

## **Attitudes and Perception of Baccalaureate Nursing Students toward Educational Simulation**

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### **INTRODUCTION**

The word attitude is a French word that arises from the Italian word *attitudine* and from the Late Latin *aptitude* and *aptitudin* (Carreira, Díaz, & Kagan, 2018). Attitude is defined as “Behavior totally based on conscious or subconscious mental perceptive evolved by cumulative events”(Venus et al., 2019).

The important characteristics of an “attitude” are that it has a cognitive, affective, and behavioral element; that is a reaction of a stimulus. This attributes amplify to all kinds of mind and behavior. The extensiveness of these characteristics makes it is complicated to generate different cases(Schmidt & McArthur, 2018).

Perception is greatly interfaced among the external and internal worlds. The procedure of perception is ruled by sensory input and imposition of meaning depend on pattern related with other recognitions that permit for the constructing the input(Ahissar, Nelinger, & Gruber, 2019). Once an individual is succeeded, it serves as input to higher-order thinking, containing inferences about the

target's goals. This understanding of target input then leads the perceiver's reaction(Cole & Packer, 2019).

Simulation is an effective teaching approach that involves nursing students to apply critical and clinical reasoning and gives an opportunity for reflective study and integration of the students (Peisachovich, Gal, & Johnson, 2016). Provides opportunities to study with other professionals should be a priority in the simulation. Shared learning with other students will improve the student ability to understand clinical problems(Leithead III et al., 2019).

It is very essential for a licensed nurse to use his/her competence and skills increased during his/her training in terms of self-confidence and personal pleasure. When nurses students are in training about their professions in training center. It is clear that a good training should be given both in basic and higher levels. As we known that, education can be effective if it sees the personal needs. In this respect, it is thought that taking learning styles from individual differences in education into consideration, will contribute positively for educating nurses(Shen et al., 2019).

Today education has become prominent object as it involves maximum people to take part. However, it cannot be separated from human's life. Both man and women need to be educated. They have the equal right to get education as they want. There is no limitation for learning. No matter how old a person is, he / she can take part in education at any stage of life(Richmond, 2018).

Nursing education is part of advanced education providing by the universities. The curriculum consists of 180 European Credit Transfer System (ECTS) points, in agreement with the Bologna process, and the period of educations is 4 years(Richmond, 2018).

Simulation is an educational design that can be used to support the procedure of clinical learning. Simulation can help in educating learners' confidence through provide a chance to practice in a free atmosphere. Moreover, simulation occasionally observed inferior to clinical training because most of the students during simulation never forget that they are working with a manikin. Therefore, students' attitudes and insights toward simulation are significant because they affect how the students handle the simulation and affect the level of reliability of simulation(Leithead III et al., 2019).

This study was to address the development of the attitudes toward simulation, and report the features that can affect the attitudes and its improvement during the nursing program. The purposes of this study were to identify the attitudes and perception of nursing students toward simulation as an educational approach. To explore whether some students' appearances affect their attitudes and perception, to judge the changes in the attitudes and perceptions toward simulation among the different levels of students. To compare the attitude and perception of the nursing students with demographic data. Downloaded by 04 August 2017 variables, and to find the important expectations of students' attitudes and perceptions toward educational simulation(Leithead III et al., 2019).

To achieve the advantage of simulation, students must realize the guidelines for simulation hence they retain the inspiration and self-direction during the action (Speeney, Kameg, Cline, Szpak, & Bagwell, 2018).

Nurses constricted their understanding of simulation as an idea to the degree where simulation was occasionally observed only as function the human persistent simulation. After, the exploring nursing student's perception towards different scenarios and simulation approaches was significant(Aebersold et al., 2018).

## **LITERATURE REVIEW**

This study was to address the development of the attitudes toward simulation, and report the features that can affect the attitudes and its improvement during the nursing program. The purposes of this study were to identify the attitudes and perception of nursing students toward simulation as an educational approach. To explore whether some students' appearances affect their attitudes and perception, to judge the changes in the attitudes and perceptions toward simulation among the different levels of students. To compare the attitude and perception of the nursing students with demographic data. The important expectations of students' attitudes and perceptions toward educational simulation(Leithead III et al., 2019)

Several studies were conducted to evaluate different features of a student's perception and attitude toward simulation. There was a deficiency of knowledge the studies measuring the advantages and

learning chances in the intra-professional simulation(Woroch, Alvarez, Yingling, & Handrup, 2018).

Though the literature stated that simulation had optimistic impact on numerous aspects of teaching and learning(Boyde et al., 2018). Certain nursing students observed simulation as not similar to the real clinical skill, stressful situation and painful way to study(Huang et al., 2018). Such undesirable perceptions may inhibit the development of knowledge and effect nursing student's arrangement and the reliability of simulation (DeCarlo et al., 2018). Furthermore, the literature quiet indicate that the conventional research laboratory experimental placement is still higher to simulation in terms of education clinical practice(Plumb et al., 2018). In other words, poor arrangement, establishing, and performing stimulation can result in frustration for the students and disappointment to happen the learning goals (Peisachovich, et al.,2016).

The results of this study approve that a simulated end of life care intervention has a progressive impression on the attitudes of undergraduate nursing and medical students towards end of life care. As expected the simulated situation providing a chance for the students to increase practical practice by providing end of life care with the use of an increase reliability simulator (patient at end of life) and role performer(Peisachovich, et al.,2016).

Studies seem to support the practice of simulation in nursing students to additional prepare students for actual clinical skills(Seago, 2016). Researchers explore the ideas of self-efficacy, intelligent, and capability for skill compulsory by student nurses to be effective in their skill. Still, in the struggle to provide students with these practices. Nursing teachers must be inspired in their teaching techniques and approaches. Study recommends that the presence of simulation is appreciated tool in the general information achievement of nursing students(Lai, Lin, Guo, Chen, & Liao, 2018).

However, to succeed traditional teaching modalities, several studies recommend that simulation education is similarly effective as traditional medical skills in preparing students with the skills essential for the part of bedside nurse (Schlairet & Pollock, 2018). But, most of the justification for the use of simulation is usually as a result of student's self-examine using forms that draw upon individual

data to provoke results(Powell, Cooke, & Brakke, 2019). Furthermore, these studies are frequently narrow by small sample sizes and the lack of recognized psychometric assessment instruments(Abram & Forbes, 2019).

Another, studies showed that perception toward simulation can be exaggerated by the nature of simulation, the year level of the pupils, the grade of reliability, and the pleasure in simulation. A study established to measure for new features that may affect perception toward simulation. The authors measured the effect of the practice the scenarios played through simulation on nursing students' perceptions (Silén-Lipponen, Turjamaa, Tervo-Heikkinen, & Äijö, 2018). Similarly they observed whether the learning stage of the students (i.e. first, second, third, or fourth year) affected their perceptions(Silén-Lipponen et al., 2018).

The authors create that the process of simulation increase with the level of satisfaction wherever low reliability simulation groups had a greater degree of satisfaction but the educational level did not affect their perceptions. The authors recognized the great satisfaction in paper/pencil simulation to the students' understanding by the way; i.e. the difficulty of simulation influenced the perception. The authors represented that the method by which students received the simulation technique finally enhanced their development in the program(Silén-Lipponen et al., 2018).

Even though simulation was mostly considered to have a great impact on many characteristics of education(Silén-Lipponen et al., 2018). Nursing students had worries about the worth of simulation-based education. Therefore, they measured 523 nurses to explore their perceptions regarding simulation and consider the association of these perceptions with three demographics: previous experience with simulation, years of clinical practice, and area of employment. The authors found that nursing student received the occurrence of several problems which changed built on demographics, e.g. existence in a stressful setting, using new tools, and practices with non-nurses. A number of nurses even described simulation as a loss of time(Gharaibeh, Hweidi, & Al-Smadi, 2017).

Attitudes toward the stimulation can usually gathered into a structural view against an attitude that exist in poor as outcome of person failure or personal deficiency(Lu et al., 2018). In a structural

view, beliefs about why individuals are poor are associated with the structural hurdles forced by people rather than due to person traits or failures(Hitchcock et al., 2018).

In compare, views that poverty is associated with person factors, such as lethargy or other individual character deficits, may participate with stereotyping of persons and lack of patient care.

A study conducted on cross-sectional survey of baccalaureate nursing students in Canada to determine their views about poverty and health. The researchers observed beliefs concerning four potential mechanisms linking poverty and health: that (a) the connection is a myth, with the association being one of favoritism in dimension, (b) the connection is a result of drift, with reduced health happening first and then causing in a drift into deficiency, (c) the connection is a result of an individual deficiency, with those in poverty existence with more possible to make foolish health choices, and (d) the connection is structural, in a sense that the alive circumstances associated with poverty donate to poor health(Moore, Struhsaker, & Gutschow, 2018).

## **OBJECTIVE**

The objective of this study is to identify attitudes and perception of baccalaureate nursing students toward educational simulation.

## **PROBLEM STATEMENT**

The problem statement of this study is to identify the attitude and perception of the nursing students toward simulation.

Simulation is a powerful training style that involves students and requires them to use critical thinking and clinical rational. It also provides an opportunity for more learning and practice of the student's knowledge. That's why to identify the attitudes and perceptions of nursing students toward simulation as an educational strategy, to investigate whether nursing students' features affect their attitudes and perceptions, to assess for differences in the attitudes and perceptions toward simulation between the different year levels of students.

## **RESEARCH QUESTION**

What are attitudes of baccalaureate nursing students toward educational simulation?

What is perception of baccalaureate nursing students toward educational simulation?

## **MATERIAL AND METHODS**

**Study Design:** A descriptive correlation study design used in this study.

**Settings:** Research work is conducted in Lahore school of Nursing, The University of Lahore.

**Duration of Study:** Duration of study from January 2019 to May 2019.

**Target population:** Target population of my study was BSN student of Lahore School of Nursing, The University of Lahore.

**Sample Size:** 150 student participate in this study

**Sampling Technique:** A convenient non-probability sampling technique was used in this study.

**Sample Selection:**

**Inclusion Criteria:** Student of BS Nursing and Post RN participated in this study. Student who are willing to participate in this study.

**Exclusion Criteria:** Student from all other department is excluded from this study.

Written informed consent was secured from each subject due to ethical considerations and then data was obtained from those 150 participant by given questionnaire. The collected data is analyze and computed by using the frequency, percentage, and tables through SPSS version 21.

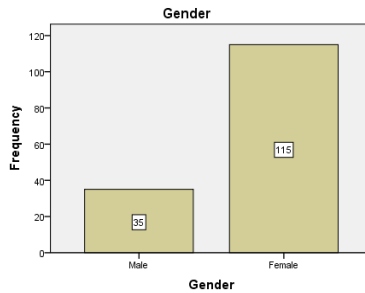
Pearson's correlation was used to find out the relationship between the quality of nurse patient therapeutic communication and patient satisfaction. It shows that there is positive correlation between the nurse patient therapeutic communication and patient satisfaction which is significant.

## RESULTS

### Part I: Demographic Data

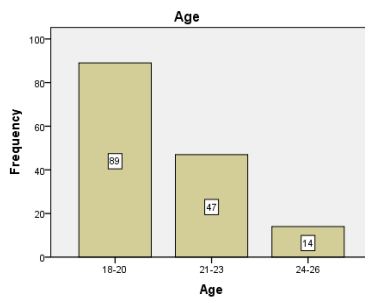
#### Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	35	23.3	23.3	23.3
	Female	115	76.7	76.7	100.0
	Total	150	100.0	100.0	



#### Age

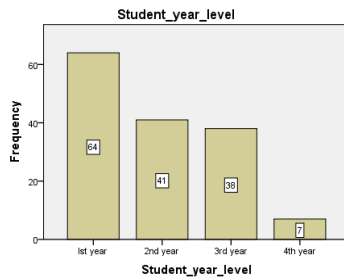
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-20	89	59.3	59.3	59.3
	21-23	47	31.3	31.3	90.7
	24-26	14	9.3	9.3	100.0
	Total	150	100.0	100.0	





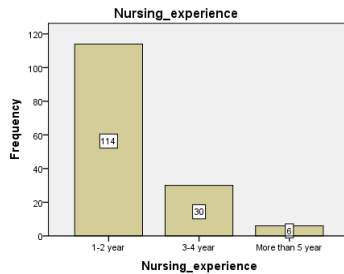
### Student\_year\_level

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ist year	64	42.7	42.7
	2nd year	41	27.3	70.0
	3rd year	38	25.3	95.3
	4th year	7	4.7	100.0
	Total	150	100.0	100.0



### Nursing\_experience

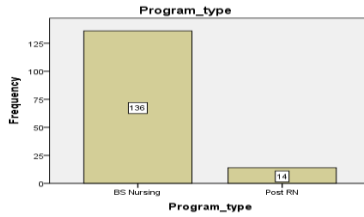
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-2 year	114	76.0	76.0
	3-4 year	30	20.0	96.0
	More than 5 year	6	4.0	100.0
	Total	150	100.0	100.0



### Program type

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	BS Nursing	136	90.7	90.7
	Post RN	14	9.3	100.0
	Total	150	100.0	100.0

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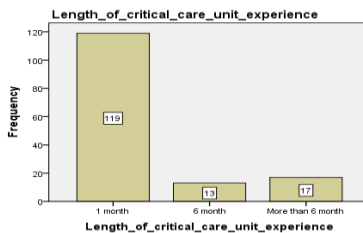
**Prior\_simulation\_experience**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	76	50.7	50.7	50.7
	No	74	49.3	49.3	100.0
	Total	150	100.0	100.0	



**Length\_of\_critical\_care\_unit\_experience**

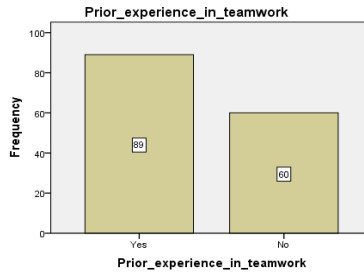
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 month	119	79.3	79.9	79.9
	6 month	13	8.7	8.7	88.6
	More than 6 month	17	11.3	11.4	100.0
	Total	149	99.3	100.0	
Missing	System	1	.7		
Total		150	100.0		



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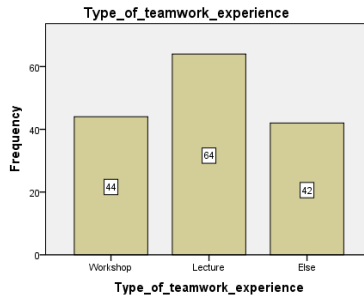
**Prior\_experience\_in\_teamwork**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	89	59.3	59.7	59.7
	No	60	40.0	40.3	100.0
	Total	149	99.3	100.0	
Missing	System	1	.7		
Total		150	100.0		



**Type\_of\_teamwork\_experience**

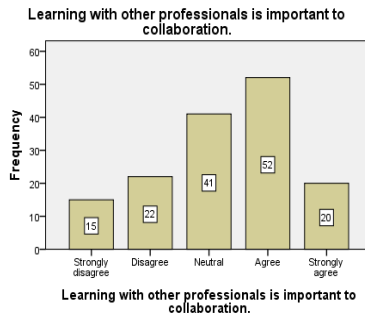
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Workshop	44	29.3	29.3	29.3
	Lecture	64	42.7	42.7	72.0
	Else	42	28.0	28.0	100.0
	Total	150	100.0	100.0	



**Part II. A Five-Factor Solution for the ATTITUDES Questionnaires**

Learning with other professionals is important to collaboration.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	15	10.0	10.0	10.0
Disagree	22	14.7	14.7	24.7
Neutral	41	27.3	27.3	52.0
Agree	52	34.7	34.7	86.7
Strongly agree	20	13.3	13.3	100.0
Total	150	100.0	100.0	



Opportunities to learn with other professionals should be a priority in my education.

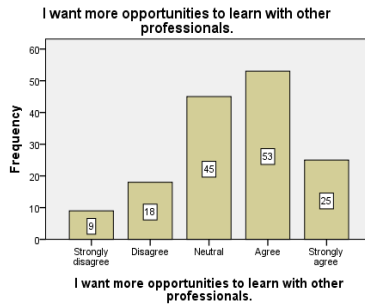
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	7	4.7	4.7	4.7
Disagree	24	16.0	16.0	20.7
Neutral	45	30.0	30.0	50.7
Agree	62	41.3	41.3	92.0
Strongly agree	12	8.0	8.0	100.0
Total	150	100.0	100.0	



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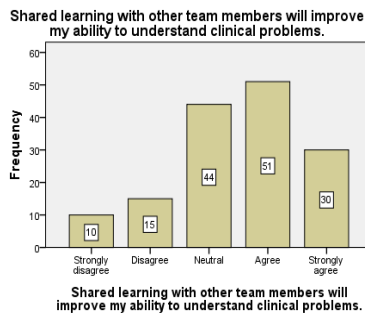
**I want more opportunities to learn with other professionals.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	9	6.0	6.0	6.0
Disagree	18	12.0	12.0	18.0
Neutral	45	30.0	30.0	48.0
Agree	53	35.3	35.3	83.3
Strongly agree	25	16.7	16.7	100.0
Total	150	100.0	100.0	



**Shared learning with other team members will improve my ability to understand clinical problems.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	10	6.7	6.7	6.7
Disagree	15	10.0	10.0	16.7
Neutral	44	29.3	29.3	46.0
Agree	51	34.0	34.0	80.0
Strongly agree	30	20.0	20.0	100.0
Total	150	100.0	100.0	

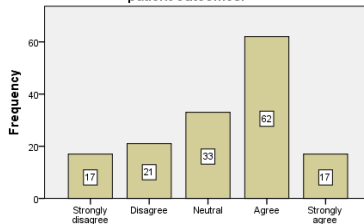


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**Inter-professional opportunities for learning will improve patient outcomes.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	17	11.3	11.3
	Disagree	21	14.0	25.3
	Neutral	33	22.0	47.3
	Agree	62	41.3	88.7
	Strongly agree	17	11.3	100.0
	Total	150	100.0	100.0

**Inter-professional opportunities for learning will improve patient outcomes.**

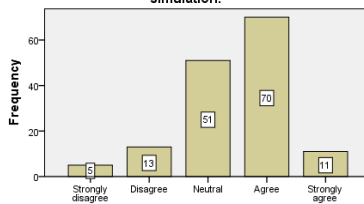


**Inter-professional opportunities for learning will improve patient outcomes.**

**Attitudes about teamwork can change through opportunities to work with other professionals in simulation.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	5	3.3	3.3
	Disagree	13	8.7	12.0
	Neutral	51	34.0	46.0
	Agree	70	46.7	92.7
	Strongly agree	11	7.3	100.0
	Total	150	100.0	100.0

**Attitudes about teamwork can change through opportunities to work with other professionals in simulation.**



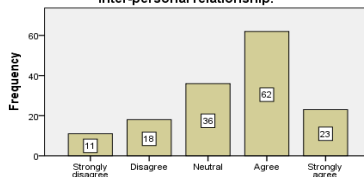
**Attitudes about teamwork can change through opportunities to work with other professionals in simulation.**

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Learning with other health care professionals before qualification is important for the development of future inter-personal relationship.

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Strongly disagree	11	7.3	7.3	7.3
	Disagree	18	12.0	12.0	19.3
	Neutral	36	24.0	24.0	43.3
	Agree	62	41.3	41.3	84.7
	Strongly agree	23	15.3	15.3	100.0
	Total	150	100.0	100.0	

Learning with other health care professionals before qualification is important for the development of future inter-personal relationship.

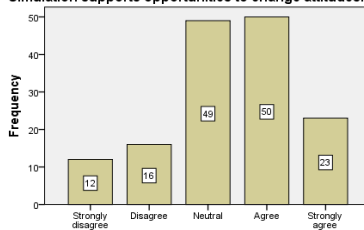


Learning with other health care professionals before qualification is important for the development of future inter-personal relationship.

Simulation supports opportunities to change attitudes.

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Strongly disagree	12	8.0	8.0	8.0
	Disagree	16	10.7	10.7	18.7
	Neutral	49	32.7	32.7	51.3
	Agree	50	33.3	33.3	84.7
	Strongly agree	23	15.3	15.3	100.0
	Total	150	100.0	100.0	

Simulation supports opportunities to change attitudes.



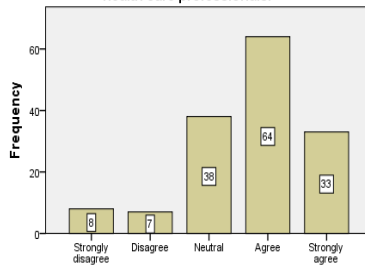
Simulation supports opportunities to change attitudes.

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**Simulation is a good environment for learning with other health care professionals.**

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Strongly disagree	8	5.3	5.3	5.3
	Disagree	7	4.7	4.7	10.0
	Neutral	38	25.3	25.3	35.3
	Agree	64	42.7	42.7	78.0
	Strongly agree	33	22.0	22.0	100.0
	Total	150	100.0	100.0	

**Simulation is a good environment for learning with other health care professionals.**

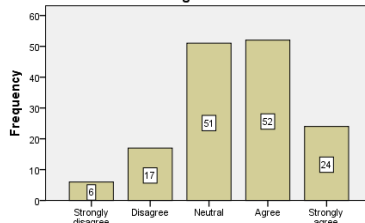


**Simulation is a good environment for learning with other health care professionals.**

**Simulation is a good tool for practicing team decision-making skills.**

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Strongly disagree	6	4.0	4.0	4.0
	Disagree	17	11.3	11.3	15.3
	Neutral	51	34.0	34.0	49.3
	Agree	52	34.7	34.7	84.0
	Strongly agree	24	16.0	16.0	100.0
	Total	150	100.0	100.0	

**Simulation is a good tool for practicing team decision-making skills.**



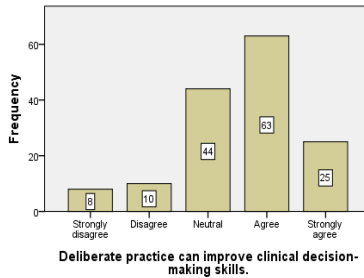
**Simulation is a good tool for practicing team decision-making skills.**



**Deliberate practice can improve clinical decision-making skills.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	8	5.3	5.3
	Disagree	10	6.7	12.0
	Neutral	44	29.3	41.3
	Agree	63	42.0	83.3
	Strongly agree	25	16.7	100.0
	Total	150	100.0	100.0

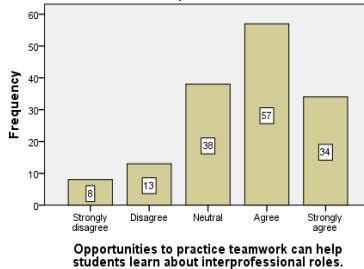
**Deliberate practice can improve clinical decision-making skills.**



**Opportunities to practice teamwork can help students learn about interprofessional roles.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	8	5.3	5.3
	Disagree	13	8.7	14.0
	Neutral	38	25.3	39.3
	Agree	57	38.0	77.3
	Strongly agree	34	22.7	100.0
	Total	150	100.0	100.0

**Opportunities to practice teamwork can help students learn about interprofessional roles.**

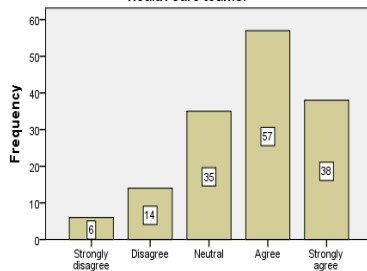


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All students should learn how to work in the context of health care teams.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	6	4.0	4.0	4.0
Disagree	14	9.3	9.3	13.3
Neutral	35	23.3	23.3	36.7
Agree	57	38.0	38.0	74.7
Strongly agree	38	25.3	25.3	100.0
Total	150	100.0	100.0	

All students should learn how to work in the context of health care teams.

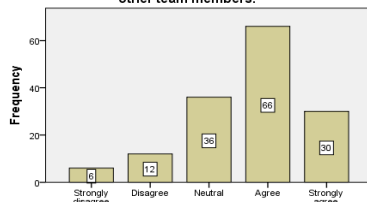


All students should learn how to work in the context of health care teams.

Team leaders should provide frequent patient updates to other team members.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	6	4.0	4.0	4.0
Disagree	12	8.0	8.0	12.0
Neutral	36	24.0	24.0	36.0
Agree	66	44.0	44.0	80.0
Strongly agree	30	20.0	20.0	100.0
Total	150	100.0	100.0	

Team leaders should provide frequent patient updates to other team members.

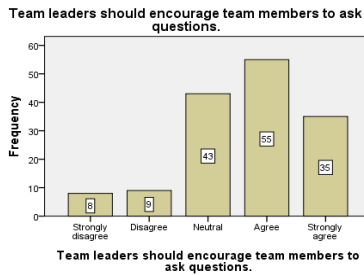


Team leaders should provide frequent patient updates to other team members.

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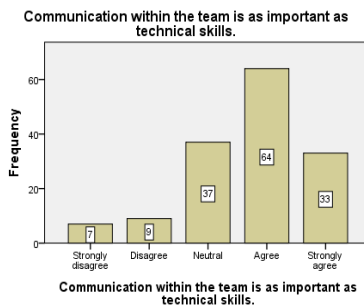
**Team leaders should encourage team members to ask questions.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	8	5.3	5.3	5.3
Disagree	9	6.0	6.0	11.3
Neutral	43	28.7	28.7	40.0
Agree	55	36.7	36.7	76.7
Strongly agree	35	23.3	23.3	100.0
Total	150	100.0	100.0	



**Communication within the team is as important as technical skills.**

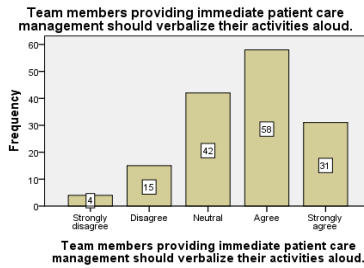
	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	7	4.7	4.7	4.7
Disagree	9	6.0	6.0	10.7
Neutral	37	24.7	24.7	35.3
Agree	64	42.7	42.7	78.0
Strongly agree	33	22.0	22.0	100.0
Total	150	100.0	100.0	



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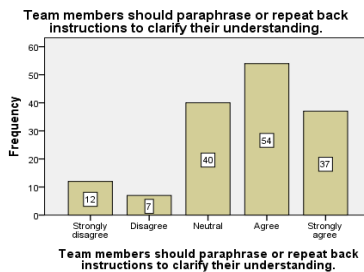
Team members providing immediate patient care management should verbalize their activities aloud.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	4	2.7	2.7	2.7
Disagree	15	10.0	10.0	12.7
Neutral	42	28.0	28.0	40.7
Agree	58	38.7	38.7	79.3
Strongly agree	31	20.7	20.7	100.0
Total	150	100.0	100.0	



Team members should paraphrase or repeat back instructions to clarify their understanding.

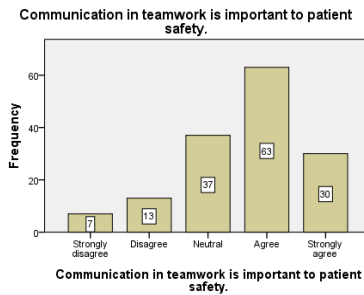
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	12	8.0	8.0	8.0
Disagree	7	4.7	4.7	12.7
Neutral	40	26.7	26.7	39.3
Agree	54	36.0	36.0	75.3
Strongly agree	37	24.7	24.7	100.0
Total	150	100.0	100.0	



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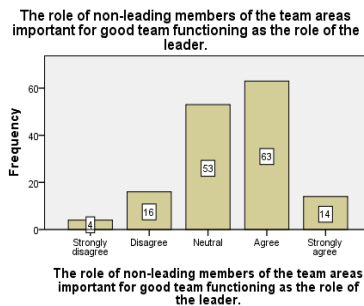
**Communication in teamwork is important to patient safety.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	7	4.7	4.7	4.7
Disagree	13	8.7	8.7	13.3
Neutral	37	24.7	24.7	38.0
Agree	63	42.0	42.0	80.0
Strongly agree	30	20.0	20.0	100.0
Total	150	100.0	100.0	



**The role of non-leading members of the team areas important for good team functioning as the role of the leader.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	4	2.7	2.7	2.7
Disagree	16	10.7	10.7	13.3
Neutral	53	35.3	35.3	48.7
Agree	63	42.0	42.0	90.7
Strongly agree	14	9.3	9.3	100.0
Total	150	100.0	100.0	

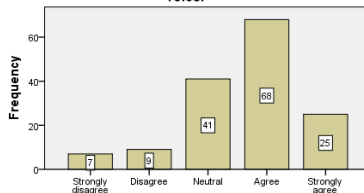


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**Opportunities to learn with other health care professionals have increased my understanding of their roles.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	7	4.7	4.7	4.7
Disagree	9	6.0	6.0	10.7
Neutral	41	27.3	27.3	38.0
Agree	68	45.3	45.3	83.3
Strongly agree	25	16.7	16.7	100.0
Total	150	100.0	100.0	

**Opportunities to learn with other health care professionals have increased my understanding of their roles.**

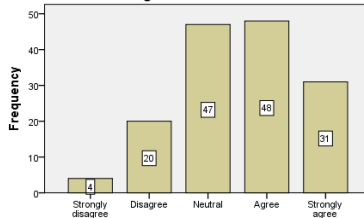


**Opportunities to learn with other health care professionals have increased my understanding of their roles.**

**I will speak up if I perceive a problem regardless of who might be affected.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	4	2.7	2.7	2.7
Disagree	20	13.3	13.3	16.0
Neutral	47	31.3	31.3	47.3
Agree	48	32.0	32.0	79.3
Strongly agree	31	20.7	20.7	100.0
Total	150	100.0	100.0	

**I will speak up if I perceive a problem regardless of who might be affected.**

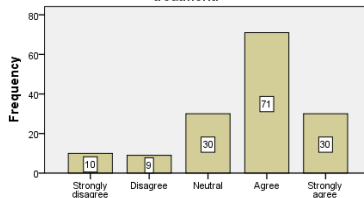


**I will speak up if I perceive a problem regardless of who might be affected.**

**Patient care is improved when all team members have a shared understanding about the assessment and treatment.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	10	6.7	6.7	6.7
Disagree	9	6.0	6.0	12.7
Neutral	30	20.0	20.0	32.7
Agree	71	47.3	47.3	80.0
Strongly agree	30	20.0	20.0	100.0
Total	150	100.0	100.0	

**Patient care is improved when all team members have a shared understanding about the assessment and treatment.**

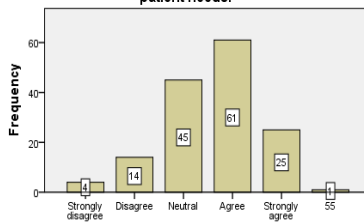


**Patient care is improved when all team members have a shared understanding about the assessment and treatment.**

**Team leaders should provide frequent summaries of patient findings to keep team members oriented to patient needs.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	4	2.7	2.7	2.7
Disagree	14	9.3	9.3	12.0
Neutral	45	30.0	30.0	42.0
Agree	61	40.7	40.7	82.7
Strongly agree	25	16.7	16.7	99.3
55	1	.7	.7	100.0
Total	150	100.0	100.0	

**Team leaders should provide frequent summaries of patient findings to keep team members oriented to patient needs.**



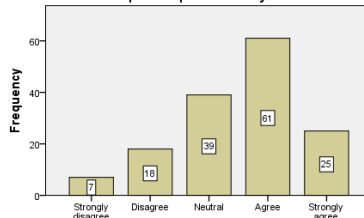
**Team leaders should provide frequent summaries of patient findings to keep team members oriented to patient needs.**

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**Monitoring what each team member is doing is important to optimize patient safety.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	7	4.7	4.7	4.7
Disagree	18	12.0	12.0	16.7
Neutral	39	26.0	26.0	42.7
Agree	61	40.7	40.7	83.3
Strongly agree	25	16.7	16.7	100.0
Total	150	100.0	100.0	

Monitoring what each team member is doing is important to optimize patient safety.

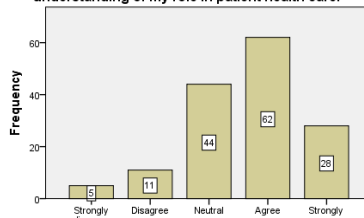


Monitoring what each team member is doing is important to optimize patient safety.

**Monitoring will enhance other team members understanding of my role in patient health care.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	5	3.3	3.3	3.3
Disagree	11	7.3	7.3	10.7
Neutral	44	29.3	29.3	40.0
Agree	62	41.3	41.3	81.3
Strongly agree	28	18.7	18.7	100.0
Total	150	100.0	100.0	

Monitoring will enhance other team members understanding of my role in patient health care.



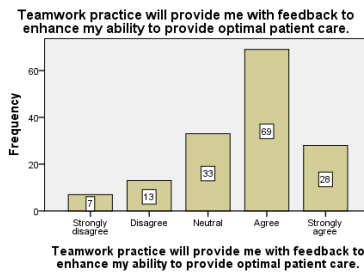
Monitoring will enhance other team members understanding of my role in patient health care.



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**Teamwork practice will provide me with feedback to enhance my ability to provide optimal patient care.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	7	4.7	4.7
	Disagree	13	8.7	13.3
	Neutral	33	22.0	35.3
	Agree	69	46.0	81.3
	Strongly agree	28	18.7	100.0
	Total	150	100.0	100.0

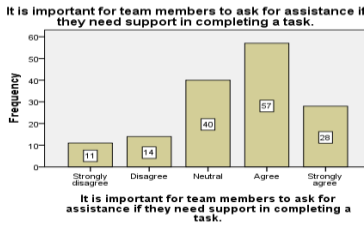
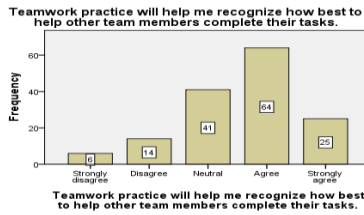


**Teamwork practice will help me recognize how best to help other team members complete their tasks.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	6	4.0	4.0
	Disagree	14	9.3	13.3
	Neutral	41	27.3	40.7
	Agree	64	42.7	83.3
	Strongly agree	25	16.7	100.0
	Total	150	100.0	100.0

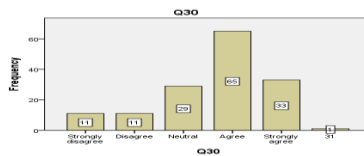
**It is important for team members to ask for assistance if they need support in completing a task.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	11	7.3	7.3
	Disagree	14	9.3	16.7
	Neutral	40	26.7	43.3
	Agree	57	38.0	81.3
	Strongly agree	28	18.7	100.0
	Total	150	100.0	100.0



**Q30**

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	11	7.3	7.3	7.3
Disagree	11	7.3	7.3	14.7
Neutral	29	19.3	19.3	34.0
Agree	65	43.3	43.3	77.3
Strongly agree	33	22.0	22.0	99.3
31	1	.7	.7	100.0
Total	150	100.0	100.0	



**DISCUSSION**

Part I shows that (23.3%) participant were male and (76.7%) participant were female. The mean age of the participants was 59% with a range from 18-20 years old. Most of the participant from Ist year 42.7%, 23.3% from second year, 25.3% from third year and 4.7% from 4<sup>th</sup> year participated in this study. 76% participant have nursing experience with a range from (1-2 year), 20% participant have nursing

experience with a range from (3-4 year), and 4% participant have more than 5 year nursing experiences. 90.7% of the participant have program type BS nursing, and 9.3% participant from Post RN. 50.7% participant have prior simulation experience, 49.3% participant have no prior simulation experience. 79.3% participant have length of critical care unit experience a month, 8.7% with six month experience, and 11.3% participant have length of critical care unit experience more than sin month. 59.3% participant have prior experience in team work and 40.0% participant have no prior experience in team work. 29.3% participants have team work experience from workshop, 42.7% participant have team work experience from lecture and 28.0% participant have team work experience from else.

Part II show the attitude and perception of baccalaureate nursing students toward educational simulation was measured by using the 30 different questions. 5 point liker point questionnaire strongly disagree to strongly agree tool was used for to measure score. This study demonstrated that first, third, and fourth year students' attitudes were not significantly different, but their attitudes were significantly higher than those in the second year. The difference between first and second year students' attitudes can be primarily due to the fact that first year students participate in simulation while the second year is considered the simulation entry phase.

## **CONCLUSION**

This study showed that first year students' had high perception toward simulation, indicating that they possess readiness to simulation, which can assist and simplify the implementation of educational simulation. The attitudes of the second and third year students showed improvement as their experience increased. However, the fourth year students showed similar level of attitudes compared to the third year students, which indicate the plateau effect of simulation.

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