

Satisfaction of Community Health Nursing Students and their Educators with "Home Care Simulation Teaching Module" at the Faculty of Nursing, Alexandria University

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Abstract

Background: Simulation has been developed as one of the creative instructional techniques in healthcare educational programs. Through simulation students can apply theoretical knowledge to solve problems in a variety of clinical-like scenarios, learn how to manage rare and high-risk nursing scenarios, and enhances the overall satisfaction of nursing students that help them to attain higher results. **Aim:** To assess the satisfaction of community health nursing students and their educators with the home care simulation teaching module at the Faculty of Nursing, Alexandria University. **Settings:** The study was conducted at the community health nursing department, Faculty of Nursing, Alexandria University. **Subject:** All bachelor students who completed the two-week home care simulation module in community health nursing course during the academic year 2022–2023 (449 students) and all clinical educators in the community health nursing department at the Faculty of Nursing (25 clinical educators). **Tools:** Three tools were used. Tool (I): Student's Socio-demographic and Academic data questionnaire, tool (II): The satisfaction with simulation experience scale (SSES), and tool III: Educator's satisfaction with simulation experience scale. **Results:** More than half (59.2%) of students had a moderate satisfaction with simulation experiences. A statistically significant association was noticed between the students' age and their level of satisfaction with the simulation experience ($X^2=13.932$, $P=0.030$). On the other hand, two fifths (40.0%) of the educators were highly satisfied with the overall experience of simulation and a minority (4.0%) of them were dissatisfied. **Conclusion:** The current study revealed that more than half of students had a moderate satisfaction with simulation experiences. While, the majority of educators had a high satisfaction level with simulation experience. **Recommendations:** Integration of simulation into all clinical modules and developing comprehensive training programs for nursing educators in different specialties to learn effectively how to design, practice, debrief simulation-based experiences for meeting the intended learning outcomes of the nursing syllabus, and fostering a positive relationship between learners and instructors to keep students engaged.

Keywords: Home care, Satisfaction, Simulation, "Community Health Nursing Students".

Received 26 August 2024; Accepted 10 September 2024; Published March 2025

Introduction

The demand for home health care has been increasing at an accelerated rate due to the demographic transition, which has enhanced life expectancy. As more people

live longer, an increase in the number of people who are living with numerous chronic diseases, and medical expenses keep rising, which is driving up the

demand for home health care (Farmer, 2022).

Furthermore, the need for home-based care has increased dramatically since the COVID-19 pandemic began to relieve the strain on hospitals and enable patients with chronic illnesses or those with less severe COVID-19 to get treatment and monitoring at home (Brocard et al., 2021; Jones & Bowles, 2020).

Moreover, due to social distancing measures taken to halt the transmission of the disease, the COVID-19 pandemic altered the educational landscape and stimulated the investigation of cutting-edge teaching techniques, including online learning, multimedia teaching materials, and simulation with virtual debriefings using web-based video conferencing systems to teach clinical skills (Cheng et al., 2020).

Simulation refers to activities that mimic the reality of a clinical environment and that are designed for use in demonstrating procedures and promoting decision making and critical thinking (Tjoflåt et al., 2023).

Simulation has been developed as one of the creative instructional techniques in healthcare educational programs because of the growing use of technology in this field. The use of realistic situations with various fidelity kinds that are appropriate for undergraduate and graduate students has been found to significantly improve the learning environment and achieve the desired learning outcomes (Lockertsen et al., 2023).

Through simulation, students can apply theoretical knowledge to solve problems in a variety of clinical-like scenarios and learn how to manage rare and high-risk nursing scenarios. By increasing their frequency of exposure in simulated environments, students can form

habits of best practices for dealing with emergencies (Baayd et al., 2023).

Increased usage of simulation can result in an increase in self-assurance, reduction in stress, greater satisfaction with theoretical-practical learning, an improvement in psychomotor skills, an increase in critical thinking, and advancements in learning in the acquisition of competencies and self-efficacy (Ruiz-Fernández et al., 2022).

The degree to which students are satisfied with their educational experience has a great impact on their academic performance, helps them reach their goals, and aids in their future educational and professional endeavors (Cabrera & Kempfer, 2020).

As a result, student satisfaction is a crucial factor that defines the interactivities of the teaching-learning process and the method's applicability. It also determines the students' capacity to acquire and practice clinical skills in a controlled setting before being obliged to practice on patients (Mohamed & Mohamed, 2020; Ayed et al., 2023).

On the other hand, educators' satisfaction in higher education is a matter of vital concern. There are different factors responsible for educators' satisfaction including teaching factors such as teaching methods and instructional materials. Satisfied and committed educators make students learn more effectively, develop more positive association with students, and help them out to attain higher results (Shah, Khan, & Zarei, 2020).

Moreover, the utilization of simulation will help nurse educators strengthen their clinical teaching abilities. It will be easier to provide educators with simulated learning opportunities. If realistic situations are created, this will allow inexperienced nurse educators to organize, carry out, and assess teaching

and learning techniques. Educational scenarios will help to develop the faculty role in clinical teaching with careful design and execution (Mehdipour–Rabori et al., 2021; Morton et al., 2023).

Accordingly, the present study will be carried out to assess the satisfaction of community health nursing students and their educators with home care simulation teaching module at the Faculty of Nursing, Alexandria University.

Aims of the Study

This study aimed to assess the satisfaction of community health nursing students and their educators with the home care simulation teaching module at the Faculty of Nursing, Alexandria University.

Research questions.

- What is the satisfaction of community health nursing students with the home care simulation teaching module at the Faculty of Nursing, Alexandria University?
- What is the satisfaction of community health nursing clinical educators with the home care simulation teaching module at the Faculty of Nursing, Alexandria University?

Materials and Method

Materials

Design: A cross-sectional descriptive design was used to carry out this study.

Settings: This study was conducted at the community health nursing department, Faculty of Nursing, Alexandria University.

Subjects: All bachelor students who completed the two-week home care simulation module in community health nursing course during the academic year 2022–2023 (449 students) and all clinical educators in the community health

nursing department at the Faculty of Nursing (25 clinical educators).

Tools: In order to collect the necessary data for the study the following tools were used:

Tool (I): Student's Socio-demographic and Academic data questionnaire This tool was developed by the researcher. It consists of two parts:

Part I: Student's socio-demographic data such as age, sex, residence, work status, and family income.

Part II: Student's academic data such as student's cumulative grade point average (CGPA) in addition to students' prior experience with simulation.

Tool (II): The satisfaction with simulation experience scale (SSES) developed by Levett-Jones et al. (2011) The SSE scale consists of 18 items. Each item was scored on a 5-point Likert scale (where 1=Strongly disagree, 2= Disagree 3= Unsure, 4=Agree, 5= Strongly agree). The scale was including three structure factors: Debrief and reflection (measured by items 1-9) with a score ranged from 9- 45, Clinical reasoning (measured by items 10-14) with a score ranging from 5-25, and Clinical learning (measured by items 15-18) with a score ranging from 4-20. The SSES total score ranged from 18 to 90 points, with higher scores indicating higher satisfaction.

Tool III: Educator's satisfaction with simulation experience scale" This tool was developed by the researcher after reviewing the recent literatures (Carrero-Planells et al., 2021; Karacay & Kaya, 2020).It was consisted of 20 items scored on a 5-point Likert scale (where 1= Strongly disagree, 2= Disagree, 3= Unsure, 4= Agree, 5= Strongly agree), under three categories: simulation preparation consisted of (8) items, simulation implementation consisted of (8) items and simulation feedback consisted of (4) items. The total score ranged from 20 to 100 points, with higher scores indicating higher satisfaction.

Method

- Approval from the Research Ethics Committee, Faculty of Nursing, Alexandria University.
- Permission to conduct the study was obtained from the Dean of the Faculty of Nursing and the Vice Dean of Student Affairs at Alexandria University.
- Permission was taken from the head of the Community Health Nursing department to collect the necessary data from the students who were enrolled in the community health nursing course after completing the home care module as well as from the clinical educators affiliated to the course.
- The content validity of the study tools (Tools I and III) was tested by a group of (5) experts in the fields of community health nursing and nursing education.
- A pilot study was carried out on 5% of the intern students of the previous academic year, 2021–2022, (N = 25), who were not included in the original study sample.
- Moreover, a pilot study was carried out on 10% (N = 3) of educators from other departments using simulation as a teaching method.
- The reliability of Tools II and III was tested by using Cronbach's alpha coefficient test ($\alpha=0.96$ and 0.83) respectively.
- Tool I and Tool II were distributed to the students after they completed the home care simulation to fill out individually in the presence of the researcher to offer guidance and clarification when needed.
- Tool III was distributed to the clinical educators at the community health nursing department after completing the two weeks of clinical training on the home care simulation.

Ethical considerations:

- A written informed consent was obtained from each participant after an

explanation of the aim of the study and assurance that the collected data was used only for the study purpose.

- Study subjects' anonymity was maintained, as was the confidentiality of the collected data. Subjects' voluntary participation and their right to withdraw from the study at any time were assured.
- Dealing with the study subjects was based on mutual respect.

Statistical Analysis

The collected data were organized, coded, transferred into a specially designed format to be suitable for computer feeding and statically analyzed using the statistical package for social studies (SPSS) Version 25.0. Variables were analyzed using descriptive statistics which included: percentages, frequencies, range (minimum and maximum), arithmetic mean, and standard deviation. Finally, analysis and interpretation of data were conducted. P-values of 0.05 or less were considered statistically significant.

Results

Table 1 shows the students' socio-demographic characteristics and academic data. It was found that the students' ages ranged from 20 to 29 years, with a mean of 21.90 ± 1.259 years. More than half (57.2%) of them aged from 22 years old to less than 24 years, while a minority (1.3%) of them aged 26 years and more. Regarding students' sex, less than two thirds (63.7%) of them were females, while more than one-third (36.3%) were males. As for students' residence, it was found that the majority (94.4%) of students were living in urban areas, while those who were living in rural areas constituted a minority (5.6%) of them. With respect to students' working status, it has been found that less than half (45.9%) of them were working along with pursuing their education, while more than

half (54.1%) of them were not working. Concerning their family income, it was found that more than three quarters (83.1%) of them reported that their family income was enough. However, less than one fifth (16.9%) of them didn't have enough family income. Regarding the student's Cumulative Grade Point Average (CGPA), It was observed that 2.2% of them had an excellent grade, while almost two fifths (39.4%) had a very good grade, more than half (57.2%) had a good grade, and few percentage (1.1%) of them had a pass grade. Lastly, the table revealed that more than three-quarters (82.4%) of students had a prior experience with simulation, while less than one-fifth (17.6%) of them never exposed to simulation before.

Table 2 shows the distribution of the studied students according to their level of satisfaction with simulation experiences. It was noticed that less than one quarter (24.3%) of the students had a high satisfaction level regarding debriefing and reflection, while almost one fifth (19.8%) of them were dissatisfied. Moreover, more than one quarter (26.3% and 29.6%) of the students had high satisfaction level concerning clinical reasoning and clinical learning respectively, while less than one fifth of them were dissatisfied (15.6% and 16.5% respectively). Regarding the students' total satisfaction with simulation experiences, less than one quarter (23.2%) of them had a high satisfaction level, and more than half (59.2%) of them had moderate satisfaction. On the other hand, less than one fifth (17.6%) of them were dissatisfied.

Table 3 illustrates the association between the studied students' socio-demographic and academic characteristics and the levels of satisfaction with simulation experiences. With respect to students' age, it was noticed that more than one fifth (20.6%) of the students aged from 20 to less than 22 years had a

high satisfaction level compared to 16.7% of those aged 26 years and more, with a statistically significant differences between the students' age and their level of satisfaction with the simulation experience ($X_3^2=13.932$, $P=0.030$). On the other hand, no statistically significant differences were found, regarding students' sex, residence, working status, family income, last CGPA, and students' prior experience with simulation and their level of satisfaction with simulation experiences.

Table 4 shows the distribution of the studied educators according to their personal data. It was found that the educators' ages ranged from 25 to 50 years, with a mean of 32.44 ± 5.628 years. Two fifths (40%) of them aged 25 years to less than 30 years, while a minority (8.0%) of them aged 40 years and more. With respect to the educators' educational qualifications, the table showed that two fifths (40%) of them have a bachelor's degree, nearly one third (32%) of them have a master's degree, and less than one third (28%) of them have a doctorate degree. Concerning the educators' years of work experience, it ranged from 1-28 years, with a mean of 8.04 ± 6.39 years. It was found that less than one-third (32%) of them worked for less than 5 years, while more than one tenth (12%) of them worked for 15 years and more. Regarding the educators' years of teaching experience with simulation, it ranged from 1 to 5, with a mean of 2.12 ± 1.054 years. It was observed that more than one third (36%) of them had teaching experience with simulation for one year, and almost one quarter (24%) of them had teaching experience with simulation for two years, while two fifths (40%) of them had teaching experience with simulation for three or more years. Lastly, the table showed that more than half (56%) of the educators have no previous training in teaching with simulation, while more than two fifths (44%) of them have previous training in teaching with simulation.

Table 5 reveals the distribution of the studied educators according to the level of satisfaction with simulation experiences. Concerning the preparation of the simulation, more than half (52.0%) of the educators had a high level of satisfaction, while only 4.0% of them were dissatisfied. Regarding the implementation of simulation, less than one quarter (24.0%) of the educators had a high level of satisfaction, and more than one tenth (12.0%) of them were dissatisfied. Furthermore, more than one quarter (28.0%) of the educators had a high level of satisfaction in relation to feedback, while 12.0% of them were dissatisfied. Additionally, two fifths (40.0%) of the educators were highly satisfied with the overall experience of simulation, and a minority (4.0%) of them were dissatisfied.

Table 6 shows the association between the studied educators' personal and work-related characteristics and the levels of satisfaction with the simulation experience. It was noticed that one fifth (20%) of the educators aged from 25 to less than 30 years had a high level of satisfaction with simulation compared to none of the educators aged 40 years and more, with a statistically significant relationship between the educators' age and level of satisfaction ($X^2=13.009$, $P=0.043$). On the other hand, no significant associations were found with respect to educators' qualifications, work experience, teaching experience, and previous training about teaching with simulation and their level of satisfaction with simulation experience.

Discussion

The utilization of Simulation-Based Nursing Education (SBNE) has become a vital and efficacious approach enhancing and improving comprehensive clinical skills education within the undergraduate nursing curriculum in recent times (Mirza et al., 2021). Hence, home care simulation provides an immersive and unique learning experience through the use of cutting-edge technology and carefully

designed simulations, students can interact with real patients, evaluate complicated problems, make critical clinical decisions in a secure environment, and learn how to effectively communicate with patients and their families (Mager, 2021; Um, 2023). An essential component of determining the impact and efficacy of simulation-based training programs is assessing the students' and educators' level of satisfaction (Wong & Chapman, 2023).

Accordingly, the current study was done to assess the satisfaction of community health nursing students and their educators with the home care simulation teaching module at the Faculty of Nursing, Alexandria University.

Fortunately, the present study findings revealed that more than half of the students were moderately satisfied with the simulation experience. This finding could be attributable to that the majority of students in the current study perceived that simulation was a valuable learning experience and helped them recognize their clinical strengths and weaknesses. The current study finding aligns with a study conducted by Oanh et al., (2021) in Vietnam, which included 182 participants from second-year nursing students at Danang University of Medical Technology and Pharmacy, which found that the satisfaction level of nursing students with simulation-based learning was notable moderate. Similarly, Marwa et al. (2018) in Egypt found similar results among 151 students in the 3rd year of maternity nursing at Benha University, these studies findings indicated that students had a moderate level of satisfaction with learning through simulation.

On the other hand, other studies revealed a higher level of satisfaction with simulation experience, such as a study conducted by Kaliyaperumal et al. (2021) in Saudi Arabia that focused on the

satisfaction and self-confidence levels of nursing students who underwent simulation teaching. The study was carried out on 80 final year undergraduate female nursing students at the College of Medical Sciences, King Khalid University (KKU), finding that the nursing students at KKU have expressed a high degree of satisfaction with simulation-based teaching in their learning experience. Similar to Zapko et al. (2018), who examined 199 participants including sophomore, junior, and senior nursing students in a baccalaureate nursing program at a large Midwestern university, which the findings indicated a high level of overall satisfaction among nursing students who were taught using simulation.

Furthermore, the current study investigated factor that impact students' satisfaction with simulation-based learning such as age. The present study discovered a significant association between the age of students and their satisfaction with simulation experiences. This finding is consistent with the results conducted by Cabañero-Martínez et al. (2021), a study done in Spain, which aim to assess the satisfaction levels of nursing students, identify factors influencing their satisfaction, and investigate the perceived impacts of a high-fidelity simulation training program with standardized patients on nursing students. The study subjects consisted of 205 undergraduate nursing students, finding a significant association between age and satisfaction with the simulation.

The results of the present study contradict with the findings of Alammary (2017), a study conducted by in Saudi Arabia, which aimed to investigate the perceptions of satisfaction and self-confidence among novice nursing students in Saudi Arabia regarding high-fidelity simulation (HFS), as well as analyze potential correlations between

participants' demographic traits and their levels of satisfaction and self-confidence in the learning process. The study subjects were 76 undergraduate nursing students, revealing no significant association between age and student satisfaction with the simulation experience

The current study also investigated the level of satisfaction among educators. In this regard, the present study findings revealed that all educators involved (instructors/demonstrators, assistant lecturers, lecturers, assistant professors, and professors in the community health nursing department) were moderately to highly satisfied with the simulation experience. This may be attributed to the fact that the simulation offers an engaging and simple method for teaching as well as a way to address the challenges of conducting home visits. Supported by Elizabeth Horton (2020), who noted that simulation is an effective teaching-learning strategy in nursing education to help ensure nursing competencies for practice.

Moreover, the current study found that there was a significant association between educators age and their level of satisfaction with simulation experience. This could be attributed to the fact that younger educators, who have grown up in a digital age, are generally more comfortable and familiar with technology, thus making them more inclined to embrace simulation-based learning. Conversely, older educators, who may have had less exposure to technology or feel less at ease with it, might face challenges in adapting to simulation-based learning and may not find it as fulfilling. This finding is in line with other studies (Fauziah et al. 2019; Pome and Feri 2018), which have shown that the younger educators tend to be more satisfied with simulation-based learning compared to their older counterparts.

Conclusion

Based on the present study findings it could be concluded that most of students were moderately satisfied with simulation experiences. On the other hand, the majority of educators were moderately to highly satisfied with simulation experience.

Recommendations

Based on the results of the current study, the following recommendations are suggested:

Directed toward nursing education:

- Allocate funds towards upgrading infrastructure, such as cutting-edge simulation laboratories and advanced technology.
- Provide educators with in-depth training and certification opportunities in simulation pedagogy and the

efficient use of simulators to improve their teaching abilities.

- Foster the development of research and innovation in simulation methodologies and simulators.

Directed toward educators in community health nursing department

- Integration of simulation into all clinical modules and incorporating simulation experiences into the curriculum in a cohesive manner to guarantee their pertinence and efficiency.
- Develop effective feedback mechanisms to collect input from both students and educators.
- Start the simulation-based modules early in all nursing programs to help students get acquainted with this methodology.

Table (1): Distribution of Students According to Their Socio-demographic Characteristics and Academic data

Socio-demographic characteristics and academic data.	Students N (449)	
	No.	%
Age (years)		
20-	170	37.9
22-	257	57.2
24-	16	3.6
≥26	6	1.3
Min - Max	20 - 29	
Mean ± SD	21.90 ± 1.259	
Sex		
Male	163	36.3
Female	286	63.7
Residence		
Rural	25	5.6
Urban	424	94.4
Work status (Did you work beside studying?)		
Yes	206	45.9
No	243	54.1
Family income		

Enough	373	83.1
Not enough	76	16.9
Cumulative Grade Point Average (CGPA)		
Excellent	10	2.2
Very good	177	39.4
Good	257	57.2
Pass	5	1.1
Students' prior experience with simulation		
Yes	370	82.4
No	79	17.6

*CGPA grades: Excellent: $\geq 85\%$; Very good grades: $75 < 85\%$; Good: $65 < 75\%$; Pass: $60 < 65\%$.

Table (2): Distribution of the Studied Students According to the level of Satisfaction with Simulation Experiences (By domains)

Domain	Levels of Students' Satisfaction with Simulation Experience					
	Dissatisfied		Moderate		High	
	No.	%	No.	%	No.	%
▪ Debriefing & reflection	89	19.8	251	55.9	109	24.3
▪ Clinical reasoning	70	15.6	261	58.1	118	26.3
▪ Clinical learning	74	16.5	242	53.9	133	29.6
Total Students' Satisfaction with Simulation Experiences	79	17.6	266	59.2	104	23.2

Table (3): Association Between the Studied Students' Socio-Demographic and Academic Characteristics and The Levels of Satisfaction with Simulation Experience

Students' characteristics	Levels of Satisfaction with Simulation Experience						Total N=449		Test of Significance
	Dissatisfied (N= 79)		Moderate (N= 266)		High (N= 104)				
	No.	%	No.	%	No.	%	No.	%	
Age (years)									
20-	41	24.1	94	55.3	35	20.6	170	37.9	$X^2=13.932$ $P=0.030^*$
22-	32	12.5	158	61.5	67	26.1	257	57.2	
24-	5	31.3	10	62.5	1	6.3	16	3.6	
≥ 26	1	16.7	4	66.7	1	16.7	6	1.3	
Sex									
Male	31	19.0	95	58.3	37	22.7	163	36.3	$X^2=0.358$ $P=0.836$
Female	48	16.8	171	59.8	67	23.4	286	63.7	
Residence									
Rural	5	20.0	11	44.0	9	36.0	25	5.6	$X^2=3.009$ $P=0.222$
Urban	74	17.5	255	60.1	95	22.4	424	94.4	

Work beside education									
Yes	35	17.0	130	63.1	41	19.9	206	45.9	X ² = 2.784 P=0.249
No	44	18.1	136	56.0	63	25.9	243	54.1	
Family income									
Enough	66	17.7	221	59.2	86	23.1	373	83.1	X ² = 0.023 P=0.988
Not enough	13	17.1	45	59.2	18	23.7	76	16.9	
Last CGPA									
Excellent	2	20.0	6	60.0	2	20.0	10	2.2	X ₃ = 6.522 P=0.367
Very good	28	15.8	99	55.9	50	28.2	177	39.4	
Good	47	18.3	158	61.5	52	20.2	257	57.2	
Pass	2	40.0	3	60.0	0	0.0	5	1.1	
Students' prior experience with simulation									
Yes	36	17.0	218	58.9	89	24.1	370	100.0	X ² ₂ = 0.564 P=1.144
No	16	20.3	48	60.8	15	19.0	79	100.0	

X² : Chi Square Test * Statistically significant at p ≤ 0.05

Table (4): Distribution of the Studied Educators According to Their Personal Data

Personal data	Educators (n =25)	
	No.	%
Age (years)		
25-	10	40.0
30-	8	32.0
35-	5	20.0
≥40	2	8.0
Min - Max	25.0 – 50.0	
Mean ± SD	32.44 ± 5.628	
Educational qualifications		
Bachelor degree	10	40.0
Master degree	8	32.0
Doctorate degree	7	28.0
Work experience (years)		
<5	8	32.0
5-	9	36.0
10-	5	20.0
≥15	3	12.0
Min - Max	1.0 – 28.0	
Mean ± SD	8.04 ± 6.39	
Teaching experience with simulation (years)		
One	9	36.0
Two	6	24.0

Three or more	10	40.0
Min - Max	1.0 – 5.0	
Mean ± SD	2.12 ± 1.054	
Previous training about teaching with simulation		
Yes	11	44.0
No	14	56.0

Table (5): Distribution of Studied Educators According to The Level of Satisfaction with Simulation Experiences (By domains)

Domain	Levels of Educators’ Satisfaction with Simulation Experience					
	Dissatisfied		Moderate		High	
	No.	%	No.	%	No.	%
Preparation	1	4.0	11	44.0	13	52.0
Implementation	3	12.0	16	64.0	6	24.0
Feedback	3	12.0	15	60.0	7	28.0
Total Educators’ Satisfaction with Simulation Experiences	1	4.0	14	56.0	10	40.0

Table (6): Association Between Educators’ Personal and Work-related Characteristics and Their Levels of Satisfaction with Simulation Experience

Educators’ characteristics	Levels of Satisfaction with Simulation Experience						Total N=25		Test of Significance
	Dissatisfied (N= 1)		Moderate (N= 14)		High (N= 10)				
	No.	%	No.	%	No.	%	No.	%	
Age (years)									
25-	0	0.0	8	80.0	2	20.0	10	40.0	$\chi^2_3=13.009$ P=0.043*
30-	1	12.5	4	50.0	3	37.5	8	32.0	
35-	0	0.0	0	0.0	5	100.0	5	20.0	
≥40	0	0.0	2	100.0	0	0.0	2	8.0	
Educational qualifications									
Bachelor degree	0	0.0	7	70.0	3	30.0	10	40.0	$\chi^2_2=5.904$ P=0.206
Master degree	1	12.5	5	62.5	2	25.0	8	32.0	
Doctorate degree	0	0.0	2	28.6	5	71.4	7	28.0	
Work experience (years)									
<5	0	0.0	6	75.0	2	25.0	8	32.0	$\chi^2_3=6.095$ P=0.413
5-	1	11.1	5	55.6	3	33.3	9	36.0	
10-	0	0.0	1	20.0	4	80.0	5	20.0	
≥15	0	0.0	2	66.7	1	33.3	3	12.0	
Teaching experience with simulation (years)									
One	0	0.0	5	55.6	4	44.4	9	36.0	$\chi^2_2= 2.012$ P=0.734
Two	0	0.0	3	50.0	3	50.0	6	24.0	
Three and more	1	10.0	6	60.0	3	30.0	10	40.0	

Previous training about teaching with simulation									
Yes	0	0.0	5	45.5	6	54.5	11	44.0	X ² = 2.215
No	1	7.1	9	64.3	4	28.6	14	56.0	P=0.330

X²: Chi Square Test * Statistically significant at $p \leq 0.05$

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