply it to my personal life now as well. If I apply now to do nursing I’m sure I would pass with flying colours as well. So, there’s these a lot of these that you pick up and that you can really use in your personal life as well”.

Elaborating on the notion of simulated patients learning medical terms and diagnoses, Plaksin et al. (2015) similarly found that one of the positive consequences of simulating is that participants acquired their medical knowledge/ understanding during simulated sessions in the skills laboratory. This is advantageous to the simulated patient when they have to provide feedback for learners; they have to read up on the disease and consider the health issues that the patient is experiencing and the expected learner outcomes related to the simulation exercise. Furthermore, they must stay in character and role play accurately, and in the same way for each student. When a simulated patient is exposed to the correct principles, they are motivated to participate and to take ownership of their role play session (Faulconer, Griffith, & Gruss, 2021).

They also make the effort to learn and understand medical terminology while they are “acting out” role plays with students. Understanding medical terminology facilitates effective communication with students and educators (Gopinath, 2020). Moreover, learning signs and symptoms enabled participants to identify their personal health in terms of illness (Gopinath, 2020). Integrating past and present experiences appears to add effectiveness and value to role play. Participants added that challenging scenarios requiring complex understanding could be simplified when using personal experiences. This unleashed significant benefits towards the improvement of student learning experiences. It is also believed that performance is improved through self-reflection, and in some cases actively engage with what they must simulate (Lovink et al., 2021).

4.4.2.2 Participants must be able to role play, ensure consistency and support students

One way to assist in transforming a lecture experience into an occasion that can attract and engage students is via the use of performance techniques (Dix & Narciss, 2021). Ravert (2015) suggests that skills performance, practice and validation is the educational outcome with the

greatest level of empirical support. Simulation may be used to teach and evaluate skills in a more realistic context and allows repeated practice in a safe, supportive learning environment. The display of support from the SPs reflects acceptance for the emotional state of the student. It is essential that SPs are adequately prepared to achieve the required level of role play to ensure consistency so that the student can reach the mandatory outcome of the session. In this study, it emerged that SPs might not have experienced the condition, yet they have to be as convincing as possible when role playing a scenario. Jeffries (2016) report that SPs strive to mimic reality in the skills laboratory because students often experience difficulties with transition of theory to practice. Participants expressed that:

***Participant 2:** “I think that, acting out ... we're basically teaching the students to identify or to be able to see the things that they are reading in the textbook to be able to see ... how they would identify it in an actual person where they would see it versus where they would see it in a textbook”.*

***Participant 7:** “I think that it's really helpful to do them in a sense that they are able to not just see the things that are written in their textbook, they can now look at a person and identify it, whereas when you read it, as just theory, and when they are dealing with us, it's, it's, it's practical, so it's more realistic to them in that sense”.*

The participants observed that the students perceive nursing of a simulated patient as completely different from nursing a real patient, and students required practical support in the skills laboratory to help integrate theory and practice. In a study by Leodoro et al. (2019) it is noted that support in clinical nursing is essential for the acquisition and growth of the fundamental nursing competencies required when nursing students assume a nursing role. This

is due to the personal interaction that is needed. The presence and support of the simulated patient provides reassurance and motivates the student to overcome fear and anxiety in the clinical environment (Akselbo, Olufsen, Ingebrigtsen, & Ingvild, 2018). Significantly, students developed a form of attachment to the SPs.

Participant 5: “Because every year I meet new students, and they become very attached to us”

Participant 7: “For me personally, that was my experience to just be there for them.

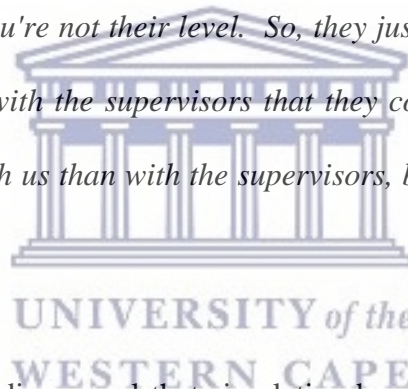
The findings of this study validated that SPs want to help the students to do well and learn new skills. The SPs reported that they strive to assist nursing students to remain calm which enables them to overcome fear in the skills laboratory and results in better clinical outcomes during practice. The students tend to ask the SPs for assistance in the simulation laboratory due to the relationships that are built up, making it easier and more comfortable for students to approach them for guidance. The review of a study by Shankra and Dwivedi (2016) revealed the same observation; that students become familiar and comfortable with SPs. The following comments illustrate the above:

Participant 1: “Think about. You're helping this person now in the hospital. I asked him if you are in the real hospital how you feel. He said, but I don't know why I'm so nervous when I'm at the lab. I said no man you must see me now as that person at the hospital because I am now your patient. Don't be so nervous. He said to me yoh, I really

was comfortable and now I don't have to worry... that made me feel so good because we can at least help them with that nervous and that they have that anxiety”.

Participant 2: *“Acting out the, as I said, with the bipolar example, doing that, we're basically teaching the students to identify or to be able to see the things that they are reading in the textbook to be able to see how a person would, how they would identify it in an actual person where they would see it versus where they would see it in a textbook”.*

Participant 3 *The students they learn a lot from the simulated patient. Because sometimes they say it's easier when they talk to the simulated patient than the clinical supervisors, because you're not their level. So, they just it's more easier to talk to us. They learn something with the supervisors that they come to practice on us that it's more easier to do it with us than with the supervisors, because we're all ...because of the levels.*



The majority of simulation studies reveal that simulation-based activity with a high-fidelity human simulator is effective in reducing anxiety in nursing students (Ledoro et al., 2019). Reduction in students' anxiety levels was noticed by participants when they provided support during practice sessions in the skills laboratory. Shankar et al. (2016) state that students become attached and comfortable with SPs. The perception drawn from the participants' comments revealed that students were comfortable to practice during the SPs presence.

Literature reviewed indicates that the concept of presence is not new in the field of nursing; it is often reported as an important notion in nurse-patient care (Maclean et al., 2019). According to participants in this study, when students are in the skills laboratory they are reluctant to

practice, seemingly because they are unsure of the skill, making them fearful. Therefore, the presence of the simulated patient is reassuring, as illustrated in the quote below:

Participants 4: “for instance, in the next week, when they have to do an assessment, again, personally from my side they would want to work with me. So, I would view that as, as if that's student finds me comfortable to work with or to express themselves with”.

A study by Maclean et al. (2019) on realism and presence in simulation, found that simulated patients noted that their presence benefitted students, supplying them with a safe and adaptable learning environment. SP encounters can be arranged at any time, and in any setting, unlike in a real situation – clinical areas – where practice would be difficult to control (Maclean et al., 2019).

Remarkable experiences shared by simulated patients focused on the situations where they not only simulate scenarios, but they also observed that students received an opportunity to learn actively as they practiced their skills on the SPs. One of the positive outcomes of simulation laboratory teaching that emerged was that it builds the students' confidence prior to placing them at clinical facilities. Furthermore, simulation was identified to be able to enhance the safety of patients, because students have the opportunity to actively learn without posing any risk to real patients (Akselbo, Olufsen, Ingebrigtsen, & Ingvild, 2018).

Theory makes more sense when students are able to apply their knowledge in a practical session (Costello, 2017). Active learning has been found to be an important component of learner-centered, constructivist, and socio-cultural learning theories because it is postulated to support individual higher order thinking and complex problem solving, and helped students to remember skills (Costello, 2017). The researcher asserts that the different clinical scenarios used in skills laboratory during demonstrations enhances the ability to develop the learners' competence and confidence prior to clinical placement. Through integration of theory and

clinical practice, nursing students' skills improve and they are supported to adhere to guidelines (Jacobs & van Jaarsveldt, 2016).

Participant 3: *“So as you know, there’s different scenarios that we ... use. Focusing on role playing the scenario that was given to us, and really acting out so that the student could understand what we were actually role playing and how we acted out, as in going into hospital and really experiencing that.”*

Participant 4: *“We need to act it out (role play) and see how the student would ... go about doing it if they were put in hospital?”*

Literature reviewed indicated that active learning means ‘learning by doing’ and it prepares an individual for the workplace by developing the required skill (Beyleveld, de Villiers & Fraser, 2019). Active learning is a particular phase of clinical teaching used at the Department of Nursing that participated in this study. Participants found that active learning helped them to grasp scenarios and provides self-motivation to an individual who seeks to understand simulation. Active learning enables an individual to do more than just listen, it encourages taking responsibility for what they learn; it is during this phase that SPs move from passive to active learning. Participants emphasised the fact that practical skills require practice. A participant responded spontaneously about her experiences of simulation and affirmed that her colleagues’ support helped her to overcome uncertainty with the role play of a scenario due to being inexperienced:

Participant 4: *“...You had to bring your child in for a check-up. I was not a mother yet. But as time went on, I learned a lot, and my colleagues also teach me.”*

Role playing allows an actor to step into the shoes of a character. This may sound easy, but it is not necessarily a natural process (Tustin, 2019). Participants in the study affirmed that on occasion they experienced how challenging it was to act out a scenario they have not experienced in real life. Support was perceived to be fluid in the skills laboratory where the simulated patients appeared to be helpful to one another. The simulated patients adopted supporting behavior among each other. Simulation allows an active learning platform and a problem-solving opportunity in a safe environment. During theory students learn about what could occur, but with active learning through simulation they can apply theory to the practical situation (Avu, et al., 2022).

4.4.2.3 Participants acquired knowledge about the healthcare system through simulating scenarios

Simulation is an effective strategy to teach and evaluate learning. Additionally, there is reinforcement of didactic knowledge through the application of prior learning in a simulation exercise, coupled with an improved skill performance (D'Souza, 2018). Williams and Song (2016) completed a scoping review to provide an overview of the effectiveness of facilitation by simulated patients (SPs) in the development of clinical competence for healthcare students. Twenty-four out of thirty-three studies supported the use of the SP methodology in healthcare education. Norman (2012), Collins (2014), and Cant and Cooper (2017) all agree that simulation training within healthcare education enhances not only the knowledge and skill of students' performance in a safe, no-risk environment, but also that of the SPs. Participants in this study agreed with the premise that simulated patients developed a differentiated view in terms of their own healthcare encounters with the healthcare practitioners:

Participant 1: *“But once they ask you maybe for a question, and you open your mouth, and you can give them some feedback, then they wouldn't just look at you as*

a normal patient, but they would look at you, oh, this person has a little bit experience”.

Participant 4: *“I Definitely I would say, working in this, working as a simulated patient in this medical field, obviously, it helps you a lot. Which things that you can add to your personal life as well”.*

Participant 5: *“But now, I actually know if they're taking the blood pressure, what they're looking for things like that. That is what that is my good experience of being simulated patient”.*

It further emerged that during simulation participants became more aware of the importance of communication and interaction with healthcare professionals (Akselbo, Olufsen, Ingebrigtsen, & Ingvild, 2018) . Most of the participants stated that they have increased knowledge or insight into their own disease conditions, and were glad to be able to speak to healthcare practitioners. The improvement of communication skills through simulation-based activities requires a well-designed simulation intervention to prove that it is beneficial (Blackmore, Kasfiki & Purva, 2018).

The participants indicated that they were more informed due to simulating, so that when communicating with a health care professional, they were able to negotiate care due to the gain in knowledge of medical topics. These findings concur with those of Plaksin et al. (2016) who focussed on the benefits and risks of being a standardised patient in their study. The findings of this study revealed that the benefits of those portraying simulated patient roles included improved knowledge, attitudes and relationships with healthcare practitioners, and a change was noticeable in their personal health behaviour.

Additionally, it appeared that through simulation, SPs acquired the skill regarding interacting with health professionals, due to learning how they should be treated and addressed:

Participant 3: “... I learned a lot of things on being a simulated patient because I didn't understand most of things. Now I know when I go to the clinic I know how much they treat to me because of this experience. I didn't know that I've got a right to speak up on clinics but now I know”.

Participants described the development of increased self-esteem, confidence and empowerment, especially in terms of dealing with their own non-communicable disease profiles:

Participant 7: “I mean we have grown in so many different ways as just being a patient. Many of the supervisors actually allow me as well to ask questions. So indirectly, I am learning as well.”



Participant 2: ‘I can be in an everyday situation and I can identify something clinical. Yeah, so that's a really, really nice thing that I've taken away from my time as a simulated patient.’

According to Bokken, van Dalen and Rethans (2004) and Simmenroth-Nayda et al. (2017), simulated patients indicated that they enjoy their work and feel that their simulation experience has empowered them in their medical knowledge. Participants confirmed this observation:

Participant 1: “The nicest thing here is when we prepare the skills lab for the exams ... we must get the skills lab ready for the exams for our students and ...preparing for them, yes, I learned a lot about when I come here. I learned a lot about the skills lab.”

Participant 2: “...genuinely learning from the students...”

Agreeing with the above remark, the findings of Jacobs (2017) have emphasised that the simulation experience made it possible for simulated patient to develop their skills. This highlights the fact that training in simulation helped the participants to be more attentive. Based on the simulation experiences, participants reported being more conscious and more prepared when visiting their own healthcare practitioner. It was clear that one of the biggest benefits for simulated patients was the improved medical knowledge that they gained. Participants referred to themselves as having “*experienced numerous exam simulations*” which enabled them to prepare an exam environment without supervision (George, Wells, & Cushing, 2022). They viewed their exposure to the simulation and skills laboratory setting as a preparatory area that assisted them in gaining adequate experience that provided meaningful ways to help prepare for simulated clinical exams in the skills laboratory.

4.4.3 Theme 3: Participants explored their positive experiences

Positive experiences are elements of the human experience that an individual finds meaningful, rewarding or emotionally appealing. These include *slice of life* moments that evoke strong emotions or realisation. Positive experiences can extend from work, education, family and social interaction (Spacey, 2022). This links with Jeffries (2015) simulation theory which states that outcomes focus on the participants’ reactions, learning and behaviour. The positive experiences help SPs to strive, be creative, thrive, and be optimistic about life in general.

Positive experience is responsible for self-esteem and self-confidence. The positive experiences described by participants in this study are discussed in the sub-themes below.

4.4.3.1 Participants described their impact on the learning process for students

Through the work they do in the simulation laboratories the participants were able to improve their knowledge and gain experience in a relatively safe environment. A participant in this study observed the importance of understanding her role in order to perform in a manner that ensures that student learning is effective and reaches the planned outcomes of the simulation session. The participant revealed that in order to reach their outcomes, nursing students have standard clinical procedures demonstrated to them in the simulation skills laboratory. This includes acquiring practical ability on how to perform actual skills through practicing in a safe environment. Comments below attest to positive feelings from SPs:

Participant 7: "It was nice to see them improve, some of them I've worked with the patients, the students just became more confident, that was my experience of working with students..."



Participant 8: "I was there for them when they would practice ... I was available for practice"

A study by Crafford et al. (2019) on learning in simulation found that simulation is increasingly becoming an essential component in nursing education that can be used to assist students to reach outcomes with guided experience and participatory role. Therefore, appropriate simulation aids in helping the students to focus on what is important and to learn more effectively with clear direction. As the demand of clinical practice require greater cognitive, affective and psychomotor competences from nursing students, simulations are hypothesised to improve learning outcomes (Jeffries, et al., 2016). Simulated patients observed that students

often find simulation engaging because they experience the actual activity first hand, allowing them to grasp the skill. One simulated patient reported observing students reaching their clinical outcomes and becoming better at performing the skill, especially if the same scenario was simulated repeatedly. It further emerged that simulation is an effective strategy to teach and evaluate student learning (Jeffries et al., 2015). A participant reported observing that evaluation promotes critical thinking and allows retraining and practice which prepares students for exams. The participant below attested to this:

Participant 2: *“We would review ... the blood pressure ... or they must take a pulse. Sometimes they didn't know where to... they knew but they forgot ..., they are so nervous you know, and for me...it was nice to see how they improve some of them”.*

Turgeon (2017) revealed that barely a decade ago, the red pen was the most common correction tool. This has all changed because tools and materials have developed at a fast pace. In this study it became clear that availability of simulated patients is a critical factor in the development of clinical skills. Furthermore, participants in this study reported that they have become used to role playing a patient suffering from certain medical conditions during the teaching-learning sessions. Therefore, they are familiar and comfortable with the role by the time the students are ready for evaluation. Evaluation plays a significant role in the teaching profession and fosters student engagement which supports an active learning strategy (Turgeon, 2017).

Another positive effect verbalised by the SPs was the constructive feedback they receive. Constructive feedback was viewed as essential to improve the students' learning process, which helps with the transferring of skills to the clinical practice environment. The students learn how the SP experienced the encounter from a patient point of view and the simulated patients

learn how the students encountered the simulated scenario and how this contributes to both students and SPs becoming more competent in their skills. According to one participant, feedback is important and serves as a means to disclose to the SP how the student perceived the performance:

Participant 1: *“He said to me ... I really was comfortable and now I don't have to worry ... that made me feel so good because we can at least help them with that nervous and that they have that anxiety”.*

For constructive criticism to promote learning from failure, the feedback should be well intentioned, targeted appropriately according to the current quality of the work, and provide helpful guidance in terms of improvement (Fong et al., 2018; Faulconer et al., 2021). The results of this study show that simulation works best when there is feedback which enables the participants to improve their role-playing skill. The participants indicated the importance of immediate feedback after the student encounter because it improves individual motivation and engagement. Therefore, ensuring that all simulated patients get feedback was considered crucial for effective future performances. Evidence from the study indicates that SPs process how their prior knowledge influences performance. Another positive result of reflection before, during and following actions during simulations was that it could improve future simulated patient skill performance (Faulconer et al., 2021). The simulated patients reported it is beneficial to receive positive feedback:

Participant 4: *“My best experience, I would say was a couple of weeks ago when we did ... another acting, where students started coming from different hospitals and actually haven't done anything in a while because of COVID. And I was one of the simulated patients that did the acting. And Ms... there was a supervisor, I don't want*

to say any names, she actually said that we got very good feedback from those students. So that actually gave me something to look forward to”.

A study by Burns (2015) based on using debriefing and feedback in simulation to improve process because it improves skills performance. Jeffries simulation framework used in this study links with the above statement because simulated patients receive feedback based on their individual performance which assists to improve student learning with simulation as they focus on assisting the student to understand their thinking (Jeffries et al., 2015). Faulconar et al. (2021) believes that positive feedback makes a person less anxious and more open to constructive criticism. Simulated patients receive feedback based on their individual performances which results in reflective observation, and helps SPs to make sense of the simulation scenario resulting in improved future performance (Burns, 2015).

4.4.3.2 Expressed their satisfaction when students learn and meet the outcomes

The value of simulation as a teaching strategy, lies in the ability of the method to address the various learning needs and experience levels of a student (van der Merwe et al., 2022). According to participants in this study, they viewed role play in the skills laboratory as essential to enhance the student’s learning process and critical thinking, because it helps with the successful transferring of skills to the clinical practice environment. These findings concur with those of Winkelmann and Eberman (2020) in their study entitled “The confidence and abilities to assess a simulated patient using telemedicine” which revealed that the use of role play sessions allowed not only for patient assessment methods to be refined, but simultaneously the refinement of clinical skills common to clinical practice. According to a participant, it is important for the scenario to be as real as possible:

Participant 5: *“I would think that if I role play something that the student achieves that whereas in the role play, that I did they saw to what was needed. If they were focused on say if I was in an accident and I broke my leg. And I went to the hospital for that role playing that out, they would focus on my leg that was injured and doing things like that”.*

Literature indicates that simulation-based skills assessment has played a major role in the transformation of the determination of providers’ competence. Development of clinical judgement is essential because it enables students to understand the problems and issues of patients (Welman & Spies, 2016). Extensive research has already verified that simulation is an effective learning strategy (Welman & Spies, 2016). Students in nursing are required to go into clinical facilities in order to apply theory to practice, and have certain clinical criteria that must be completed. The traditional focus on the assessment of cognitive skills includes the skills of communication, management, cooperation and interviewing. Deficiencies in these skills are causal factors of adverse outcomes. Simulation-based setting for assessment has increasingly become a popular method for evaluation because it is a safer environment, patient safety is not compromised because students are being assessed in simulation and only work on patients once competent (Welman & Spies, 2016).

4.4.3.3 Participants are continually learning and improving

Simulated learning experiences add value to the life of a simulated patient (van Vuuren, 2016). The amount of time spent simulating was perceived to equate to the quality of learning; the longer the SP works in the clinical skills laboratory the more they learn in terms of disease profiles. Simulated patients have to ensure that learning is offered in a versatile manner. This is to assist students to become critical thinkers because they have to find solutions on how to best interpret the role plays conducted in the skills laboratory. Participants spoke passionately about their work and how they enjoyed the interaction with students. They highlighted the role

play sessions as being of great importance and as being a self-fulfilling learning experience. The experiences gained from simulation improved their own identified needs for continued development:

Participant 4: *“We do a lot more as simulated patients ... A few years back, you would just sit in a cubicle and act and give your arm and they will check your blood pressure ... now we are doing a lot more than just acting ”.*

Literature reviewed indicates that human motivation is based on the individuals need for self-fulfilment and it is a particular phase in personal growth (Gopinath, 2020). The study by Gopinath (2020) identified that prominence of self-actualisation in an organisation is described as individuals who are self-fulfilled in and through whatever they are doing. Participants in this study concur, and believe that experiences gained from simulation improved their own need for development, and improved self-confidence in knowledge of the healthcare system, ensuring a sense of self-fulfilment.


The positive experiences were echoed by participants who reported on the enjoyment gained through the improved description of the role of a simulated patient. Simulation experiences allowed SPs to develop skills that can be applied to interactions with their own healthcare practitioner (Plaksin et al., 2016). The participants reported being valued for their role in the Department of Nursing; they are entrusted with more than just simulating, which they appreciate. They welcome the difference that simulation has made in their lives; all aspect, from being entrusted to set up for simulation exercises to learning from students during the skills laboratory sessions. It was clear from the results that simulation improved both the professional and social status of simulated patients (Alanazi, Nicholson, & Thomas, 2017):

Participant 1: *“I can do now my own vital signs. I can help people, if they maybe having bad times with the blood pressure or something. My advice to them always go to the*

clinic. Go see if your blood pressure is right. You've got a lot of headaches. That is one of the symptoms of the blood pressure”.

Participant 4: *“I can take those things that I used and I can apply it to my personal life now as well. So, I would say the experiences that I used in my work, I can also apply it to my life”.*

It emerged that being employed as an SP at the university opened the door for them to learn, acquire and master new skills. Furthermore, SPs verbalised the ability to make improved decisions regarding their personal and health needs, including how they should be treated when visiting the healthcare services. One of the positive outcomes of simulating that emerged was that it built the simulated patients' confidence:



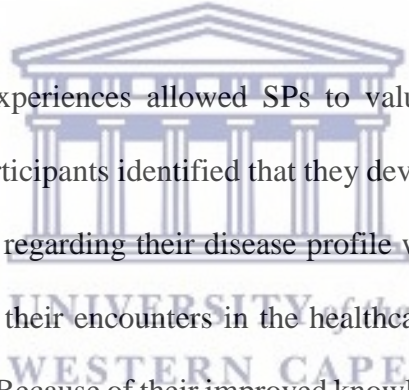
Participant 1: *“I learn a lot and I'm so proud of me (myself) sometimes because I (had to leave school in) Grade 7 out of school... So, my mother getting sick. She's getting a stroke Yes, she's disabled on the left side. So that's why I left school but when I get this job ... I feel like I'm nearly I was grade 12. I was there. I learn a lot and it is really a good thing for me because I didn't know about this stuff. I didn't know about anything. I didn't know about vital signs. I didn't know about your temperature. I learnt a lot It was nice”.*

Literature reviewed indicated that, apart from learning new skills, simulation enhances self-confidence, better communication and critical thinking (Simmenroth-Nayda, Marx, Lorkowski & Himmel, 2016). Additionally, the researcher is of the opinion that persons who simulate patients in terms of specific disease conditions during medical education understand the

underlying script of medical consultation, which improves their role-playing skills. One of the positive consequences with being an SP is becoming knowledgeable and having more understanding into their daily lives, and on how to deal with minor illnesses.

Participant 3: “now I know when I go to the clinic, I know how much they must treat to me.”

Participant 5: “being a simulated patient taught me a lot. I would go to the doctor, and I would never know what the doctors are doing. But now, I actually know if they're taking the blood pressure, what they're looking for things like that. That is what that is my good experience of being simulated patient.”



It was clear that simulation experiences allowed SPs to value themselves, feel secure in themselves and worthwhile. Participants identified that they developed an informed viewpoint and their communication skills regarding their disease profile was more detailed than that of other patients, which enhances their encounters in the healthcare system (Akselbo, Olufsen, Ingebrigtsen, & Ingvild, 2018). Because of their improved knowledge related to medical topics, SPs were less apprehensive about their own symptoms and disorders. Working as a SP seems to be well suited to understand one's own progression of disease, increase self-responsibility and to display a confident attitude as patient (George, Wells, & Cushing, 2022).

It was apparent from this study that participants viewed the skills laboratory as an environment that was conducive for learning. Since the COVID-19 restrictions, the use of automated equipment in the skills lab increased, with equipment used to simulate scenarios instead of the SPs. This changed the role of the SPs (Di Pan & Kapil Rajwani, 2021) . Simulated patients were taught essential skills regarding how to operate the high-fidelity manikins. As they

become more familiar with the equipment the SP feels motivated and more knowledgeable, which resulted in a positive effect on their new role. Simulated patients observed that simulators allow students to practice their skills in a more realistic, hands-on and interactive manner than they would with human simulators. One of the participants reported that simulation technology and tools continues to improve:

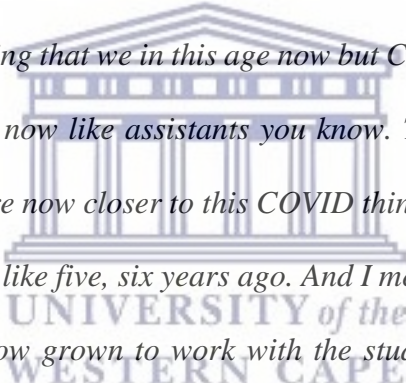
***Participant 4:** “Like for instance now at the moment we are working and they are teaching us how to work on the different dolls. So that is quite interesting. Things that you can tell people at home, your family, or even your friends that the technology that is here in your workplace that you work with on a daily basis it's quite extravagant”.*

A study by Dinsmore (2018) agrees with the findings that new technology enables the offering of web-based simulations with advanced tools. The study participants conveyed that the equipment in the simulation laboratory is “extravagant”. It emerged that simulated patients experienced a transitional period from being simulators to operating high fidelity simulators. It was evident that greater and faster adaptation was required during the COVID-19 period. The study results revealed that simulation tools can make it easier for students to better understand simulation. Participants voiced that the experience of using technology during simulation is a good learning opportunity, and they commented on the positive feeling they get when they are able to operate the equipment which enables the students to continue learning.

The roles have changed during the past two years due to COVID-19 pandemic, as mentioned in the previous quote. Simulated patients were provided with different tasks compared to those they were employed to do (Di Pan & Kapil Rajwani, 2021). This was because all teaching scenarios with SP had to be transferred from a real setting to a digital environment. In the researcher’s opinion the safety of the simulated patients had to be prioritised in terms of

infection prevention, which was achieved by changing the framework from one-on-one interactions to the use of technology to ensure that learning objectives were met.

Guren et al. (2021) agree with this finding and state that the impact of COVID-19 on different industries, markets, and segments of society varied widely. The review of the study by Guren et al. (2021) reveals that higher education institutions faced numerous challenges as a result of the pandemic. According to the participant in this study, her role became more like that of support staff to the clinical supervisors. Added to the SPs responsibility was to assist with ensuring that students adhere to the COVID-19 rules, and that equipment for the skills to be practiced each day were ready. Another participant expressed how her role had changed due to having to assist the clinical supervisors:



Participant 8: *“And seeing that we in this age now but COVID-19 our roles completely changed. We are more now like assistants you know. That's now for two years or a year and a half that we're now closer to this COVID thing. So, for me it is my role now is not the same as it was like five, six years ago. And I mean we have grown in so many different ways. We've now grown to work with the students more, assisting with the dolls, with the simulator, help supervisors get the trolleys right or whatever they need”.*

It is the researcher's opinion that the COVID-19 pandemic has forced the medical simulation to adapt in advanced technological ways. Healthcare simulation proved to be vitally important in response to COVID-19. Despite the difficulty and limitations in resources and personnel, as well as the need for social distancing and infection prevention, it was still possible to carry out high-impact multidisciplinary simulations (Pan & Rajmani, 2021).

4.5 CONCLUSION

This chapter focused on discussing the research findings with regards to the experiences of simulated patients, who simulate for nursing students at the Department of Nursing. The findings were discussed under the identified main themes and subthemes as illustrated in Table 4.1.



CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In the previous chapter, the findings of this study were presented, and existing literature was used as a control. Thereby, highlighting the value this study added to the existing body of knowledge. The results either confirmed or refuted findings in literature regarding the research phenomenon, namely experiences of simulated patients in a clinical skills laboratory in a Department of Nursing. Verbatim quotations from the interviews with participants were provided to support the findings, ensuring richness in the presentation. In this chapter, the findings are summarised, recommendations for the simulated patients and future research are made and the limitations of this study are provided.

The objectives of the study were to:

- Describe the contextual elements associated with simulation experienced by simulated patients during clinical skills laboratory sessions.
- Describe the educational design elements identified by simulated patients during a simulated experience in a clinical skills laboratory
- To determine the simulated patients' view on the achievement of stipulated students' outcomes of simulation experience in a clinical skills laboratory.

5.2 CONCLUSIONS

A total of three main themes and nine sub-themes were generated from the semi- structured interviews conducted with simulated patients. A summary of the main findings of each theme is presented below.

5.2.1 Theoretical Framework

The conceptual framework for this study was based on Jeffries (2015) simulation theory regarding the holistic model of simulation. This process and model are consistent with what we know about how people learn, grow and develop. The theory is called ‘Simulation theory’ to emphasise the central role that views and experiences play during the simulation process. Recognising that nursing is a practice-based profession, simulation theory emphasises learning by doing and reflection. According to the theory, learning is enhanced when an individual is actively involved in gaining knowledge through practicing.

5.2.1.1 Concepts of the theoretical framework: Simulation experience

5.2.1.1.1 Theme 1: Participants described challenges related to being a simulated patient

Conclusions in the study revealed participants experienced various frustrations with students, which gave rise to experiencing feelings of not belonging and being devalued. These frustrations were due to the negative behavior displayed by students. The younger SPs experienced disrespectful attitudes from students and this had an impact on the overall quality and effectiveness of their participation. It is unfortunate that this creates an environment or atmosphere where SP are unable to easily perform their duties. Participants felt overwhelmed and frustrated during simulation sessions due to disheartening and negative behavior that was displayed by students which increased to their levels of stress. Participants also experienced overwhelming psychological and physiological effects such as tiredness, agitated feelings as a result of difficult scenario or personal experience that they had to role play. Regardless of the challenges experienced it appears that participants understood the essential to understand the scenario and to effectively perform it, as a result they identified a need for training and support to ensure appropriate skill performance that will allow scenarios and diagnoses to be portrayed

accurately. This is supported by Akselbo et al. (2018) who suggests that undergraduate nursing programs are recognising the use of simulation as an important component of clinical nursing education (Akselbo et al., 2018).

5.2.1.2 Concepts of the Theoretical Framework: Educational Strategies

5.2.1.2.1 Theme 2: Participants explained the functions of simulated patients

This research revealed that simulated patients participate in many simulated consultations and it activate a learning process that leads to a higher awareness of rules, structure and the content of consultations with healthcare professionals. It was found that simulates patients integrate past and new learned information and this improved their skill performance and resulted in students having better understanding of the disease that is being simulated. They viewed this as an important factor for preparation in assisting students to transfer their acquired simulated skills to the clinical learning area. SPs were of the opinion that the student must reach the required outcome of the session with the purpose of ensuring consistency, therefore, adequate preparation at the required level of their role play was essential. The researcher was also reminded that SPs want to help the students learn new skills and see them do well. The importance of support was emphasised by the participants. The participants praised the positive presence of SPs that provided comfort and reassurance to students. The participants mentioned how comfortable students were with regular contact and support from SPs because it was reassuring. Unfortunately, the support from SP created familiarity which led to students form emotional attachments to simulated patients. Furthermore, SPs identified that their acquired knowledge improved their level of communication and they became more aware of how to communicate and interact with healthcare practitioners in a personal capacity.

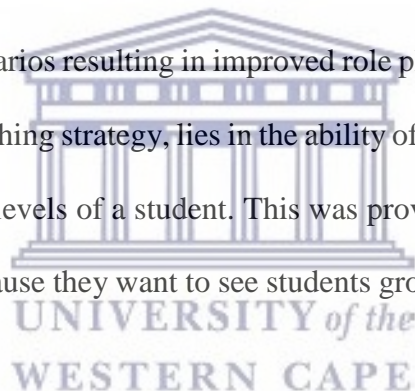
5.2.1.3 Concepts of the Theoretical Framework: Dynamic interaction: Facilitator; Participant

5.2.1.3.1 Theme 3: Participants explored their positive experiences

The findings of the study revealed that simulated patients understood the importance of their roles in order to perform effectively for students to reach the planned outcomes of the simulation session. The findings highlight achievements of improved knowledge of the healthcare system including different diseases. In this study it emerged that researching disease that will be simulated constitutes best practice during role play. Role play of the simulated scenarios in the simulated environment has empowered them in their personal medical consultations and they can help in their communities.

The participants appreciated positive feedback because it enabled them to know how students encountered the simulated scenarios resulting in improved role plays. The researcher noted that the value of simulation as a teaching strategy, lies in the ability of the method to address various learning needs and experience levels of a student. This was proven by simulated patients who strive to perform their best because they want to see students grow and do well in their clinical skills.

Simulated patients identified that the students have their first encounter with clinical scenarios in their first year of study which are demonstrated by simulated patients. Furthermore, an interesting observation was that during the skills laboratory sessions, through reflection and critical thinking, nursing students demonstrate the ability to integrate their textbook knowledge to real life situations, as well as to plan and implement strategies that may assist them to achieve their goals. Reflection learning significantly improves students' critical thinking and encompasses a set of abilities that helps them to develop professionally and personally (Chen et al., 2019).



5.3 LIMITATIONS OF THIS STUDY

The following limitations of this study were identified:

- Although the participants in this study provided a valuable input into the phenomena that were explored, the findings of this study cannot be generated to other simulated patients at other institutions and in a different context because the study was conducted at one Department of Nursing where the participants were employed as simulated patients.
- It proved to be challenging to ensure that participants kept to appointments arranged to conduct the interviews. Two of the participants withdrew from the study when they were informed that the interviews will be conducted in English, even though English is the language of communication at the university where the study was conducted.
- Some of the simulated patients' highest education was limited to the foundation phase (primary school) and this resulted in communication challenges. As mentioned, the medium of communication in the University where the study was conducted is English, which were not the first language of most of the SPs who participated in the study. They understand English as a language and it is used when they interact with students during simulation sessions, however, they struggle to express themselves, especially when they must provide feedback.

5.4 RECOMMENDATIONS

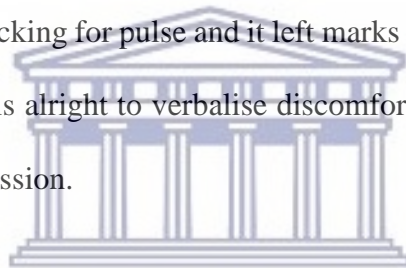
The following are the recommendations that are suggested to the Department of Nursing at a university in the Western Cape.

5.4.1 Recommendations for Simulated Patients

- Literacy support in English for SPs should be considered by the university where the study was conducted as effective communication is of utmost importance to ensure that

students' clinical experience with SPs is not compromised during and after simulated experiences.

- Debriefing or reflection with the simulated patients is required following a simulation session, whereby, the participant being debriefed revisits the events of clinical experience and uncover the thinking underpinning the action. Debriefing should come at the end of a simulation experience, because it is during this time that the simulated patients can process the events of the simulation based on the objectives and learning outcomes of the session.
- A reporting system should be put in place where SPs can report when students cause them physical or psychological harm during the simulated sessions. Evidence of physical harm should be recorded and investigated as one SP reported that students to press too hard when checking for pulse and it left marks on her skin. Simulated patients must be advised that it is alright to verbalise discomfort at the time that it takes place during the simulation session.



5.4.2 Recommendations for Managers Simulated Skills Laboratories

- There should be clear role definition of the tasks of the SPs and that of the clinical supervisors when it comes to the responsibility of students meeting their clinical learning outcomes. Simulated patients should not experience the workload allocation outside of the scope of practice, adding to their anxiety during formative and summative assessments.
- There should also be a greater focus on the role of the clinical supervisors in the clinical skills laboratory during clinical teaching sessions to ensure that they fulfil their allocated roles and not defer it to the SPs. Managers should monitor the role of both the SPs and the clinical supervisors to ensure that there is no confusion in the role definition

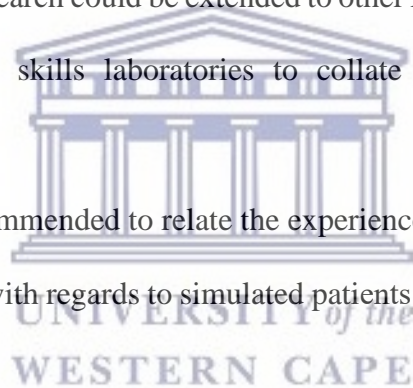
and roles appointed in. Managers should provide an avenue for SPs to report when there is confliction between SPs and clinical supervisors and between SPs and students.

5.4.3 Recommendations for nurse educators

- Continued development programs related to training on medical conditions used in scenarios is required. Nurse educators in the clinical skills laboratory must explain the learning context to simulated patients to understand the character they will be playing. Negative effects can be potentially minimised by increased training and preparation.

5.4.4 Recommendations for Research

- The study has provided an understanding about the experiences of simulated patients in a clinical skills laboratory in a Department of Nursing at a University in the Western Cape. However, this research could be extended to other Nursing Education Institutions (NEIs) with simulated skills laboratories to collate a broader view of the SPs experiences.
- Further research is recommended to relate the experiences of nursing students and that of clinical supervisors with regards to simulated patients' performance in the simulated skills laboratory.



5.5 SUMMARY

The main focus of this research was on simulated patients. The objectives of this research was to explore and describe challenges experienced by simulated patients, who simulate for nursing undergraduate students from a Higher Education Institution in the Western Cape. During the in-depth interviews, the researcher used semi-structured interview questions. Data was analysed guided by Braun and Clarke's (2006) systematic data analysis process. An independent coder reviewed the data and, following a consensus meeting, the three main themes and nine sub-themes as identified were confirmed.

Literature used to confirm the findings of this research study was obtained from the following database: EBSCOHOST, MEDLINE, Academic Search Premier, Nexus, CINAHL, Science Direct, Scopus, Google, Google Scholar, and the library resources of the university. Both South African and international publications were utilised.

The researcher concluded, based on the findings that simulated patients are generally satisfied with their jobs and they loved simulating role that they fulfilled. They are unhappy with disrespect from students, which they experience as challenging and under which they have to perform their scenarios. The researcher, ultimately, trust that the recommendations made will be carried out appropriately, as this will possibly help to alleviate the challenges experienced by simulated patients.



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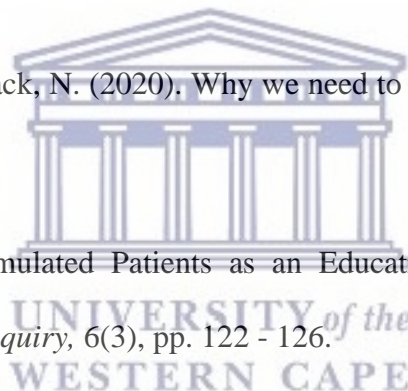
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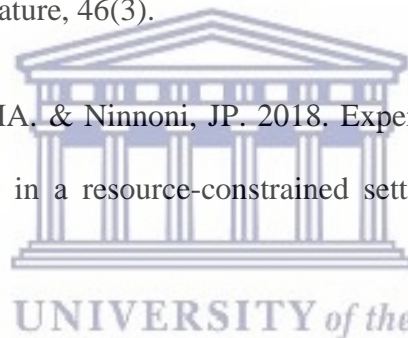
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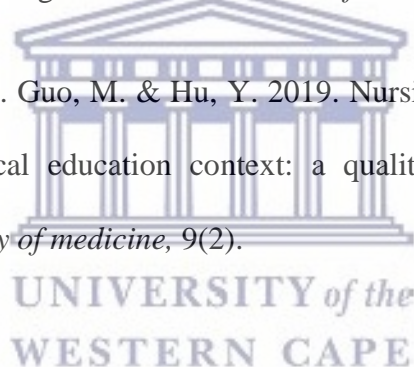
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ANNEXURE A: INFORMATION SHEET



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592819, Fax: 27 21-9593515

Project Title: Experiences of simulated patients in a clinical skills laboratory in a School of Nursing at a university in the Western Cape Province

What is this study about?

This is a research project being conducted by Ms. M. P. Goba, student number 4048280, at the University of the Western Cape. The purpose of this research project is to explore and describe the

experiences of simulated patients in a clinical skills laboratory in a School of Nursing at a university in the Western Cape Province.

What will I be asked to do if I agree to participate?

You will be asked to participate in an in-depth interview to describe your experiences as a simulated patient in a clinical skills laboratory in a School of Nursing at a university in the Western Cape Province. The audiotaped interview should be approximately 45 minutes to one

(1) hour depending on the amount of information you will share with all COVID-19 protocols in place.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. The information will not be available to any person, other than the researcher, research supervisor and independent coder. Identification codes will be used instead of names on any of the data forms. All computer files related to this research project will be password-protected on the computer of the researcher. The transcription of the interview will be anonymous and will not contain any information that will personally identify you.

What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimize such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study.

Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

The research is not designed to personally benefit the researcher, but to inform research on your experiences as a simulated patient in a clinical skills laboratory in a School of Nursing at a university in the Western Cape Province.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Ms. M.P. Goba in the School of Nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact:

Researcher: Ms. M.P. Goba **Student number:** 4048280 University of the Western Cape; Private Bag X17, Bellville 7535, Cell: 0781678236 Email: 4048280@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr. J. Willemse (Research Supervisor)
University of the Western Cape, Private Bag X17, Bellville 7535
jjwillemse@uwc.ac.za

Prof. J. Chipps
Head of Department: School of Nursing
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BMREC/HSSREC

Research Development Office,

Tel: 021 959 4111

Email: research-ethics@uwc.ac.za

This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee. (REFERENCE NUMBER):



ANNEXURE B: INFORMED CONSENT FORM



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592819, Fax: 27 21-9593515

Title of Research Project:

Experiences of simulated patients in a clinical skills laboratory in a School of Nursing at a university in the Western Cape Province.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone by the researchers. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

I agree to be audiotaped during my participation in this study.

I do not agree to be audiotaped during my participation in this study.

I agree for the audiotaped recordings to be archived for future research within the institution under study.

Participant's name

Participant's signature.....

Date.....

Researcher: Ms. M.P. Goba **Student number:** 4048280 University of the Western Cape;
Private Bag X17, Bellville 7535, Cell: 0781678236 Email: 4048280@myuwc.ac.za

ANNEXURE C - INTERVIEW SCHEDULE



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INTERVIEW SCHEDULE

Title of Research Project:

Experiences of simulated patients in a clinical skills laboratory in a School of Nursing at a university in the Western Cape Province

The research questions:

1. Which contextual elements associated with simulation have you experienced as a simulated patient during clinical skills laboratory sessions?
2. Which educational design elements have you encountered during your simulated experience in the clinical skills laboratory?
3. What is your view on the achievements of stipulated student outcomes after a simulated experience in the clinical skills laboratory?
4. What were your worst and your best experiences with regards to your interaction with nursing students during clinical learning sessions in the clinical skills laboratory?

Possible probing questions to obtain clarity on information provided

- Tell me more about your experience.
- Is there anything else that you would like to add?

ANNEXURE D: PARTICIPANT 1 INTERVIEW

I Good day participant number one, thank you for agreeing to this interview today. As I have explained to you that you may stop me anytime if you feel you don't want to continue with the interview. Thank you for signing the consent. Can we start with the questions?

P Yes.

I Thank you. Which contextual element associated with simulation have you experienced as a simulated patient during clinical skills laboratory session?

P Like my experience? Is it my experience?

I Yes.

P My experience is the thing that I can now do, but I'm not doing before. When I'm not here in the skills lab and I was at home as a housewife, I was like, I can do now my own vital signs. I can do even... I can help people, if they may be having bad times with the blood pressure or something. My advice to them always go to the clinic. Go see if your blood pressure is right. You've got a lot of headaches. That is one of the symptoms of the blood pressure. You are maybe in your 40s and even your sugar levels. Your mouth is dry, you're itching. And sometimes your eyes are itching or whatsoever, then I can say you must go to the clinic. Sort her out. Maybe it's gonna be... maybe it is your sugar levels. Or maybe it's nausea or so. I can say maybe it's your cholesterol, you must sort it out there by the clinic, Let them test your cholesterol. Let them test your sugar levels; let them test your blood pressure. So that is the main thing I get when I got here at the skills lab as a simulated patient. I learn

a lot and it is really a good thing for me because I didn't know about this stuff. I didn't know about anything. I didn't know about vital signs. I didn't know about your temperature. I learn and I learnt a lot.

I Which educational design element have you encountered during your simulated experience in the clinical skills laboratory?

P The thing is, we work with students. We work with the dolls. They don't... they don't the dolls can't talk to them. We must talk to them. And the thing is the experience I “dings” it's the scenarios. We learn a lot of the scenarios and we roleplay the scenarios and there's sickness sometimes the scenario said maybe TB. The person has TB. I knew a lot about TB because I had TB in my younger years. I had TB, so I knew a lot about TB that's why I can explain to them more about TB what TB is and what and how can the clinic or the hospital help you with the TB and the medicine, the tablets you get, you're not gonna get killed about it. So that is it's a it's a very nice experience because I can learn the students about my illness when I have it long time before so that was very nice. And the other things like scenario where it was about they must submit you at a hospital. Some hospitals they submit you but they let you sit for hours and hours and hours so that I did experience I can tell them the students about it because don't let your patients sit hours and hours if you do your submitting. Go to the sister and tell the sister listen here, that patient I submitted, I submitted patient whatsoever and is there a bed ready or what else. Don't let them sit there and wait an hour or two hours because they're sick. They want to get in the bed or even in a comfortable chair. So that is one of the reasons

I Thank you for that. What is your view on the achievements of stipulated student outcomes after a simulated experience in the clinical skills laboratory?

P It is so nice where students come to you and tell you about yoh, you told me less yesterday about this thing and this thing in you know what I was doing it. And so that student is so outrageous I will do one student one time. He was so nervous but he was practicing on me. There was no supervisor so he was so nervous to practice his vital signs on me. I said, listen here just calm down. It is just me and you. Just be yourself. Don't think about me now as a human being. Think about me as a person, as a patient. You're helping this person now in the hospital. You are now in a real hospital. I asked him if you are in the real hospital how you feel? He said but I am not nervous. I don't know why I'm so nervous when I'm at the lab. I said no man you must see me now as that person at the hospital because I am now your patient. Don't be so nervous and he says... I said to him, listen here, just calm down and just be yourself and don't focus on anything in this room. Just focus on what you are doing now then you will see. Even if the supervisor is sitting there in the exam think she isn't there. It is just you and your patient now. When you work in the hospital it is just you and your patient there. There is no sister involve or nothing. It is just you and your patient. So just think about the hospital and you think this is now a real hospital and you're working now on a real patient. So I talked him the whole time he was busy. I talked to him and made him comfortable and said to me the next week, on Monday he came back for assessment again for SDL. He said to me yoh, I really was comfortable and now I don't have to worry any... that made me feel so good because we can at least help them with that nervous and that they have that anxiety. They can't do it. They don't do it because it is now the skills lab but we help them.

I What are your worst and your best experiences with regard to interaction with student nurses during clinical learning sessions in the skills lab?

P My worst thing is the exams (laughs). Shame when the students are so busy and they are so nervous. And I lay in that bed and I see they knew about this; they knew what they're doing but they are so nervous so they're making mistakes and like yoh. Just please don't do it. Oh, maybe sometimes I feel like I can't say guys please man you can 'mos' do it but I can't talk to them. (inaudible) Because I am now the patient. So I was just laying...but it works on your nerves because you know that student is a good student and now he's messing up now, yoh. It's not the good thing. Yeah for me that is the nicest thing because the thing is we must get the skills lab ready for the exams for our students and preparing, preparing for them. It's really nice. It feels like it's your daughter or your son who's doing this exams now. You feel so excited for them.

I Wow. Is there anything else that you'd like to add?

P Yes, I learned a lot about when I come here. I learned a lot about the skills lab. I learned a lot from Ms September. She's encouraging us to do this and to do that; to check this. One day she said yoh, [J] you really make the beds nice. I said yes, but this is my job and when I see the beds is not tidy I must make it right. And she said yoh I can see when you are here and you make these beds. I knew when you're not here I knew or I'm not there. I knew this one – this is [J] this. But the thing is, t' very fun. It's nice, it's fun. Sometimes you have you have your moments. Sometimes you don't have. Sometimes the supervisors ask you something – where's this, where's that? Sometimes you're frustrated because this is not your job description but you do it because you don't have to do...you don't have nothing to do. You must “ma” do it. But it's nice. The supervisors wasn't “dingese” with us. They're always nice with us. So yeah, this is “ma” the thing. And the thing is, I learn a lot and I'm so proud of me sometimes because I Grade 7 out of school. I must go to Grade 8. So my

mother getting sick. She's getting a stroke Yes, she's disable on the left side. So um, there was no one to look after here. So I must look after so I must get out of school to look after because I don't see my mother goes in a clinic. My mother was too young to go in the clinic to stay there away from us. She was 35 when she get that. So that's why I left school but when I get this job yoh I feel like I'm nearly I was grade 12. I was there. It was nice.

I Oh, thank you. Thank you very much for the time. Thank you for participating.

P It is my pleasure.

End of recording



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ANNEXURE E: PARTICIPANT 8 INTERVIEW

I Good day participant number one, thank you for agreeing to this interview today. As I have explained to you that you may stop me anytime if you feel you don't want to continue with the interview. Thank you for signing the consent. Can we start with the questions?

P Yes.

I Thank you. Which contextual element associated with simulation have you experienced as a simulated patient during clinical skills laboratory session?

P Like my experience? Is it my experience?

I Yes.

P My experience is the thing that I can now do, but I'm not doing before. When I'm not here in the skills lab and I was at home as a housewife, I was like, I can do now my own vital signs. I can do even... I can help people, if they may be having bad times with the blood pressure or something. My advice to them always go to the clinic. Go see if your blood pressure is right. You've got a lot of headaches. That is one of the symptoms of the blood pressure. You are maybe in your 40s and even your sugar levels. Your mouth is dry, you're itching. And sometimes your eyes are itching or whatsoever, then I can say you must go to the clinic. Sort her out. Maybe it's gonna be... maybe it is your sugar levels. Or maybe it's nausea or so. I can say maybe it's your cholesterol, you must sort it out there by the clinic, Let them test your cholesterol. Let them test your sugar levels; let them test your blood pressure. So that is the main

thing I get when I got here at the skills lab as a simulated patient. I learn a lot and it is really a good thing for me because I didn't know about this stuff. I didn't know about anything. I didn't know about vital signs. I didn't know about your temperature. I learn and I learnt a lot.

I Which educational design element have you encountered during your simulated experience in the clinical skills laboratory?

P The thing is, we work with students. We work with the dolls. They don't... they don't the dolls can't talk to them. We must talk to them. And the thing is the experience I “dings” it's the scenarios. We learn a lot of the scenarios and we roleplay the scenarios and there's sickness sometimes the scenario said maybe TB. The person has TB. I knew a lot about TB because I had TB in my younger years. I had TB, so I knew a lot about TB that's why I can explain to them more about TB what TB is and what and how can the clinic or the hospital help you with the TB and the medicine, the tablets you get, you're not gonna get killed about it. So that is it's a it's a very nice experience because I can learn the students about my illness when I have it long time before so that was very nice. And the other things like scenario where it was about they must submit you at a hospital. Some hospitals they submit you but they let you sit for hours and hours and hours so that I did experience I can tell them the students about it because don't let your patients sit hours and hours if you do your submitting. Go to the sister and tell the sister listen here, that patient I submitted, I submitted patient whatsoever and is there a bed ready or what else. Don't let them sit there and wait an hour or two hours because they're sick. They want to get in the bed or even in a comfortable chair. So that is one of the reasons

I Thank you for that. What is your view on the achievements of stipulated student outcomes after a simulated experience in the clinical skills laboratory?

P It is so nice where students come to you and tell you about yoh, you told me less yesterday about this thing and this thing in you know what I was doing it. And so that student is so outrageous I will do one student one time. He was so nervous but he was practicing on me. There was no supervisor so he was so nervous to practice his vital signs on me. I said, listen here just calm down. It is just me and you. Just be yourself. Don't think about me now as a human being. Think about me as a person, as a patient. You're helping this person now in the hospital. You are now in a real hospital. I asked him if you are in the real hospital how you feel? He said but I am not nervous. I don't know why I'm so nervous when I'm at the lab. I said no man you must see me now as that person at the hospital because I am now your patient. Don't be so nervous and he says... I said to him, listen here, just calm down and just be yourself and don't focus on anything in this room. Just focus on what you are doing now then you will see. Even if the supervisor is sitting there in the exam think she isn't there. It is just you and your patient now. When you work in the hospital it is just you and your patient there. There is no sister involve or nothing. It is just you and your patient. So just think about the hospital and you think this is now a real hospital and you're working now on a real patient. So I talked him the whole time he was busy. I talked to him and made him comfortable and said to me the next week, on Monday he came back for assessment again for SDL. He said to me yoh, I really was comfortable and now I don't have to worry any... that made me feel so good because we can at least help them with that nervous and that they have that anxiety. They can't do it. They don't do it because it is now the skills lab but we help them.

I What are your worst and your best experiences with regard to interaction with student nurses during clinical learning sessions in the skills lab?

P My worst thing is the exams (laughs). Shame when the students are so busy and they are so nervous. And I lay in that bed and I see they knew about this; they knew what they're doing but they are so nervous so they're making mistakes and like yoh. Just please don't do it. Oh, maybe sometimes I feel like I can't say guys please man you can 'mos' do it but I can't talk to them. (inaudible) Because I am now the patient. So I was just laying...but it works on your nerves because you know that student is a good student and now he's messing up now, yoh. It's not the good thing. Yeah for me that is the nicest thing because the thing is we must get the skills lab ready for the exams for our students and preparing, preparing for them. It's really nice. It feels like it's your daughter or your son who's doing this exams now. You feel so excited for them.

I Wow. Is there anything else that you'd like to add?

P Yes, I learned a lot about when I come here. I learned a lot about the skills lab. I learned a lot from Ms September. She's encouraging us to do this and to do that; to check this. One day she said yoh, [J] you really make the beds nice. I said yes, but this is my job and when I see the beds is not tidy I must make it right. And she said yoh I can see when you are here and you make these beds. I knew when you're not here I knew or I'm not there. I knew this one – this is [J] this. But the thing is, t' very fun. It's nice, it's fun. Sometimes you have you have your moments. Sometimes you don't have. Sometimes the supervisors ask you something – where's this, where's that? Sometimes you're frustrated because this is not your job description but you do it because you don't have to do...you don't have nothing to do. You must “ma” do it. But it's nice. The supervisors

wasn't "dingese" with us. They're always nice with us. So yeah, this is "ma" the thing. And the thing is, I learn a lot and I'm so proud of me sometimes because I Grade 7 out of school. I must go to Grade 8. So my mother getting sick. She's getting a stroke Yes, she's disable on the left side. So um, there was no one to look after here. So I must look after so I must get out of school to look after because I don't see my mother goes in a clinic. My mother was too young to go in the clinic to stay there away from us. She was 35 when she get that. So that's why I left school but when I get this job yoh I feel like I'm nearly I was grade 12. I was there. It was nice.

I Oh, thank you. Thank you very much for the time. Thank you for participating.

P It is my pleasure.



ANNEXURE F: PERMISSION FROM THE DIRECTOR: SCHOOL OF NURSING



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592819, Fax: 27 21-9593515

19 February 2021

Director School of Nursing
Faculty of Community and Health Sciences
University of the Western Cape
14 Blanckenberg Street
Bellville
7535

Dear Professor Chipps

RE: Permission to conduct a research study in your institution

I am Mbalenhle Goba, student number 4048280, a registered post graduate student at the University and hereby request permission to collect data from simulated patients using face to face interviews. All Covid 19 protocols will be observed when conducting the interview on receipt of ethical approval for this study.

Title of Research Project: Experiences of simulated patients in a clinical skills laboratory in a School of Nursing at a university in the Western Cape Province

Data will only be collected once the study has been approved. Please be assured that anonymity and confidentiality will safeguarded at all times. I am anxiously awaiting your favourable response.

Yours faithfully

Mrs. Mbalenhle Goba (Student researcher)

Student number: 4048280

Email: mgoba@uwc.ac.za

Mobile: 0781678236

ANNEXURE G: PERMISSION FROM THE REGISTRAR



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592819, Fax: 27 21-9593515

19 February 2021

The Registrar
University of the Western Cape
Robert Sobukwe Road
Bellville
7535

Dear **Dr N Lawton-Misra**

RE: Permission to conduct a research study in your institution

I am Mbalenhle Goba, student number 4048280, a registered post graduate student at the University and hereby request permission to collect data from simulated patients using face to face interviews. All Covid19 protocols will be observed when conducting the interview on receipt of ethical approval for this study.

Title of Research Project: Experiences of simulated patients in a clinical skills laboratory in a School of Nursing at a university in the Western Cape Province

Please be assured that anonymity and confidentiality will safeguarded at all times.

I am anxiously awaiting your favourable response.

Yours faithfully

Mrs. Mbalenhle Goba (Student researcher)

Student number: 4048280

Email: mgoba@uwc.ac.za

Mobile: 0781678

ANNEXURE H: HSSREC APPROVAL



UNIVERSITY of the
WESTERN CAPE



12 August 2021

Mrs MP Goba
School of Nursing
Faculty of Community and Health Sciences

HSSREC Reference Number: HS21/6/14

Project Title: Experiences of simulated patients in a clinical skills laboratory in a School of Nursing at a university in the Western Cape Province

Approval Period: 11 August 2021 – 11 August 2024

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

The permission to conduct the study must be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse events and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

NHREC Registration Number: HSSREC-130416-049

Director: Research Development
University of the Western Cape
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Republic of South Africa
Tel: +27 21 959 4111
Email: research-ethics@uwc.ac.za

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

ANNEXURE I: DECLARATION OF EDITING



Date: 30 November 2022

DECLARATION OF EDITING

I, Professor Margaret Williams, hereby declare that I did the language editing on the dissertation detailed below. The manuscript for submission purposes in fulfilment of the requirements for the degree Magister Curationis in School of Nursing, Faculty of Community and Health Sciences, University of the Western Cape. The manuscript has been edited for English language, grammar, punctuation, and spelling.

TITLE

**Experiences of Simulated Patients in a Clinical Skills Laboratory in a School Of Nursing at a University in
The Western Cape Province**

AUTHOR

Mbalenhle Pearl Goba

Disclaimer: The author is free to accept or reject my changes to the document after editing. However, I do not bear responsibility for revisions made to the document after my edit on **30/11/2022**.

A handwritten signature in cursive script, appearing to read 'M Williams'.

Signed:

The logo of the University of the Western Cape, featuring a classical building facade with columns and a pediment. Below the image is the text 'UNIVERSITY of the WESTERN CAPE' in a serif font.

UNIVERSITY of the
WESTERN CAPE

Email: maggie.williams@mandela.ac.za
Cell: 0825270600

ANNEXURE J: INDEPENDENT CODING/QUALITATIVE ANALYSIS LETTER



Date: 30 November 2022

INDEPENDENT CODING/QUALITATIVE ANALYSIS

I, Professor Margaret Williams, hereby declare that I have provided the service of independent coding for the dissertation listed below. The study is for submission purposes in fulfilment of the requirements for the degree Magister Curationis in School of Nursing, Faculty of Community and Health Sciences, University of the Western Cape.

TITLE
Experiences of Simulated Patients in a Clinical Skills Laboratory in a School Of Nursing in a University in

The Western Cape Province

STUDENT:

Mbalenhle Pearl Goba

UNIVERSITY of the
WESTERN CAPE

Signed:

A handwritten signature in black ink, appearing to read 'M Williams', written over a light blue background.

Prof M Williams

Email: maggie.williams@mandela.ac.za
Cell: 0825270600