Empowering Future Caregivers: A Study on Caregiving Simulation Shapes Students' Confidence and Communication Skills

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ABSTRACT

A quantitative correlational research design was used in the study. For the study, a total of 183 high school students from the Lorenzo S. Sarmiento Sr. National High School in the Mawab District Secondary Schools were selected as the respondents of the study. The weighted mean, Spearman's rho product-moment correlation and multiple regression analysis was used for data treatment. The results showed that the students performed at a high level of caregiving simulation activities; content was rated highest and was followed by quality and organization of the caregiving simulation. Students also reported high levels of self-confidence, problem-solving, active learning, and communication skills. These results show that caregiving simulation can positively influence students' self-confidence and communication skills. Competence, discouragement, and body language were considerably rated. The results establish an important positive relationship between caregiving simulation and student confidence and body language skills, suggesting that if appropriately designed, simulations are effective for teaching caregiving.

Keywords: Caregiving Simulation, Confidence, Communication Skills.

INTRODUCTION

Rationale

Globally, in South Korea, repeated simulations helped students to improve their technical performance, however, research found that students still lack confidence in their ability to make independent decisions about caregiving (Lee & Kim 2023). According to Nguyen and Nguyen (2024), even after several simulation exposures, students in Vietnam exhibited hesitancy when it came to using caregiving skills on their own. Similarly, Alzahrani et al. (2022) in Saudi Arabia found that students remained unconfident when confronted with actual caregiving responsibilities, even after participating in high-fidelity simulations.

In the Philippine context, caregiving simulation plays a vital role in preparing students for real-life caregiving responsibilities. In Leyte, Falguera et al. (2023) reported that although students showed improvement in technical caregiving skills through repeated simulation activities, many hesitated to perform tasks independently without close instructor supervision. Similarly, in Metro Manila, Basilio (2022) found that senior high school students exhibited low confidence when expressing ideas and responding during caregiving simulations. Moreover, in Cebu a recent classroom-based observations reported that students often relied heavily on instructor guidance during simulation tasks, reflecting limited initiative and collaborative communication among peers (Velasquez, 2023).

In addition, also in the Philippine, communication skills are recognized as a vital component of effective caregiving practice, as they directly influence the quality of care, patient satisfaction, and teamwork in healthcare-related settings. In Baguio City, Reyes et al. (2022) found that senior high school students undergoing caregiving simulation exhibited difficulty in articulating instructions and responding appropriately to patient needs during role-playing activities. Similarly, in Davao City, Gomez (2023) reported that students frequently experienced communication breakdowns during simulation exercises, particularly when working in groups.

Moreover, in Iloilo, a study observed that while students demonstrated adequate caregiving knowledge, many struggled with nonverbal communication, such as maintaining appropriate eye contact, posture, and facial expressions during simulations (Santos and Mercado 2024).

At the local level, caregiving students at Lorenzo S. Sarmiento Sr. National High School in Davao de Oro, Region XI, also face these difficulties. Many students demonstrate low confidence when performing caregiving tasks during simulation, while others experience challenges in expressing their caregiving responses in a professional and clear manner. Despite the relevance of confidence and communication in caregiving education, no prior research has been conducted in this institution to determine how simulation influences these skills. This gap underscores the need for further investigation within the local context, particularly in rural areas such as Mawab District.

Caregiving students at Lorenzo S. Sarmiento Sr. National High School in Davao de Oro, Region XI, also face these difficulties. Many students demonstrate low confidence when performing caregiving tasks during simulation, while others experience challenges in expressing their caregiving responses in a professional and clear manner. Despite the relevance of confidence and communication in caregiving education, no prior research has been conducted in this institution to determine how simulation influences these skills. This gap underscores the need for further investigation within the local context, particularly in rural areas such as Mawab District.

A few studies have examined the role of simulation in developing students' competencies, particularly in strengthening their confidence and communication skills, yet these skills remain areas of concern in caregiving education, especially at the senior high school level. Previous research by Jeffries (2005) and Cant and Cooper (2010) largely focused on tertiary-level nursing students, highlighting the effectiveness of simulation in improving clinical performance, but little is known about its direct influence on the confidence and communication skills of secondary school students, particularly in rural areas such as Mawab District. Since the World Health Organization (WHO, 2009) has emphasized confidence and communication as core competencies in caregiving practice, and the Department of Education (DepEd, 2017) has formally integrated caregiving into the K–12curriculum, this study is both timely and socially relevant. Furthermore, with the Department of Health (DOH, 2016) recognizing the importance of preparing Filipino youth for caregiving roles, this research is critically needed to provide educators with evidence that can guide the design of simulation-based training aimed at enhancing both confidence and communication skills among senior high school caregiving students.

Research Objectives

This research was conduct to examine the influence of caregiving simulation on students' confidence and communication skills among Mawab District Secondary School. This study will answer the following objectives:

1. To determine the level of performance in caregiving simulation among students in terms of:

1.1. organization;

1.2. content; and

1.3. quality

2. To assess the level of confidence in students in terms of:

2.1. confidence;

2.2. Problem-solving; and

2.3. active learning

3. To evaluate the level of communication skills of students in terms of:

3.1. competence;

3.2. discouragement; and

3.3. body language

4. To determine the significant relationship between caregiving simulation and students' confidence.

5. To determine the significant relationship between caregiving simulation and students' communication skill.

6. To determine which aspects of caregiving simulation most influence students' confidence.

7. To determine which aspects of caregiving simulation most influence students' communication skill.

Research Hypotheses

The following hypotheses was test at a 0.05 level of significance.

1. There was be no significant relationship between caregiving simulation and students' confidence among Mawab District Secondary Schools.

2. There was be no significant relationship between caregiving simulation and students' communication skill among Mawab District Secondary Schools.

3. There was be no domain in caregiving simulation that would significantly

4. influence students' confidence among Mawab District Secondary Schools.

5. There was be no domain in caregiving simulation that would significantly influence students' communication skill among Mawab District Secondary Schools.

REVIEW OF RELATED LITERATURE

This section reviews literature related to caregiving simulation and its influence on students' confidence and communication skills. Key aspects such as realistic practice, confidence building, and communication development are emphasized. The findings support the study's aim to understand how simulation shapes caregiving students' learning experiences.

Caregiving Simulation

Simulation is a popular method of education in caregiving, and it provides a supportive environment where students can practice without threatening patients (Wang et al., 2023). In support of this, Clay et al., (2024) offer examples of realistic caregiving situations that are applied to students' real worlds that allow them to transfer their theoretical knowledge to practical settings. In the study participants, this connection connects knowledge to practice so that they are able to better prepare for real life caregiving work (Lin et al., 2023).

Furthermore, simulation training can help students develop skills as they are exposed to different clinical scenarios, enhancing their decision and problem solving processes (Santos et al., 2024). In line with this, Wang et al, (2023) note that technologies, such as virtual reality, permit students the possibility to re-perform challenging duties in a controlled environment to develop their self-efficacy in providing support and trust in their caregiving skills. These encounters promote problem solving and prompt decision making important factors for the provision of quality care in the provision of safe, effective safety-critical care (Lin et al., 2023).

In addition, the inclusion of simulation as a modality of simulation is valuable in fostering communication skills by involving students in virtual patient, family, and health professional simulations in realistic environment (Garcia & Lee, 2021). This is supported in Smith and Johnson (2022) it is demonstrated; these interactions will help students to develop the empathy and active listening skills that are essential in caregiving. Quality

communication results in better patient care and improved relationships between caregivers and the patients they care for (Chiu & Burhan, 2024).

Additionally, students gain confidence through repeated exposure to simulation exercises, which reduces anxiety about performing caregiving tasks (Wang et al., 2023). Reinforcing this, Lin et al., (2023) stated that the increase in self-confidence supports better learning and helps students face real caregiving situations with less fear. Moreover, confident caregivers are more likely to deliver quality care and make appropriate decisions under pressure (Clay et al., 2024).

In addition, simulation prepares students emotionally by placing them in high-pressure scenarios where they learn to manage stress and regulate their emotions (Thompson & Ramirez, 2023). Supporting this, Anderson and Patel (2022) highlights the emotional training helps students build resilience, which is essential for coping with the demands of caregiving work. Being emotionally prepared allows caregivers to maintain professionalism and provide consistent care even in difficult situations (Santos et al., 2024).

To further explain, according to Clay et al., (2024) effective learning is an important part of simulation, where students review their performance and discuss areas for improvement after each session. Reinforcing this, Morris and Chen (2023) emphasize that debriefing sessions promote self-awareness and encourage learners to think critically about their actions. Reflection helps students integrate feedback and enhance their skills over time, leading to continuous improvement in caregiving (Chiu & Burhan, 2024).

Teamwork skills are also developed when students participate in group simulations that require collaboration and communication (Santos et al., 2024). Supporting this, Lin et al., (2023) stated that experiences teach students how to coordinate with others, solve problems together, and support each other in caregiving tasks. These collaborative skills are essential in real healthcare environments where caregiving is often a team effort (Clay et al., 2024).

Simulation also fosters cultural sensitivity by exposing students to diverse patient backgrounds and scenarios (Wang et al., 2023). This exposure helps students learn to respect and adapt to different cultural values and beliefs, which is important in caregiving (Chiu & Burhan, 2024). Culturally competent caregivers are better able to meet the unique needs of patients from varied backgrounds (BMC Nursing, 2025).

Finally, simulation plays a key role in helping students transition from academic learning to clinical practice by increasing their readiness and competence (Williams & Thompson, 2022). Students who complete simulation training often report feeling more prepared and confident when they begin working with real patients (Clay et al., 2024). Simulation equips students with the necessary skills, confidence, and emotional strength to succeed in caregiving roles (Chiu & Burhan, 2024).

Organization. The caregiving simulations provides structure and clarity for instructors and students (Santos et al., 2021). Reinforcing this, Hernandez and Cruz (2022) demonstrated that properly designed simulations increase trainees' confidence and reduce confusion in difficult caregiving situations. Therefore, organization is a key factor that improves the teaching and learning experience in caregiving simulation education (Muneer et al., 2021).

Moreover, clear organizational framework ensures that learning objectives are consistently met during simulation exercises (Navarro & Li, 2020). Supporting this, Kim et al., (2021) highlights that when simulations are set up in an orderly manner, students better connect their activities with expected outcomes. This structured approach transforms caregiving simulations from routine tasks into meaningful educational experiences (Chan, 2022).

Furthermore, carefully planned simulations provide a safe environment that helps reduce learner stress (Villanueva & Santos, 2022). Backing this, according to Reyes and Tan (2021) disorganized simulations often lead to higher anxiety and more mistakes among students. Conversely, simulations with clear schedules and assigned roles enhance learner confidence, reduce uncertainty, and thereby support calmer emotional states (Le Blanc et al., 2022).

Additionally, organization also enhances teamwork during caregiving simulations by clarifying roles and procedures (Choi et al., 2023). Confirming this, Domingo and Fernandez (2021) stated that clearly defined roles reduce conflicts and foster cooperative communication among students (Domingo & Fernandez, 2021). This systematic teamwork supports problem-solving and peer learning in caregiving training (Kim et al., 2021).

Similarly, structured simulations improve students' decision-making by providing clear scenarios to follow (Wang & Ocampo, 2021). Strengthening this, Cruci et al., (2022) emphasize that students in well-organized simulations demonstrate faster response times and more accurate clinical judgments. This shows that organization is important for developing critical thinking skills in caregiving education (Lee & Martinez, 2023).

Likewise, the impact of organization extends to students' preparedness for real caregiving roles (Lim & Rodriguez, 2022). Validating this, according to Abad and Torres (2023) those trained in structured simulations adapt better to clinical environments and challenges. Structured simulation training cultivates disciplined thinking necessary for professional caregiving practice (Chen & Patel, 2024).

Thus, Institutional and instructor organization affects the quality of caregiving simulation learning (Mendoza & Li, 2021). Emphasizing this, Tanaka and Reyes (2022) stated that students are more satisfied when faculty plan and allocate resources effectively. Uniform organizational support helps students view simulations as valid and useful learning experiences (Garcia & Thompson, 2023).

In addition, technological advances have strengthened organizational strategies in caregiving simulations (Zhang & Fernandez, 2023). Reinforcing this, according to Martinez and Bautista (2022) simulation management software and digital tools help coordinate operations and assessments. Technology-enabled labs ensure smoother and more effective simulation delivery (Kim & Alvarez, 2024).

Finally, well-organized caregiving simulations improve long-term learning and student resilience (Estrada & Gomez, 2023). Strengthening this, Cruz and Herrera (2024) emphasize students that are regularly exposed to structured simulations gain confidence in handling unexpected caregiving challenges. Consistent organizational practices build the reliability and self-control necessary for caregiving success (Nguyen & Rivera, 2024).

Content. The caregiving simulations' content provides the backbone of learning since it determines whether the scenarios are authentic and aligned with real-life caregiving challenges (Johnson & Ramirez, 2023). Emphasizing this, Lee et al. (2021) stated that students who are exposed to realistic and detailed simulation content grow more prepared and confident when it comes to managing caregiving responsibilities. Moreover, contextually rich content guarantees that knowledge is applied rather than memorized, which promotes deeper learning (Gomez et al. 2020). Similarly, Choi et al. (2023) discovered that superior simulation content improves flexibility and judgment in challenging care scenarios.

Furthermore, according to Villanueva et al. (2022) student motivation and engagement increase when the simulation content is relevant, as students become more focused and dedicated to learning when they perceive caregiving scenarios as realistic. Supporting this, Domingo et al. (2021) contended that by giving students a solid foundation of knowledge, transparent and organized simulation materials lower anxiety. In addition, students are more inclined to actively participate in simulations when they are exposed to rich content (Rodriguez et al. 2024).

Additionally, students' caregiving skills are strengthened by content that incorporates humanistic values and a variety of viewpoints (Garcia & Lee, 2023). According to Torres et. al. (2023), incorporating cultural and psychosocial components into scenarios fosters empathy and a comprehensive understanding. Similarly, Tan et al. (2020) discovered that learners were inspired to see beyond technical tasks when patient-centered narratives were integrated into simulation content. Supporting this, Abad et al. (2024) emphasize that students who participated in simulations that included both clinical and humanistic content were better equipped for compassionate practice.

The clarity and organization of content also prevent students from experiencing cognitive overload during high-pressure tasks. According to Mendoza and Li (2021), students who participated in well-structured simulations

reported feeling less stressed and having more focus. Similarly, Reyes et al. (2022) stressed that simulation materials with explicit expectations aid students in controlling their reactions under duress. In a similar vein, Dela Cruz (2023) observed that learners are better equipped to handle emotional demands when they are presented with well-balanced and structured content.

Additionally, thoughtful learning and group participation are improved by well-designed simulation content (Martinez & Chen, 2024). Supporting this, according to Tanaka and Santos (2020) students who joined simulations with detailed content were more likely to have open and honest discussions after the activity. This conclusion was corroborated by Lim et al. (2022), who pointed out that relevant and understandable materials encourage positive peer interaction. Similarly, Ocampo and Fernandez (2021) highlighted that thorough material motivates students to consult with others and work together to solve problems when performing caregiving duties.

Content also plays a critical role in shaping students' actual performance outcomes in caregiving education (Nguyen & Patel, 2023). According to Cruz et al. (2023) students who were exposed to realistic and thorough content performed more calmly on tests. Similarly, according to Navarro and Gomez (2022) students' clinical judgments were more accurate when the content was in line with their real-world caregiving responsibilities. Furthermore, Wang et al. (2021) observed that thorough simulation materials freed students from having to struggle with ambiguous instructions and allowed them to concentrate on communication and reasoning.

Cultural and social considerations embedded within simulation content further enhance its effectiveness (Martínez & Lopez, 2024). According to Kim and Reyes (2021), culturally sensitive scenarios made it easier for students to understand the caregiving process. Supporting this claim, Estrada et al. (2023) emphasize that language inclusivity in simulation materials increased diverse learners' confidence and engagement.

Similarly, culturally sensitive content fosters trust and equips students to provide care in multicultural environments (Lin & Santos 2020). Reinforcing this Kim and Reyes (2021), demontrate that cultural sensitive scenarios made it easier for students to understand the caregiving process. According to Estrada et al. (2023), language inclusivity in simulation materials increased diverse learners' confidence and engagement. Similarly, culturally sensitive content fosters trust and equips students to provide care in multicultural environments, according to Lin and Santos (2020).

In addition, with the rise of digital learning tools, technology has enriched the quality and accessibility of caregiving simulation content (Kim & Johnson, 2023). According to Martinez and Li (2022), students are exposed to a variety of caregiving contexts through virtual patients and digital case libraries. Similarly, multimedia-enhanced content, like video-based scenarios, increases learner engagement and retention (Zhang and Villanueva 2023). Strengthening this claim Cruz and Herrera (2024), also underlined that incorporating real-time feedback into digital content improves the perception of its applicability and relevance.

Lastly, exposure to high-quality simulation content is also linked to resilience and long-term academic success (Lopez & Martinez, 2024). Validating this, students who regularly engaged with detailed content were found to adapt more successfully during clinical placements (Santis et al., 2021). Enhancing this point, Fernandez and Tan (2022) also noted that by enhancing dedication to caregiving education, high-quality content lowers dropout rates. Reinforcing this Bautista et al. (2023), concluded by emphasizing that strong simulation content fosters motivation, resilience, and long-term caregiving competence in addition to improving performance right away.

Quality. The caregiving simulation is a crucial determinant of learning effectiveness because it ensures that the experience reflects professional standards and realistic conditions (Andrews & Cruz, 2023). According to Cruz et al. (2023) claim that excellent simulations give students the confidence they need to put their theoretical knowledge into practice. Similarly, Lee et al. (2021) noted that simulation quality impacts students' readiness and skill development, making it key to bridging classroom learning with real caregiving.

Furthermore, the accuracy and fidelity of the simulation environment are frequently linked to quality (Nguyen & Santos, 2022). Supporting this Navarro and Gomez (2022) stated realistic simulations that imitate real caregiving situations help students improve their critical thinking and become more flexible in handling different

challenges. When patient conditions are clearly and accurately represented, students' clinical judgment improves, making the realism and accuracy of simulations important measures of quality (Ayed et al., 2022).

Moreover, according to Smith and Lee (2023) the quality of simulations directly influences students' engagement and motivation to learn. Strengthening this idea, Villanueva et al. (2022) expressed that students who thought simulations were realistic and well-designed showed greater engagement and excitement. Supporting this point, Domingo et al. (2021) discovered that students frequently become disengaged and frustrated with poorly designed simulations. Maintaining high standards of quality in simulations encourages effective learning and sustained student motivation (Ayed et al. 2022)

Additionally, Núñez et al. (2024) indicates that clear and well-organized instructions are essential for enhancing the quality of simulation-based education. According to Reyes et al. (2022), structured guidance and clear objectives prevent confusion and cognitive overload during caregiving simulations. Supporting this, Dela Cruz (2023) noted that quality scenarios balance challenge with clarity, ensuring that students remain focused under pressure. Furthermore, well-prepared instructions are integral to the perceived quality of simulation activities (Cant & Cooper, 2020).

In addition, clear debriefing is a key element of high-quality simulation experiences (Lee et al., 2023). Supporting this, Tanaka and Santos (2020) emphasized that high-quality simulations include comprehensive debriefing sessions where learners reflect on performance and receive constructive feedback. Reinforcing this, Lim et al. (2022) observed that guided debriefings promote critical thinking and emotional regulation. Additionally, effective debriefing is considered a hallmark of simulation quality (Lee et al., 2023).

For example, the role of instructors is crucial for quality of simulation (García-Salido et al., 2024). Well-trained facilitators who provide clear guidance and support enhance the effectiveness of the simulation process, according to Torreset et al., 2023). Indeed, Tan et al. (2020) also proposed that the instructor competence directly impacts the perceived quality of the learning experience for the students. Thus, training faculty and engaging them are critical parts of simulation quality (Ziv et al., 2020).

Moreover, technological resources have widened quality dimensions within caregiving simulations (Gaba & Howard, 2021). Martinez and Li (2022) also indicated that the integration of advanced simulation technologies (e.g., manikins, virtual patients) enhances realism and enriches the learning process. As a testament, Zhang and Villanueva (2023) noted that the utilization of multimedia tools enhances accessibility and content retention. Thus, technology is an essential aspect for maintaining quality standards (Harder, 2020).

Cultural sensitivity is also an important dimension of simulation quality, particularly in caregiving education. Strengthening this idea, Kim and Reyes (2021) highlighted that culturally inclusive simulations promote equity and relatability among students from diverse backgrounds. Additionally, culturally responsive scenarios improve learners' emotional safety and engagement (Estrada et al. 2023). In turn, such practices raise the perceived quality of the educational experience (Park & Kim, 2022).

Finally, high-quality caregiving simulations support students' long-term development and resilience (Kang et al., 2022). Reinforcing this, Santos et al. (2021) observed that consistent exposure to high-quality simulations improves adaptability during clinical placements. Likewise, Fernandez and Tan (2022) found that well-executed simulations reduce drop-out rates and enhance professional commitment. In conclusionmaintaining quality in caregiving simulations ensures both immediate performance success and lasting competence in caregiving practice (Bautista et al. 2023).

Confidence

Caregiving simulation significantly improves nursing students' self-confidence in handling complex scenarios (Tseng et al. 2022). Supporting this, Smith et al. (2022) reported that simulation training yields medium positive effects on self-confidence compared to traditional instruction. In the same way, Siah (2022) observed that over 90% of students rated their confidence as neutral or above after participating in virtual-reality simulation. High

confidence levels in Filipino nursing students during high-fidelity simulation for critical care (Gaspar & Banayat 2024).

Furthermore, Al-Elq (2023) highlighted that repeated clinical simulations enhance students' assurance in patient communication and teamwork. Reinforcing this, Trongtirakul et al. (2022) discovered that computer-based simulations improved learner confidence during the COVID-19 pandemic. In addition, Abdulmohdi and McVicar (2024) emphasized that high-fidelity simulations strengthen decision-making and reasoning skills.

Moreover, according to Echeverria et al. (2025), AI-guided debriefing reinforces self-confidence through enhanced reflective practice. Likewise, Kim et al. (2023) demonstrated that simulation-based emergency care training leads to sustained confidence gains. Strengthening this, Chen et al. (2021) found that repeated exposure to simulated patient encounters develops consistent confidence in clinical responses.

In addition, Li et al. (2021) observed that integrating scenario-based simulation fosters critical thinking and confidence in nursing students. Similarly, Wang et al. (2020) concluded that immersive simulations produce higher confidence compared to lectures. Reinforcing this, Tan et al. (2022) found that blended learning with simulation elevates confidence in both skills and theory. Simulation enhances students' confidence in cross-cultural care (Patel et al. 2023).

According to Hernandez et al. (2022), realistic simulation scenarios help learners apply theory confidently in practice. Reinforcing this, Ahmed et al. (2023) reported that simulation in intensive care settings strengthens clinical assurance. Furthermore, Park et al. (2024) emphasized that simulation improves students' ability to act decisively under pressure. Similarly, Miller et al. (2021) found that repeated simulation exposure results in greater procedural confidence.

Additionally, Lopez et al. (2023) observed that role-play within simulations enhances interpersonal confidence in patient interactions. Likewise, Ramos et al. (2021) found that peer-assisted simulations foster mutual confidence among learners. In addition, Cheng et al. (2024) noted that integrating technology in simulation boosts self-assurance. Similarly, Nguyen et al. (2022) reported increased confidence through team-based simulation practice.

Furthermore, Huang et al. (2021) emphasized that pre-simulation preparation activities enhance confidence during clinical tasks. Similarly, Diaz et al. (2023) found that simulation-based learning supports sustained confidence beyond the training period. In addition, Yeo et al. (2022) reported significant improvement in self-assurance after structured simulation debriefs. Likewise, Bautista et al. (2024) concluded that repeated simulation practice leads to long-term confidence retention.

According to Khan et al. (2020), integrating feedback sessions into simulations strengthens learner confidence in decision-making. Likewise, Ortiz et al. (2023) reported improved confidence in patient assessment after simulation-based exercises. Moreover, Santos et al. (2021) emphasized that high-fidelity simulation helps students feel more prepared for real-world care. Similarly, Vargas et al. (2022) found confidence growth through simulation-based peer evaluation.

Furthermore, Mendoza et al. (2023) noted that simulated high-risk scenarios enhance confidence in emergency interventions. Likewise, Fernandez et al. (2021) reported confidence gains in medication administration after simulation. In addition, Ibrahim et al. (2024) found that students trained with simulation develop stronger clinical judgment and self-assurance. Similarly, Ocampo et al. (2022) showed that simulation with guided reflection elevates learner confidence.

Finally, Rossi et al. (2021) concluded that repeated simulation drills improve students' confidence in handling complex care cases. Likewise, Pang et al. (2023) observed that interprofessional simulation fosters collaborative confidence among healthcare students. Moreover, Silva et al. (2022) reported that scenario-based simulation enhances confidence in patient safety management. Similarly, Delgado et al. (2024) highlighted that simulation training ensures confidence in adapting to unexpected clinical changes.

Self-Confidence. The belief in one's own abilities is a crucial factor that influences how students engage in learning environments (Hernandez et al., 2022). Moreover, in simulation-based education, confidence directly affects students' willingness to perform tasks (Kim et al., 2023). In addition, caregiving simulations demand not only technical knowledge but also the self-assurance to apply it effectively (Santos et al., 2021). Consequently, when students feel confident, they display greater persistence and competence in performing complex caregiving tasks (Miller et al., 2021).

Furthermore, higher levels of self-confidence encourage students to participate actively in interactive learning sessions (Lopez et al., 2023). Similarly, learners who gain confidence during practice simulations often show improved satisfaction with their educational experience (Nguyen et al., 2022). In the same way, confidence further enhances clinical readiness and preparedness for real-world application (Patel et al., 2023). Thus, these outcomes demonstrate that confidence plays a foundational role in successful student performance (Wang et al., 2020).

Similarly, repeated exposure to simulations has been found to raise student self-confidence (Diaz et al., 2023). Furthermore, in repeated sessions, students demonstrate increases in assurance and competence in executing skills (Ortiz et al., 2023). Consequently, this trend highlights the cumulative benefits of structured and repeated practice in simulation-based training (Vargas et al., 2022). In the end, continuous reinforcement of skills in the simulation will gradually bolster students' confidence (Abdulmohdi & McVicar, 2024).

Simulation activities give learners the chance to practice communicating, which increases competence as well as confidence (Park et al., 2024). In connection, learners who practice realistic caregiving tasks express more confidence in their decision-making abilities (Ibrahim et al., 2024). Confidence gained in these contexts frequently extends beyond specific performance into collaborative teamwork (Pang et al., 2023). As a result, self-confidence is a critical link between personal development and team accomplishment (Delgado et al., 2024).

In addition, structured simulation designs, such as pre-briefing and debriefing, have been shown to significantly help boost student confidence (Ramos et al., 2021). Moreover, these stages allow learners to prepare, engage, and reflect, therefore achieving increased self-confidence after the activity (Cheng et al., 2024). Likewise, confidence gains are quantifiable by validated scales in simulated environments (Yeo et al., 2022). Thus, this substantiates the importance of well-designed simulations for building confidence (Bautista et al., 2024).

Both high-fidelity simulation and e-learning, among different teaching methods, have positive effects on the students' confidence levels (Fernandez et al., 2021). Though findings suggest that no one method is more effective than the other, each contributes immensely to the growth of confidence (Silva et al., 2022). In contrast, it suggests that different instructional designs can promote learner confidence in several ways (Rossi et al., 2021). Hence, educators might gain on employing a range of strategies to enhance confidence building (Echeverria et al., 2025).

Simultaneously, evidence also suggests that simulation-based learning increases confidence in healthcare professional settings, not only for students (Gaspar & Banayat, 2024). On a comparable note, practicing nurses exposed to chemotherapy simulations reported significant gains in confidence (Ahmed et al., 2023). Similarly, these findings suggest that simulation impacts learners in academic and professional levels (Trongtirakul et al., 2022). Therefore, confidence remains an essential result of such simulation across varying caregiving roles (Al-Elq, 2023).

In addition, simulation improves students' confidence and lowers student anxiety in high-pressure situations (Li et al., 2021). Consequently, decreased anxiety allows learners to concentrate more effectively on task performance (Chen et al., 2021). As a result, students demonstrate better adaptability to stressful caregiving conditions when confidence increases (Garcia et al., 2022). This interplay between reduced anxiety and heightened confidence, therefore, strengthens overall learning (Tseng et al., 2022).

In conclusion, confidence is a decisive factor that shapes students' ability to learn and perform successfully in caregiving simulations (Tan et al., 2022). Furthermore, it enhances participation, persistence, and competence during both practice and evaluation (Lopez et al., 2023). Additionally, simulations that are repeated and carefully

structured consistently lead to confidence growth (Ocampo et al., 2022). Therefore, fostering confidence remains essential in preparing students for effective caregiving roles (Gaspar & Banayat, 2024).

Problem solving. The critical skill that supports students' ability to apply knowledge in caregiving simulations is problem-solving, as it enables them to adapt their theoretical understanding to practical contexts (Oanh et. Al., 2024). According to Heo et al. (2021) simulation programs grounded in structured models significantly enhance students' clinical reasoning, problem-solving processes, and overall competency. Supporting this, a simulation-based intervention in Vietnam demonstrated that realistic scenarios improved students' problem-solving abilities and self-efficacy, equipping them to better manage uncertainties in caregiving tasks (Nguyen et al., 2021).

Additionally, the role of simulation activities urges learners to consider complex scenarios in a critical manner and identify solutions (Chen 2024). In line with this, the cross-sectional study of Kim et al. (2022) found that the proficiency in the problem-solving of nursing students was significantly moderated by critical thinking, emotional intelligence, and goal commitment in simulation environments as well. Likewise, Lee and Choi (2023) found that repetitive participation in simulation with problem-based learning resulted in sustained enhancement of clinical reasoning and decision-making skills over time.

Furthermore, problem-solving is associated with enhanced participation in simulated caregiving tasks (Lovink et al., 2025), coupled with confidence in performing activities. According to Tran et al. (2023), students who took part in structured, problem-oriented simulations became more proactive with their theoretical knowledge; in this way they increased both adaptability to changes as well as their confidence when carrying out clinical tasks. In the same way repeated exposure to these simulations contributed to students' creativity for resolving unexpected caregiving problems (Lee & Choi, 2023).

Moreover, problem-solving within simulations is reinforced through group collaboration and reflective debriefings (Ji et al. 2024). Supporting this, Kim et al. (2022) noted that students who engaged in collaborative simulations demonstrated stronger interpersonal problem-solving skills and communication effectiveness. Reflection after simulation also plays an essential role in consolidating learning, as debriefing sessions allow learners to evaluate decisions, recognize errors, and refine strategies for future scenarios (Nguyen et al., 2021).

Technological innovation further strengthens problem-solving development in caregiving simulations (Foronda et al. 2020). Reinforcing this, Heo et al., (2021) emphasize that high-fidelity simulations that replicate real patient conditions provide learners with realistic challenges, fostering adaptive decision-making. Similarly, multimedia and digital feedback systems accelerate the correction of errors and support students in developing flexible problem-solving strategies (Tran et al., 2023).

Finally, the long-term implications of simulation-based problem-solving extend into professional caregiving practice (Cant and Cooper 2021). Supporting this, Siriwan et al., (2024) revealed that students who engaged in palliative care simulations exhibited significantly improved problem-solving abilities and attitudes toward caregiving. Such outcomes indicate that simulation not only prepares learners for immediate academic success but also instills confidence and competence for future caregiving responsibilities (Gaspar & Banayat, 2024).

Active learning. The learning process promotes retention of knowledge and ability to learn skills in caregiving-based simulations through engagement and interactivity on the part of the students (Alharbi, 2024). According to Li et al. (2021), active learning strategies (e.g. case discussion and problem-based activities) will enhance students' critical thinking and involvement. Furthermore, Ortiz and Valdez (2022) stated that, active participation forces the learner to engage with the information, as opposed to just receiving it. Furthermore, by incorporating experiential learning exercises into the simulations enhances problem solving and the ability to apply theoretical knowledge (Ramirez & Chu, 2023).

In addition, Abdulrahman and Lee (2021) stated that students who do self-driven activities become more independent and confident. In line with this, Martinez et al. (2024) found that peer learning and group tasks help develop confidence through knowledge sharing and mutual support. Similarly, using interactive techniques like role-playing and group problem-solving enables students to actively apply theory, improving their preparedness for caregiving (Gonzales & Kim, 2020).

At the same time, students who participated in interactive exercises expressed greater motivation and task engagement (Santos & Vega, 2022). Supporting this, O'Connor and Meyers (2023) observed that learners develop confidence in handling challenging caregiving situations when they are repeatedly exposed to realistic scenarios. In a similar vein, Patel and Jordan (2021) highlighted that active engagement improves self-assurance and flexibility, equipping students to react appropriately in changing clinical settings.

In addition, simulation-based active learning cultivates useful abilities in line with the demands of real-world caregiving (Tong 2024). According to Zhou and Hart (2023), competence is increased and anxiety is decreased through repeated practice in real-world situations. Similarly, dynamic tasks promote flexibility and quick decision-making, as noted by Klein and Sousa (2024). Furthermore, incorporating active learning into simulation guarantees that students gain the interpersonal and technical skills necessary for providing quality care.

Similarly, by connecting theory to practice, active learning enhances long-term retention (Perez & Montero, 2025). According to Nguyen and Park (2022), meaningful, practical tasks improve students' memory and application. In a similar vein, Alvarez et al. (2021) discovered that hands-on activities boost confidence in applying acquired knowledge in caregiving situations. Furthermore, Takahashi and Brown (2023) found that using skills in active simulations helps students get ready for professional responsibilities by linking clinical performance and academic learning.

On the other hand, passive learning settings hinder the development of skills and confidence (Ang, 2025). According to Mukherjee and Singh (2024), students in lecture-based formats demonstrated decreased problem-solving skills and lower levels of engagement. Conversely, active engagement promotes self-assurance, tenacity, and resilience (Yilmaz & Carter, 2022). Disengaged students, on the other hand, are less equipped to handle the rigours of actual caregiving responsibilities.

Furthermore, shared active learning encourages social skills and the ability to cooperate as well as work with others (Haugland et. Al., 2022). Group projects contribute to learning to develop leadership, communication, group problem solving, and group task skills within this learning domain which are essential in Jung and Fernandez (2023). Similarly, Dawson and Liu (2020) noted that, in simulation-based exercises, peer interactions enhance confidence in teamwork. Additionally, structured group exercises can optimize individual and group competence in caregiving contexts (Nguyen and Ortiz, 2021).

Moreover, confidence is further bolstered by reflective practice incorporated into active learning (Agbo et. Al., 2024). According to Zhang and Turner (2022), guided reflection helps students assess their strengths and shortcomings while integrating learning objectives. Similarly, feedback given during reflection sessions promotes ongoing development and skill improvement, according to Ebrahim and Silva (2024).

In conclusion, by involving students in worthwhile activities and real-world projects, active learning boosts confidence (Li et al., 2021). Additionally, it uses simulation-based techniques to combine theory and practice (Ortiz & Valdez, 2022). Furthermore, cooperation, introspection, and consistent practice strengthen proficiency and confidence (Martinez et al., 2024).

Communication Skills

Communication skills are vital to students in a school setting and are useful in both academic and professional contexts (Brown, 2021). In addition, good communication skills develop the ability to communicate clearly, which is fundamental in collaborative learning environments and can assist students (Smith, 2022). Besides, good communication skills enhance the capacity to build positive relationships among peers and educators (Davis, 2023).

Furthermore, communication skills play a pivotal role in enhancing students' confidence when expressing themselves in front of others (Hernandez, 2020). Likewise, students who can articulate their thoughts effectively tend to participate more actively in class discussions (Nguyen, 2021). In turn, such active engagement leads to better understanding and retention of course material (Lopez, 2022).

Effective communication is even more important in caregiving simulations, where students must be able to communicate with patients and team members (Miller, 2021). When verbal or non-verbal messages are clear, they ensure that care instructions are properly understood and executed (Roberts, 2023). This, in effect, leads to fewer errors and fosters trust in mock patient care situations (Kim, 2020).

Likewise, the teaching of communication abilities improves problem-solving competence for collaborative tasks (Wright, 2020). Likewise, great communication enables students to present ideas, negotiate solutions, and come to consensus (Harris, 2021). Consequently, teams become more efficient, outcomes more effective (Collins, 2022).

Communication skills are also linked to emotional intelligence, which allows students to empathize with others and respond appropriately (Stevens, 2020). The above connects them with many types of social situations they would encounter in the university environment (Foster, 2022). This enables them to engage in respectful and productive discussions, whether difficult or not (Liu, 2021).

Additionally, technological advancements have revolutionized student communication skills development (Thompson, 2023). As per Allen (2021), further supporting such claim, they have pointed out that these online platforms require proficiency in digital communication, which is equally important to face-to-face interactions. In the age of digital collaboration, students should tailor their communication styles accordingly (Peterson, 2022).

Equally important, communication skills contribute to leadership development among students (Mitchell, 2020). Futhermore, according to Reynolds (2021) leaders with strong communication abilities can inspire, motivate, and guide their peers effectively. This not only improves group performance but also builds a positive learning culture (Anderson, 2022).

Similarly, feedback exchange is an important part of communication in academic environments (Jordan, 2021). In line with this, Clark (2020) demonstrate that constructive feedback helps students identify strengths and areas for improvement. Secondly, giving and receiving feedback respectfully helps to foster a culture of mutual learning (Evans, 2023).

Last but not least, effective communication skills are crucial not only at school, but also in future professional practice (Nelson, 2021). In support of this, Barnes (2022) emphasize that in the field of caregiving clear and compassionate communication can improve patient satisfaction and health outcomes. Moreover, these skills ensure that collaborative efforts among healthcare teams remain efficient and goal-oriented (Hall, 2020).

Competence. Communication competence is the capability of clear and suitable delivery of messages in a variety of settings (Lopez, 2020). In addition, there is adjusting the way one speaks, tone, and behavior towards its audience and circumstances (Singh, 2021). Furthermore, competence consists in the ability to not only have the knowledge of communication strategies, but also apply them skillfully (Harper, 2022). Hence, students' academic success and caregiving performance depend on communication competence (Tan, 2023).

Furthermore, competence enables students to demonstrate accuracy and clarity when delivering messages (Diaz, 2020). Likewise, it fosters trust and credibility in interactions with peers and educators (Kumar, 2021). Similarly, competent communicators adapt their approach to ensure understanding in diverse scenarios (Mendoza, 2022). Consequently, communication competence strengthens collaboration and teamwork within caregiving environments (Ali, 2023).

At the same time, competence enhances learners' problem-solving and decision-making abilities (Okafor, 2020). Additionally, it equips them to present logical and persuasive arguments during discussions (Suzuki, 2021). Likewise, competence promotes self-confidence when expressing opinions in group activities (Hassan, 2022). Thus, it contributes to both individual development and collective achievement in caregiving simulations (Gomez, 2023).

In addition, competence plays a critical role in preventing misunderstandings and conflicts (Peterson, 2020). Moreover, it encourages respect and empathy in interpersonal communication (Lin, 2021). Similarly, competent

communicators can interpret nonverbal messages effectively to enhance clarity (Rodriguez, 2022). Therefore, communication competence is vital for building positive relationships in learning environments (Fang, 2023).

Similarly, competence aids students in effectively handling stressful circumstances (Zhou, 2020). Additionally, it enables them to remain calm when speaking under duress (Patel, 2021). Furthermore, it fosters resilience by equipping students to positively receive constructive criticism (Morales, 2022). Accordingly, competence supports both professional preparedness and emotional stability (Ibrahim, 2023).

On the other hand, ineffective communication frequently results from a lack of competence (Stevens, 2020). However, students' communication skills can be greatly enhanced by organised training programs (Lozano, 2021). Students who neglect the development of their communication skills, on the other hand, typically struggle in group projects (Khalid, 2022). In order to succeed academically and in providing care, competence-building programs are therefore essential (Velasquez, 2023).

At the same time, cultural sensitivity and adaptability are closely linked to competence (Ortiz, 2020). In a similar vein, it necessitates an understanding of various communication styles from various cultural backgrounds (Wei, 2021). Furthermore, when interacting with peers from diverse communities, skilled communicators exhibit adaptability (Silva, 2022). As a result, effective communication promotes tolerance and understanding between people (Adams, 2024).

Moreover, ongoing reflection and feedback enhance competence (Gonzalez, 2020). Students can thus pinpoint their areas of weakness and improve their communication techniques (Yamada, 2021). Similarly, regular simulation practice enhances flexibility in actual caregiving situations (Hernandez, 2022). Accordingly, consistent work and reinforcement are necessary for the development of communication competence (Park, 2023).

In conclusion, effective interaction is based on communication competence (Richards, 2020). Additionally, in academic and caregiving contexts, it improves clarity, empathy, and adaptability (Ahmed, 2021). In real-world applications, it also improves decision-making, problem-solving, and teamwork (Choi, 2022). Therefore, building competence is essential to preparing students for careers providing care (Fernandez, 2024).

Discouragement. Students frequently struggle to communicate when they repeatedly fail to do so (Lopez, 2020). Furthermore, it may be brought on by unfavourable comments, a lack of encouragement, or insufficient practice opportunities (Singh, 2021). Discouragement can also make people reluctant to take part in group exercises or role-playing (Harper, 2022). Consequently, communication discouragement can have a detrimental effect on academic performance and confidence (Tan, 2023).

Furthermore, even when they have insightful ideas, discouraged students might not speak up (Diaz, 2020). Similarly, they might use passive communication styles to avoid shame or criticism (Kumar, 2021). In a similar vein, discouragement frequently lowers motivation for group projects (Mendoza, 2022). The development of effective communication skills may therefore be impeded by ongoing discouragement (Ali, 2023).

However, social and cultural elements that impact communication behaviour can also have an impact on discouragement (Okafor, 2020). Furthermore, students from cultures that discourage public speaking might find simulations more difficult (Suzuki, 2021). Similarly, people who don't have encouraging peers might be more afraid of being judged (Hassan, 2022). As a result, discouragement frequently depends on the situation and changes depending on the setting (Gomez, 2023).

Moreover, anxiety and discouragement are closely related, and anxiety obstructs confident and clear communication (Peterson, 2020). Furthermore, communication tasks are frequently viewed as dangerous by students who suffer from high levels of anxiety (Lin, 2021). Discouragement can also result in withdrawal symptoms like quiet or little involvement (Rodriguez, 2022). In order to lessen communication anxiety in caregiving simulations, it is crucial to address discouragement (Fang, 2023).

Similarly, students who are discouraged are less inclined to take chances when speaking and solving problems (Zhou, 2020). Additionally, it lessens perseverance, causing students to give up on communication attempts

when difficulties occur (Patel, 2021). Furthermore, it impairs resilience, which keeps students from learning coping mechanisms for stressful circumstances (Morales, 2022). Discouraged students consequently frequently perform poorly and don't reach their full communication potential (Ibrahim, 2023).

In addition, constructive reinforcement and positive feedback can greatly lessen discouragement in a simulation (Stevens, 2020). However, anxiety and feelings of inadequacy are exacerbated when teachers or peers fail to provide supportive guidance (Lozano, 2021). On the other hand, regular motivational techniques and well-organised guidance can restore confidence in communication (Khalid, 2022). Therefore, deliberate and ongoing support from peers and educators is necessary to overcome discouragement (Velasquez, 2023).

Additionally, social disengagement and less engagement with teachers and peers may ensue from unresolved discouragement (Ortiz, 2020). In a similar vein, demotivated students might withdraw, which would limit their chances to improve their communication abilities (Wei, 2021). Long-term discouragement has also been linked to poorer academic achievement and general well-being (Silva, 2022). In order to improve communication skills and personal development in caregiving education, it is imperative that discouragement be addressed (Adams, 2024).

Furthermore, systematic simulation techniques that prioritise incremental advancement can lessen discouragement in educational settings (Gonzalez, 2020). Students become more self-assured and persistent as they make progress on communication tasks (Yamada, 2021). Similarly, peer collaboration promotes resilience and normalises mistakes (Hernandez, 2022). Therefore, encouraging surroundings and thoughtfully planned teaching methods are essential for reducing discouragement (Park, 2023).

In conclusion, discouragement continues to be a major obstacle to the growth of communication abilities in caregiving education (Richards, 2020). Additionally, during simulation-based learning, it increases anxiety, decreases motivation, and decreases participation (Ahmed, 2021). Discouragement also has a detrimental effect on students' self-esteem and capacity for productive group collaboration (Choi, 2022). In order to enhance communication skills and guarantee readiness for professional caregiving roles, it is imperative to address discouragement (Fernandez, 2024).

Body language. Proper body posture is needed for communication, which affects how messages are understood (Sümer et al., 2021). Furthermore, postures and other non-verbal cues can show views and emotions that cannot be expressed verbally all of the time (Burgoon et al., 2021). Effective body language also improves clarity and trust between providers, patients, and educators (Maricchiolo et al., 2022). Consequently, students performing well in nonverbal behaviours improve communication skills and, consequently, score higher in school (Lopez et al., 2023).

Furthermore, the body is paramount in caregiving simulations, where empathy and understanding must be conveyed in nonverbal manners (Shin & Park, 2020). For another, nonverbal cues such as posture, gestures, and eye contact significantly influence how peers and patients evaluate the degree of quality of an interaction (Choi et al., 2021).

In the same vein, students who display positive body language often appear more confident as well as approachable (Zhou & Leung, 2022). Thus, the use of body language significantly influences overall professional competence and the effectiveness of simulated caregiving interactions (Nguyen & Hoang, 2023). Meanwhile, body language can either reinforce or contradict spoken communication (Matsumoto et al., 2020).

Moreover, apprehensive body language coupled with a confident tone can send contradictory messages (Gregersen et al., 2021). Additionally, inconsistent verbal and nonverbal behaviour often undermines credibility (Cohen & Avni-Babad, 2022). Thus, learning to align verbal and nonverbal skills is crucial for effective communication (Fukuda et al., 2023).

Body language also communicates confidence surrounding interactions within the framework of caregiving education (Garcia & Martin, 2021). Conversely, students who had positive self-perceptions were more likely to display open postures and steady eye contact that suggest they were ready for engagement (Alshammari et al.,

2022). Also, confident gestures have been found to lower communication anxiety and increase participation in simulation exercises (Patel & Singh, 2023). Thus, body language is supportive of performance and communicates confidence in workplace learning situations (Lopez & Ramirez, 2024).

Poor body language, such as slouching or failing to make eye contact, has, however, been linked with feeling discouraged and lower confidence in caregiving education (Rahman & Khalid, 2024). Similarly, anxious students often exhibit defensive or closed postures that can impede effective communication (Okubo & Sawada, 2022). Additionally, recent studies demonstrate how these nonverbal cues hinder active participation and teamwork during simulation exercises (Ishii & Bell, 2021). Suboptimal body language then interferes with communication, and the learning experience is less effective as a result in the professional training field (Chen & Hung, 2023).

Then there are the context- and culture-bound differences in communication that body language brings about (Matsumoto et al., 2020). For instance, different cultural groups may interpret facial expressions and gestures differently (Okubo & Sawada, 2022). Similarly, misinterpreting nonverbal cues has been observed to cause confusion and misunderstandings during multicultural caregiving (Chen & Hung, 2023). Due to this it is very important to understand differences in cultural body language if accuracy and effectiveness in communication will be attained (Rahman & Khalid, 2024).

Moreover, body language acts as an essential way of managing conversation as well as being attentive during caregiving situations (Garcia & Martin, 2021). Nodding, maintaining eye contact, and leaning forward are some example active listening strategies that improve caregiver-patient interaction (Alshammari et al., 2022). Also, this nonverbal communication enhances emotional bond and trust by allowing the speakers to talk a bit more freely (Patel & Singh, 2023).

Hence, body language facilitates more fluid interactions and collaborative learning in simulation-based learning (Lopez & Ramirez, 2024). Moreover, supervised practice and structured training can aid in the development of effective body language, claim Sümer et al. (2021). Furthermore, simulation-based exercises can help students become more aware of their nonverbal cues, particularly how their posture, eye contact, and facial expressions express their emotional states and communication readiness (Burgoon et al., 2021). Additionally, pilot studies in nursing education have shown that evaluation and feedback of facial expressions and body posture enhance the use of nonverbal cues during caregiver-patient interactions (Maricchiolo et al., 2022). Thus, continuous practice and reflective debriefing strengthen the link between confidence and body language in professional caregiving education (Lopez et al., 2023).

Finally, the knowledge of the verbal and nonverbal cues of people with dementia has been suggested to be needed to evaluate carer responsiveness and person-centred approaches by Shin and Park (2020). In a similar vein, Choi et al. (2021) found facilitative nonverbal behaviours played a major role in caregiving interactions, stressing their role in communication and emotional regulation. Likewise, eye contact, posture and facial expressions were also significant nonverbal markers of emotional states and communication readiness in nurse-patient simulated clinical scenarios (Zhou & Leung, 2022). Additionally, new guidelines for debriefing in clinical simulation focused on body language cues like posture and facial expressions as signs of involvement and confidence leading to professional development (Nguyen & Hoang, 2023).

Theoretical Framework

Anchored on Kolb's Experiential Learning Theory (1984), this study recognizes that effective learning is achieved through a cyclical process involving concrete experience, reflective observation, abstract conceptualization, and active experimentation. In the context of caregiving education, simulation functions as the concrete experience stage by immersing students in lifelike caregiving scenarios that replicate real world situations. These encounters allow learners to engage actively, apply theoretical knowledge, and refine their caregiving performance in terms of organization, content, and quality. Indicators of simulation include the integration of theory into practice, structured feedback through debriefing, and opportunities for repeated exposure to clinical challenges.

Confidence is recognized as a crucial psychological element of caregiving competence and independence for students. Bandura's (1997) theory of self-efficacy offers a prism through which confidence can be interpreted, whereby individuals, with belief in their capacity to succeed, are more likely to continue attempts to accomplish something difficult; repeatedly engaging with the same task strengthens their self-confidence, enhances problem-solving abilities, and promotes active learning. Indicators that can be considered with confidence include readiness to take on tasks, perseverance when facing difficulties, and assurance in making decisions about patient care.

With communication skills, they are indispensable for all who work in caregiving and in general, where appropriate, being clear and empathetic in interaction is so important for both patient care and in the peer group. Communication Competence Theory Spitzberg and Cupach, (1984) describes communication as competent when it is effective as well as appropriate to the context. Simulation-based teaching supports practice of communicative situations repeatedly in a realistic environment. Simulation-based education provides students repeated opportunities to practice communication in realistic situations, thereby reducing stress, managing anxiety, and enhancing not only verbal but also non-verbal communication. Verbal clarity, empathy within patient interaction, and teamwork in collaborative caregiving tasks are examples of communication competence indicators.

Kolb's Experiential Learning Theory, Bandura's Self-Efficacy Theory, and Spitzberg and Cupach's Communication Competence Theory form the framework which this study is based upon. Kolb explains how simulation can serve as the experiential platform of learning and Bandura emphasizes that such experiences help students develop their confidence and problem-solving abilities. Spitzberg and Cupach further underscore the development of communication competence in caregiving contexts. Collectively, these theories present that simulation is not just an instrument to improve caregiving performance, but it should also strengthen confidence and communication skills.

This highlights that caregiving simulation (IV) influences students' confidence (DV1) through reinforcing self-efficacy and persistence and their communication skills (DV2) through repeated practice of effective and empathetic interaction in caregiving contexts. These connections show that simulation offers a systematic route from theoretical knowledge to practical competence. It offers learners meaningful opportunities to practice, reflect, and refine both technical and interpersonal skills. Thus, the independent variable of simulation translates directly into the dependent variables of confidence and communication, which are very important results in caregiving education.

The entirety of the studied material highlights how important caregiving simulation is to improving students' educational experiences, especially when it comes to building communication and confidence skills. According to a number of studies, simulation-based learning gives students the chance to practice real-life caring situations in a secure setting, enabling them to apply theoretical knowledge while reducing their anxiety of potential negative outcomes. Students gain familiarity with caregiving responsibilities through repeated exposure to simulated chores, which progressively boosts their confidence and preparedness to participate in real caregiving scenarios.

Moreover, the literature reveals that students' confidence is closely linked to their active participation during simulations. When learners are encouraged to perform caregiving procedures, solve problems, and interact with peers and facilitators, they become more engaged and motivated. This active involvement not only reduces anxiety but also promotes a sense of competence and autonomy. As students gain mastery over caregiving tasks, they develop a more positive perception of their abilities, which directly contributes to increased confidence in both academic and practical settings.

Additionally, it has been demonstrated that when students frequently practice verbal and nonverbal interactions during caregiving simulations, their communication skills improve. In order to improve their capacity to communicate effectively and professionally, learners must collaborate with others, explain procedures, and voice concerns in simulated scenarios. When considered collectively, the research indicates that caregiving simulation is a useful teaching method that simultaneously fosters students' self-assurance and communication abilities, making it a useful technique in caregiving.

The evaluated studies show a significant correlation between students' confidence and caregiving simulation. Compared to students in traditional learning environments, those who engage in high-fidelity simulation activities have noticeably greater self-confidence and decreased performance anxiety (Al-Ghareeb & Cooper, 2020). Similarly, Zapko et al. (2021) discovered that learners' self-efficacy and preparedness to carry out clinical and caring duties was improved by repeated exposure to simulated caregiving settings. Additionally, comprehensive evaluations have shown that by offering safe, organized, and realistic opportunities to exercise caring responsibilities, simulation-based education regularly boosts students' confidence (Alrashidi et al., 2023). These results imply that students' confidence is favorably correlated with more exposure to simulation-based caregiving activities.

A positive correlation is also observed between caregiving simulation and students' communication skills. Simulation-based learning allows students to practice interpersonal interactions, verbal explanations, and active listening in realistic and controlled environments (Foronda et al., 2020). Kim and Park (2022) reported that students exposed to structured simulation activities showed significant improvement in clarity of expression and professional interaction with peers and instructors. Furthermore, studies conducted during the COVID-19 period confirmed that simulation learning helps students adapt their communication strategies effectively while maintaining confidence in uncertain conditions (Alsadi et al., 2023). This indicates that as the quality and frequency of simulation activities increase, students' communication skills improve alongside confidence.

Lastly, there is a close relationship and mutual reinforcement between communication skills and confidence. Improvements in communication skills further boost students' self-esteem, and students who develop confidence through simulation are more likely to speak successfully during caring and clinical duties (Cleary et al., 2020). According to Rutherford-Hemming et al. (2021), simulation programs intended to improve communication, empathy, and teamwork also boost students' confidence, establishing a mutually reinforcing relationship between these two factors. According to more recent research, caregiving competency is greatly enhanced by simulation environments that incorporate both skill practice and reflection (Chen et al., 2023). Therefore, the hypothesis that these elements are connected and mutually reinforcing in educational contexts is supported by the relationships between caregiving simulation, confidence, and communication abilities.

Conceptual Framework

Presented in Figure 1 is the conceptual model of the study. The independent variable is caregiving simulation, and the dependent variables are the students' confidence and communication skills.Organization refers to the structure of the simulation work as well as its accessibility, while content highlights the applicability of scenarios to actual life caregiving situations where classroom experiences are interwoven into practice. Moreover, quality reflects on the realness and the impact of the simulation as it presents realistic experience that promotes critical thinking and decision-making.

In line with this, Shin et al. (2024) stated that well-structured, content-rich, and high-quality simulations help students' performance by motivating engagement and application. Similarly, López-Medina et al. (2024) stated that realistic simulations assist the students as they bridge theoretical knowledge about caregiving and the act itself under the supervision of a caregiver to provide practical assistance in a safe environment. Additionally, confidence is treated as the first dependent variable, which is assessed through self-confidence, active learning, and problem-solving. They can also be studied using measures of self-confidence (the students' belief that they are capable) and active learning (the active participants in simulation practice who engage in deliberation and reflective practices).

Similarly, problem-solving exemplifies their ability to assess situations, solve problems, and make good choices. Consistently, Unver et al. (2023) found that simulation-based education drastically boosts students' confidence in executing the skills even in complex situations. Similarly, Morales-Castillo et al. (2024) found that ultra-realistic simulations enhance such non-technical skills as assertiveness and resilience, enhancing students' decision-making and patient care skills. Hence not only knowledge helps increase confidence, but repetitive practice in a simulated caregiving experience also does wonders.

In addition to the above, communication skills are used as the second dependent variable and indicated through competence, discouragement, and body language. Competence encompasses clarity and appropriateness of verbal and non-verbal communication, and discouragement relates to coping skills for experiencing setbacks in the art of communication, controlling the situation, and keeping calm.

At the same time, body language stands for proper usage of gestures, posture, and facial expressions in the conversation. Clear and empathetic communication is, as ww stresses, critical to the skill set for an effective caregiver. In addition, Sarmiento et al. (2024) reported that simulation activities enhance students' communication skills such as empathy, respect, and teamwork. Similarly, Duarte-Clíments et al. (2024) have noted that ultra-realistic simulations further develop informative communication, assertiveness, and empathy. Therefore, caregiving simulation not only develops technical skills but also builds confidence and communication skills that are necessary for good care practice.
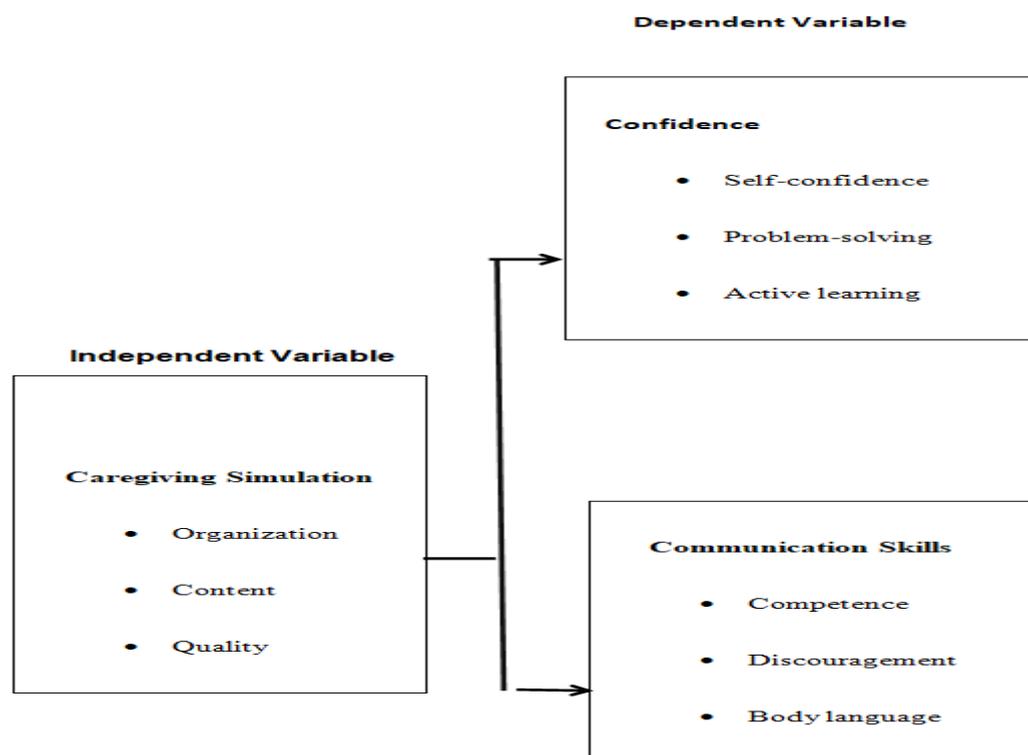

Figure 1. The Conceptual Framework of the Study

Significance of the Study

This study is significant to various educational stakeholders, particularly those engaged in caregiving and healthcare-related education. At the macro level, the findings will provide valuable insights for the Department of Education, higher education institutions, and school administrators in strengthening competency-based approaches through simulation-based learning. By determining the level of performance in caregiving simulation in terms of organization, content, and quality, the study can guide curriculum enhancement and teaching standards, ensuring that simulations are structured, comprehensive, and effective. In addition, by assessing students' level of confidence in terms of self-confidence, problem-solving, and active learning, the results may support the development of teaching strategies that cultivate resilience and learner autonomy.

Furthermore, by evaluating students' communication skills in terms of competence, discouragement, and body language, the findings can inform training initiatives that highlight the importance of clear expression and interpersonal connection in caregiving. Collectively, these insights support data-driven curriculum innovation, instructional planning, and policy formulation. They may also inform the integration of experiential learning into national and institutional frameworks, emphasizing the value of simulation in developing both technical and soft skills.

At the micro level, the study benefits educators, students, parents, and future researchers. For educators, the research highlights how performance, confidence, and communication outcomes of simulation can serve as benchmarks for improving instructional methods, fostering reflective practice, and enhancing student readiness. For students, the study demonstrates how simulation-based learning directly builds task performance, confidence in problem-solving, and communication abilities, preparing them for real-world caregiving demands. Parents may find assurance that these strategies strengthen both academic growth and the development of essential life skills, supporting their children's holistic formation. Finally, the study contributes to the growing body of literature on simulation-based education by examining interconnected outcomes of performance, confidence, and communication. This provides a strong foundation for future researchers to explore related areas such as teamwork, empathy, and clinical decision-making. Ultimately, this research underscores the value of simulation in shaping confident, competent, and communicative future caregivers.

Definition of Terms

To enhance the reader's understanding of the terms used in this study, the following concepts were defined both conceptually and operationally.

Caregiving Simulation. Conceptually, this refers to structured learning experiences that replicate real-life caregiving scenarios in a safe environment (TNNMC, 2023). Operationally, it involves the use of role-playing, virtual patients, or standardized scenarios to allow students to practice caregiving skills and apply learned knowledge.

Confidence. Confidence is the belief in one's ability to effectively perform caregiving tasks and handle clinical situations (Bandura, 1997). In this study, it was measured through students' levels of self-assurance, task competence, and preparedness during simulation activities.

Communication Skills. This refers to the ability to clearly convey information, listen actively, and interact appropriately within caregiving settings (Spitzberg & Cupach, 1984). Operationally, it was assessed based on students' clarity in communication, listening skills, and ability to exchange ideas effectively during simulated caregiving interactions.

METHOD

This chapter outlines the methodology used in conducting the study. It details the research design, the setting in which the study was conducted, the participants involved, the tools and instruments used to gather data, the procedures for data collection, and the statistical methods applied for data analysis.

Research Design

This study adopts a quantitative, non-experimental, descriptive-correlational design, which is well-suited for examining the relationship between caregiving simulation anxiety and students' confidence and communication skills in an authentic academic context. Unlike experimental approaches, this design does not manipulate variables; instead, it focuses on describing current conditions and identifying possible associations among the variables. Data will be collected through structured questionnaires utilizing a Likert scale, ensuring that responses are measurable, objective, and suitable for statistical analysis. This quantitative approach allows the study to produce reliable evidence regarding the levels of anxiety, confidence, and communication skills among the participants.

To provide a clear profile of the respondents, the descriptive aspect of the design will employ statistical measures such as mean and standard deviation to summarize students' scores across the three variables. The correlational aspect, on the other hand, will analyze how caregiving simulation anxiety relates to students' confidence and communication skills by identifying both the strength and direction of the relationship. Pearson's correlation coefficient will be applied to determine whether higher or lower levels of anxiety correspond with changes in confidence and communication ability. By combining descriptive and correlational methods, the study seeks not

only to outline students' current levels of these competencies but also to assess whether caregiving simulation anxiety influences the development of critical academic and professional skills.

Research Locale

This study will conduct in the municipality of Mawab, Davao de Oro, located in Region XI (Davao Region) of the Philippines. Mawab is a landlocked municipality situated 103 kilometers from Davao City, the regional center, and 21.1 kilometers from the Provincial Capitol. It has a total land area of 136.10 square kilometers, which constitutes 2.98% of the province's total area. Based on the 2020 Census, the municipality has a population of 39,631. Figure 2 presents the map of the Philippines showing its 17 regions, highlighting the location of Mawab and its vicinity map.

The respondents of this study will came from selected secondary schools within the Mawab District, which consists of six high schools, both public and private. Specifically, the research was conducted in Lorenzo S. Sarmiento Sr. National High School, Andili National High School, Nuevo Iloco National High School, and Tuboran National High School. The findings of this study are therefore context-specific to these schools, and while similarities may exist with other educational settings, the results may not be fully generalizable to oth systems.
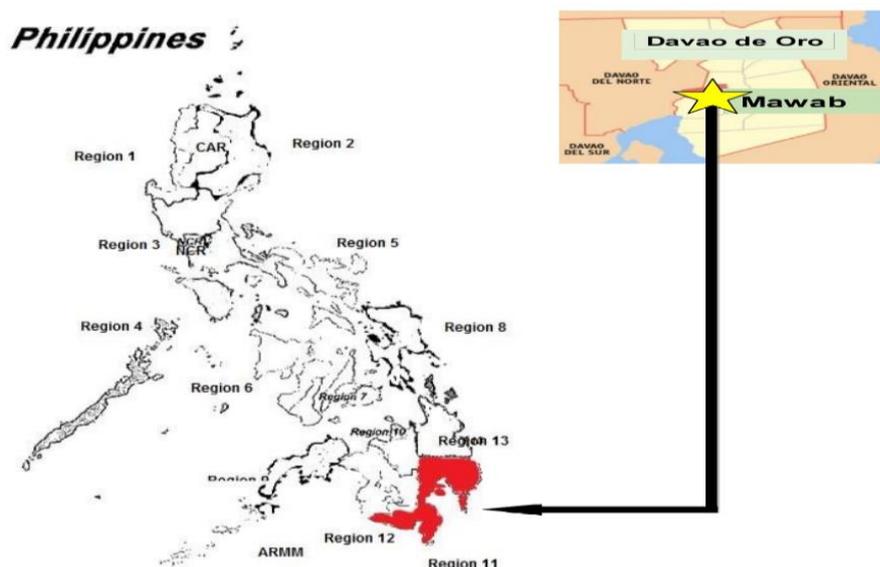

Figure 2. Map of the Philippines Highlighting Mawab, Davao de Oro

Population and Sample

This study employed simple random sampling to select respondents. The population consisted of 183 Senior High School Caregiving Students from Mawab District at Lorenzo S. Sarmiento Sr. National High School year 2024–2025, all of whom were required to be enrolled in their respective institutions. These students were considered appropriate respondents due to their direct involvement in learning activities, which aligns with the study's focus on confidence, communication skills, and willingness to provide care during caregiving simulation.

According to Kline (2005), a medium-sized sample ranges from 100 to 200 respondents. Using the Raosoft sample size calculator with a 95% confidence level and 5% margin of error, a sample of 204 students was determined to be statistically sufficient to represent the larger population of students in Mawab District Secondary Schools. Table 1 presents the distribution of the respondents for the school year 2025–2026.

School	Population	Respondents
A	51	46

B	43	39
C	55	49
D	55	49
TOTAL	204	183

Table 1. Population and Sample Size of Respondent

The distribution of the respondents, as shown in Table 1 were distributed as follows: 46 caregiving students at Lorenzo S. Sarmiento Sr. High School from section Aphrodite; 39 caregiving students from Lorenzo S. Sarmiento Sr. High School section Apollo; 49 caregiving students from Lorenzo S. Sarmiento Sr. High School for section Jade; 49 caregiving students from Lorenzo S. Sarmiento Sr. National High School section Amethyst. In total, there are 142 caregiving students participating in our study overall.

Research Instrument

The instrument used in this study was adapted from standardized questionnaires and modified to fit the context of caregiving simulation. The performance scale was based on the framework of Borges et al. (2023), focusing on organization, content, and quality. The confidence scale was based on the framework of Unver et al. (2020), focusing on self-confidence, problem-solving, and active learning. The assessment of communication skills was drawn from the model of Astuti (2020), emphasizing competence, discouragement, and body language. The instruments were subjected to expert validation to ensure relevance and accuracy. Each item was rated and reviewed to confirm its suitability for the respondents and alignment with the study objectives. The questionnaire employed a five-point Likert scale, with descriptive ranges provided for interpreting the results in terms of performance, confidence, and communication skills.

In evaluating the level of caregiving simulation, the following five (5) orderable gradations with their perspective range of means and descriptions were considered:

Range of Mean	Descriptive Equivalent	Interpretation
4.20 – 5.00	Very High	This means that the students' performance in terms of organization, content, and quality during caregiving simulation will be very much positive.
3.40 – 4.19	High	This means that the students' performance in terms of organization, content, and quality during caregiving simulation will be positive
2.60 – 3.39	Moderate	This means that the students' performance in terms of organization, content, and quality during caregiving simulation will be moderately positive.
1.80 – 2.59	Low	This means that the students' performance in terms of organization, content, and quality during caregiving simulation will be less positive.
1.00 – 1.79	Very Low	This means that the students' performance in terms of organization, content, and quality during caregiving simulation will not positive.

The second set of instruments was designed to assess the level of student confidence in the context of caregiving simulation. It comprised three (3) core indicators: self-confidence, problem-solving, and active learning. These indicators reflect the students' ability to trust their own judgment, address challenges during simulation tasks, and engage meaningfully with new learning experiences. Each indicator was evaluated using a five-point Likert scale and interpreted through five (5) descriptive levels of performance based on computed mean scores, allowing for a comprehensive analysis of student confidence levels across key areas of caregiving competence.

Range of Mean	Descriptive Equivalent	Interpretation
4.20 – 5.00	Very High	This means that the students' confidence in terms of self-confidence, problem-solving, and active learning during caregiving simulation will be very much positive.
3.40 – 4.19	High	This means that the students' confidence in terms of self-confidence, problem-solving, and active learning during caregiving simulation will be positive
2.60 – 3.39	Moderate	This means that the students' confidence in terms of self-confidence, problem-solving, and active learning during caregiving simulation will be moderately positive.
1.80 – 2.59	Low	This means that the students' confidence in terms of self-confidence, problem-solving, and active learning during caregiving simulation will be less positive.
1.00 – 1.79	Very Low	This means that the students' confidence in terms of self-confidence, problem-solving, and active learning during caregiving simulation will not positive.

The third set of instruments dealt with the well-being of students. It consisted of four (4) indicators: emotional, social, physical, and intellectual. For assessing student well-being, five ordered levels with corresponding ranges of means and descriptions were applied.

Range of Mean	Descriptive Equivalent	Interpretation
4.20 – 5.00	Very High	This means that the students' communication skills in terms of competence, discouragement, and body language during caregiving simulation will be very much positive.
3.40 – 4.19	High	This means that the students' communication skills in terms of competence, discouragement, and body language during caregiving simulation was positive
2.60 – 3.39	Moderate	This means that the students' communication skills in terms of competence, discouragement, and body language during caregiving simulation was less positive.
1.80 – 2.59	Low	This means that the students' communication skills in terms of competence, discouragement, and body language during caregiving simulation was not positive.
1.00 – 1.79	Very Low	This means that the students' communication skills in terms of competence, discouragement, and body language during caregiving simulation was moderately positive.

Remarkably, the research instruments that were used in this study were evaluated by experts with an overall rating of 4.86.

Data Collection

The researchers had firstly requested a validation for the research questionnaires. After receiving validation, they hsd obtained endorsement from their research teacher, Noli Julosan to conduct the study. Approval will be requested from the school authorities, including Ma'am Roberta A. Javier, School Principal II, of Lorenzo S. Sarmiento Sr. National High School. Once authorized, the study had communicated to the school educators who participated. During data collection, proper health and safety protocols under the current new normal had been observed to ensure the well-being of all respondents and personnel involved.

Informed consent had been obtained from respondents through a face-to-face process. The researchers will explain the study's objectives, the nature of participation, and how the collected data would be used. All questions from the respondents regarding participation were addressed. Only essential personal information will be collected, and all data will keep confidential, used solely for the purposes of the study, and securely stored afterward.

The questionnaires had been distributed with the assistance of a focal person who helped facilitate distribution outside the researchers' institution. Clear instructions will be provided, and respondents can assure that their answers would remain confidential, as their names did not appear on the forms or in any part of the study. Respondents were given adequate time to complete the questionnaires. Afterward, the researchers had collected and reviewed the forms that ensure all the items were answered. The data were then prepared for statistical analysis, validated by the statistician from Lorenzo S. Sarmiento Sr. National High School, and interpreted by the researchers. Conclusions and recommendations will subsequently formulate based on the study's findings.

Statistical Tools

The statistical tools used for data analysis and interpretation in this study are as follows:

Mean. This statistical tool was used to determine the levels of students' performance in caregiving simulation, as well as their confidence and communication skills in Mawab District Secondary Schools.

Spearman's rho. This statistical tool was used to determine the significance of the relationship between students' performa`nce in caregiving simulation, their confidence, and their communication skills in Mawab District Secondary Schools.

Multiple regression analysis. This statistical tool was used to determine the influence of students' performance in caregiving simulation on their confidence and communication skills in Mawab District Secondary Schools.

Ethical Consideration

This study adhered to several ethical principles to ensure the protection and rights of all participants. The ethical considerations were guided by the methodology of the research, focusing on the right to conduct the study, as well as maintaining confidentiality and anonymity of the respondents. The researchers closely monitored and followed ethical standards throughout the study, particularly regarding the management of the population and data.

Voluntary Participation. Participation in the study was completely voluntary. School educators and students were informed of the study's purpose, benefits, and their right to decline or withdraw without any penalties, repercussions, or loss of benefits. Their consent to participate was fully respected.

Privacy and Confidentiality. The researchers ensured that all personal information of the respondents was kept secure and confidential. Data were used solely for research purposes and stored safely to prevent unauthorized access.

Informed Consent. The researchers provided clear explanations of the study in accessible language to ensure that all respondents understood the purpose, procedures, and expected benefits of their participation. Respondents signed consent forms voluntarily.

Recruitment. The process for selecting respondents was clearly outlined, detailing the inclusion criteria, the data collection procedures, and the organization of the questionnaires.

Risks. The study posed no high-risk conditions to participants in terms of physical, psychological, or socioeconomic factors.

Benefits. The results of the study were intended to benefit secondary schools and educators by providing insights on students' confidence, communication skills, and willingness to provide care during caregiving simulation.

Integrity of Data. The study maintain integrity by avoiding fabrication or falsification. All data collected reflected accurate responses, with no exaggeration or misrepresentation.

Conflict of Interest. The study had no conflicts of interest. The researchers ensured that no secondary interests, such as financial or academic incentives, influenced the conduct of the study or the safety of participants.

Deception. The study contained no deceptive content or procedures that could cause harm or mislead participants.

Permission from the Organization/Location. The research was conducted with formal approval from the concerned schools in Davao de Oro. Letters of consent were obtained from school authorities, and the study commenced only after securing necessary permissions.

Authorship. The researchers were Grade 12 Caregiving students from Lorenzo S. Sarmiento Sr. National High School. The study underwent review by the School Ethics Review Committee, ensuring adherence to ethical standards. Data were analyzed accurately to maintain consistency and validity of the research instruments.

RESULTS

This part of the paper presented the data and analysis of findings obtained from the responses in the questionnaire based on the research objectives presented in the first chapter of this paper. Tables were arranged under the following subheadings: Level of Students' Performance in Caregiving Simulation, Level of Confidence in Students, Level of Communication Skills, Significant Relationship between Caregiving Simulation and Students' Communication Skill, Significant Relationship between Caregiving Simulation and Students' Communication Skill, Multiple Regression Analysis on the Influence of Students' Performance in Caregiving Simulation on their Confidence, and Multiple Regression Analysis on the Influence of Students' Performance in Caregiving Simulation with their Communication Skill among Mawab District Secondary Schools with their corresponding indicators.

Level of Students' Performance in Caregiving Simulation

Table 2 presents the level of caregiving simulation among students and its influence on self-confidence and communication skills. The indicators include caregiving simulation in terms of organization, content, and quality; self-confidence in terms of confidence, problem-solving, and active learning; and communication skills in terms of competence, discouragement, and body language.

The overall mean score was the result obtained from the following computed mean scores from highest to lowest: 4.38 or very high for diversity of organization with a standard deviation of 1.00; 4.36 or very high for learning environment with a standard deviation of 1.00; and 4.00 or high for content knowledge with a standard deviation of 1.00.

Table 2. Level of Students' Performance in Caregiving Simulation

Indicators	Mean	SD	Descriptive Equivalent
Organization	4.00	1.00	High
Content	4.38	1.00	Very High
Quality	4.36	1.00	Very High
Overall	4.42	1.00	Very High

The supreme mean score of 4.38 with a standard deviation of 1.00, described as high, was gained by content. The data indicated from Table 2 reveal that the respondents observed the following order of importance: a mean of 4.38 with a standard deviation of 1.00, described as high, for the presentation of clear, relevant, and

meaningful caregiving concepts that enhance learners' understanding of caregiving principles; a mean of 4.36 with a standard deviation of 1.00, described as high, for ensuring quality in caregiving simulation activities through accurate demonstrations and appropriate instructional strategies; and a mean of 4.00 with a standard deviation of 1.00, described as high, for the organization of caregiving simulation tasks, learning materials, and procedures to facilitate smooth and effective implementation of activities.

The second highest mean score was gained by quality, with a mean of 4.36 and a standard deviation of 1.00, described as high. The data shown in Table 2 bring to light that the respondents observed the following order of importance: the use of accurate and realistic caregiving practices during simulation activities; the clarity of instructions and demonstrations provided by the facilitators; and the appropriateness of performance standards used to assess learners' caregiving skills. These indicators highlight that maintaining high-quality instructional delivery significantly enhances learners' engagement, skill acquisition, and confidence during caregiving simulations.

The lowest mean score of 4.00 with a standard deviation of 1.00, described as high, was acquired by organization. The data stipulated in Table 2 unveil that the respondents observed organization in terms of proper scheduling of simulation activities, orderly arrangement of materials and equipment, and systematic flow of caregiving procedures. Although this indicator ranked lowest among the three, it still reflects a high level of performance, emphasizing that effective organization remains an essential component in ensuring that caregiving simulations are conducted efficiently and that learning objectives are achieved.

The overall mean score of 4.42 with a standard deviation of 0.47, described as high, signifies that the respondents generally perceived a high level of student performance in the caregiving simulation. This overall result implies that the integration of substantial content, high-quality instructional delivery, and organized learning activities contributed positively to learners' meaningful engagement and successful attainment of the expected learning outcomes.

Level of Students' Confidence

Presented in Table 3 are the mean scores for the indicators of adversity quotient, with an overall mean score of 4.20, which is described as very high with a standard deviation of 0.49. The high level could be attributed to the high rating given by the respondents on most indicators in the items of self-confidence, problem solving, and active learning.

The cited overall mean score was the result obtained from the following computed mean scores from highest to lowest: 4.21 or very high for self-cofidence with a standard deviation of 1.0; 4.20 or very high for reach with a standard deviation of 1.0; and 4.20 or very high for control with a standard deviation of 1.0.

Table 3. Level of Students' Confidence

Indicators	Mean	SD	Descriptive Equivalent
Self-Confidence	4.21	1.00	Very High
Problem Solving	4.20	1.00	Very High
Active Learning	4.20	1.00	Very High
Overall	4.20	1.00	Very High

The supreme mean score of 4.21 with a standard deviation of 1.00, described as high, was gained by self-confidence. The data indicated from the appended Table 3 reveal that the respondents observed the following order of importance: a mean of 4.21 with a standard deviation of 1.00, described as high, for learners' confidence

in expressing their ideas and abilities during learning activities; a mean of 4.20 with a standard deviation of 1.00, described as high, for learners' ability to trust their skills when accomplishing assigned academic tasks; and a mean of 4.20 with a standard deviation of 1.00, described as high, for learners' willingness to participate actively and independently in classroom discussions and activities. These results indicate that a high level of self-confidence enables learners to engage more actively and positively in the learning process.

The second highest mean score was gained by problem solving, with a mean of 4.20 and a standard deviation of 1.00, described as high. The data shown in the appended Table 3 bring to light that the respondents observed learners' competence in analyzing situations, identifying appropriate strategies, and applying logical thinking to address academic challenges. This suggests that learners demonstrate confidence in handling complex tasks and making sound decisions, which contributes to their overall academic performance and independent learning.

The lowest mean score, though still described as high, was acquired by active learning, with a mean of 4.20 and a standard deviation of 1.00. The data stipulated in the appended Table 3 unveil that learners actively participate in learning activities, collaborate with peers, and take responsibility for their own learning. Although this indicator ranked lowest among the three, it still reflects a high level of confidence, emphasizing that learners remain engaged, motivated, and involved in the learning process.

The overall mean score of 4.20 with a standard deviation of 0.49, described as high, signifies that the respondents generally perceived a high level of students' confidence across all indicators. This overall result implies that strong self-confidence, effective problem-solving skills, and active participation collectively contribute to learners' academic growth, engagement, and successful attainment of the expected learning outcomes.

Level of Students' Communication Skills

Table 4 shows the level of students' communication skills in terms of competence, discouragement, and cognitive body language. The overall mean is 4.30, described as very high, with a standard deviation of 1.00. The high level could be attributed to the high ratings the respondents gave in all indicators. This entails that the respondents' responses to the level of students' communication skills are much positive in terms of behavioral competence, discouragement, and body language.

The cited overall mean score was the result obtained from the following computed mean scores from highest to lowest: 4.21 or very high for self-confidence with a standard deviation of 1.0; 4.20 or very high for reach with a standard deviation of 1.0; and 4.20 or very high for control with a standard deviation of 1.0.

Table 4. Level of Students' Communication Skills

Indicators	Mean	SD	Descriptive Equivalent
Competence	4.28	1.00	Very High
Discouragement	4.31	1.00	Very High
Body Language	4.32	1.00	Very High
Overall	4.30	1.00	Very High

The supreme mean score of 4.32 with a standard deviation of 1.00, described as high, was gained by body language. The data indicated from the appended Table 4 reveal that the respondents observed the following order of importance: a mean of 4.32 with a standard deviation of 1.00, described as high, for learners' effective use of gestures, facial expressions, posture, and eye contact to support verbal communication; a mean of 4.31 with a standard deviation of 1.00, described as high, for learners' ability to encourage and motivate others through positive verbal and non-verbal communication; and a mean of 4.28 with a standard deviation of 1.00, described

as high, for learners' competence in expressing ideas clearly, confidently, and appropriately during classroom interactions. These findings indicate that non-verbal communication skills play a vital role in enhancing learners' overall communication effectiveness and interpersonal interactions.

The second highest mean score was obtained by discouragement, with a mean of 4.31 and a standard deviation of 1.00, described as high. The data shown in the appended Table 4 bring to light that the respondents observed learners' ability to manage discouraging situations, maintain confidence when faced with communication challenges, and continue expressing their ideas despite setbacks. This suggests that learners possess resilience in communication, allowing them to remain engaged and expressive even in less favorable or challenging situations.

The lowest mean score, though still described as high, was acquired by competence, with a mean of 4.28 and a standard deviation of 1.00. The data stipulated in the appended Table 4 unveil that learners demonstrate competence in organizing their thoughts, using appropriate language, and delivering messages effectively in both formal and informal learning settings. Although this indicator ranked lowest among the three, it still reflects a high level of communication skill, emphasizing that learners are generally capable communicators who can convey ideas clearly and appropriately.

The overall mean score of 4.30 with a standard deviation of 1.00, described as high, signifies that the respondents generally perceived a high level of students' communication skills across all indicators. This overall result implies that learners' competence, ability to overcome discouragement, and effective use of body language collectively contribute to strong communication performance and meaningful interaction within the learning environment.

Significance on the Relationship Between Caregiving Simulation and Students' Confidence

One crucial purpose of this study is to determine whether or not caregiving simulation has a significant relationship with students' confidence. The appended table 5.1 shows that the Shapiro-Wilk Test for Bivariate Normality has a p-value of <.001, indicating that the distribution is normal. Hence, a parametric test, Pearson's r correlation, is suited for this distribution.

Table 5. Significance on the Relationship Between Caregiving Simulation and Students' Confidence

		Caregiving Simulation	**Students' Confidence**
Caregiving Simulation	Spearman's rho	------	
	p-value	------	
Students' Confidence	Spearman's rho	0.360*	----
	p-value	<.001	----

Significant at 0.5 level of significance

Table 5 shows that caregiving simulation and students' confidence have a Spearman's rho-value of 0.360*, indicating a strong positive relationship. Moreover, a p-value of <.001, less than the 0.05 p-value, means a significant relationship between teaching competence and students' learning engagement. Thus, the null hypothesis, which states no significant relationship between teaching competence and students' learning engagement, is rejected. This further implies that students' learning engagement tends to be observed when the teaching competence is observed.

Significance on the Relationship Between Caregiving Simulation and Students' Communication Skills

Another crucial purpose of this study is to determine whether or not the caregiving simulation has a significant relationship with students' communication skills. The appended table 6.1 shows that the Shapiro-Wilk Test for

Bivariate Normality has a p-value of 0.210, indicating that the distribution is normal. Hence, a parametric test, Pearson's r correlation, is suited for this distribution.

Table 6. Significance on the Relationship Between Caregiving Simulation and Students' Communication Skills

		Caregiving Simulation	Students' Communication Skills
Caregiving Simulation	Spearman's rho	----	
	p-value	----	
Students' Communication Skills	Spearman's rho	0.546*	----
	p-value	<.001	----

Significant at 0.05 level of significance

Table 5 shows that caregiving simulation and students' learning engagement have a Spearman's rho of 0.604*, indicating a strong positive relationship. Moreover, a p-value of <.001, less than the 0.05 p-value, means a significant relationship between teaching competence and students' learning engagement. Thus, the null hypothesis, which states no significant relationship between caregiving simulation and students' learning engagement, is rejected. This further implies that students' learning engagement tends to be observed when the teaching competence is observed.

Multiple Regression Analysis on the Influence of the Caregiving Simulation on Students' Confidence

Presented in Table 7 is the multiple regression analysis on the influence of the domains of caregiving simulation on students' confidence. The table shows a computed F-value of 30.63 with a p-value of < .001, indicating that caregiving simulation, when taken as a whole, significantly influences students' confidence, since the probability value is lower than the 0.05 level of significance.

The correlation coefficient (R) of 0.582 suggests a moderate relationship between the independent variables and students' confidence. This corresponds to a coefficient of determination (R^2) of 0.339, which means that 33.9% of the variation in students' confidence is explained by organization, content, and quality of caregiving simulation. The remaining 66.1% may be attributed to other factors not included in the study

Table 7. Multiple Regression Analysis on the Influence of the Caregiving Simulation to the Students' Confidence

Caregiving Simulation	Coefficient	t-value	p-value	Decision $\alpha = 0.05$
Organization	-0.058*	-0.818	<.414	H_o is not rejected
Content	0.325*	4.092	<.001	H_o is rejected
Quality	0.356*	4.467	<.001	H_o is rejected
Dependent Variable: Students' Confidence				

*p<0.05   *R*= 0.582   *R²*= 0.582*   *F- value = 30.63*   *p<.001*

In terms of individual predictors, organization has a coefficient of –0.058, a t-value of –0.818, and a p-value of 0.414, which is greater than the 0.05 significance level. This indicates that organization does not significantly influence students' confidence when considered independently.

On the other hand, content has a coefficient of 0.325, a t-value of 4.092, and a p-value of < .001, indicating that content significantly influences students' confidence. This suggests that a one-unit increase in content is associated with a 0.325 increase in students' confidence, holding other variables constant.

Similarly, quality shows a coefficient of 0.356, a t-value of 4.467, and a p-value of < .001, which is below the 0.05 level of significance. This means that quality significantly influences students' confidence, and a one-unit increase in quality results in a 0.356 increase in students' confidence.

Therefore, the null hypothesis, which states that there is no domain of caregiving simulation that significantly influences students' confidence, is rejected for content and quality, but not rejected for organization.

Multiple Regression Analysis on the Influence of the Caregiving Simulation on Students'Communication Skills

Presented in Table 8 is the multiple regression analysis on the influence of caregiving simulation on students' confidence. The table shows a computed F-value of 49.53 with a p-value of < .001, indicating that caregiving simulation significantly influences students' confidence, since the probability value is lower than the 0.05 level of significance. The correlation coefficient (R) of 0.454 indicates a moderate relationship between caregiving simulation and students' confidence. This corresponds to a coefficient of determination (R^2) of 0.206, which means that 20.6% of the variance in students' confidence is explained by organization, content, and quality of caregiving simulation. The remaining 79.4% may be attributed to other factors not included in the study.

Table 8. Multiple Regression Analysis on the Influence of the Caregiving Simulation to the Students' Communication skills

Caregiving Simulation	Coefficient	t-value	p-value	Decision $\alpha = 0.05$
Organization	0.207*	3.194	<.002	H_o is rejected
Content	0.256*	3.549	<.001	H_o is rejected
Quality	0.345*	4.765	<.001	H_o is rejected
Dependent Variable: Students' Communication Skills				

*p<0.05 $R = 0.582$ $R^2 = 0.4542*$ G- value = 49.53   p<.001

Among the individual predictors, organization has a coefficient of 0.207, a t-value of 3.194, and a p-value of 002, which is greater than the 0.05 level of significance.

In contrast, content has a coefficient of 0.256, a t-value of 3.549, and a p-value of < .001, indicating that content significantly influences students' confidence. This suggests that a one-unit increase in content leads to a 0.256 increase in students' confidence, holding other variables constant. Similarly, quality has a coefficient of 0.345, a t-value of 4.765, and a p-value of < .001, which is below the 0.05 significance level. This indicates that quality significantly influences students' confidence, with a one-unit increase in quality resulting in a 0.345 increase in students' confidence.

Therefore, the null hypothesis, which states that there is a domain of caregiving simulation significantly influences students' confidence, is rejected for organization, content and quality,

DISCUSSION

The data on caregiving simulation, and students' confidence and communication skills are presented in this chapter and the said discussions are based on the findings appeared in the previous section. This section also

offers additional research and related work on the study's findings, as well as the conclusions reached, and the helpful and pertinent recommendations made by the researchers in light of those findings.

Level of Students' Performance in Caregiving Simulation

In the previous chapter, the findings about the caregiving simulation of students in Mawab District Secondary Schools were presented. The results showed that the level of students' performance in caregiving simulation was very high, indicating that important factors needed for effective simulation-based learning were strongly present.

The result for caregiving simulation, which was rated very high, is supported by Santos et. al. (2024), who stated that simulation training can help students develop skills as they are exposed to different clinical scenarios, enhancing their decision and problem-solving process. This means that through repeated exposure to different caregiving situations, students are able to improve their thinking and decision-making skills, which explains their high level of performance.

In terms of content, which also received a very high rating, students showed strong interest and participation in the simulation activities. In congruent, Villanueva et. al. (2022) stated that student motivation and engagement increase when the simulation content is relevant as students become more focused and dedicated to learning when they perceive caregiving scenarios realistic. This suggests that realistic and meaningful content helps students stay motivated and perform better in caregiving simulation.

Likewise, the quality of caregiving simulation was rated very high, showing that the simulation activities were effective in helping students learn. In consonants, Cruz et. al. (2023) claims that excellent simulations give students the confidence they need to put their theoretical knowledge into practice. This indicates that high-quality simulations help students apply what they learned in class more confidently during actual caregiving tasks.

Moreover, organization, which was rated high, also contributed to students' performance. In parallel, Cruz (2022) demonstrated that property designed simulation increased trainees' confidence and reduced confusion in difficult caregiving situations. This implies that well-planned and clearly structured simulations help students understand their tasks better and perform caregiving activities more effectively.

Overall, the high ratings in caregiving simulation, content, quality, and organization confirm that the simulation activities in Mawab District Secondary Schools are effective in improving students' caregiving performance and readiness for real-life situations.

Level of Students' Confidence

In the preceding chapter, the findings regarding the level of school students' confidence were presented. The results revealed that students generally demonstrate a very high level of confidence, reflecting strong self-assurance in their academic experiences. This indicates that students possess well-developed traits that allow them to actively participate and engage in learning. The overall findings suggest that confidence is a key factor in students' motivation and academic involvement.

The overall result for confidence, which was rated very high, is supported by Li et. al. (2021), who observed that integrating scenario-based simulation fosters critical thinking and confidence, as immersive simulation produces higher confidence compared to lecture-based instruction. This means that when students experience realistic caregiving situations through simulation, they become more confident in using their knowledge and skills.

In terms of self-confidence, which also received a very high rating, students showed strong willingness to participate in learning activities. In congruent, Lopez et. al. (2023) stated that higher levels of self-confidence encourage students to participate actively in interactive learning sessions. This suggests that students with high self-confidence are more motivated to engage in caregiving tasks, which further improves their learning and performance.

Likewise, problem solving rated very high, greatly contributed to students' confidence in caregiving simulation. In consonants, Heo et. al. (2021) noted that simulation programs grounded in structured models significantly

enhance students' clinical reasoning, problem solving process, and overall competency. This indicates that well-structured simulations help students think clearly and solve caregiving problems effectively, thereby increasing their confidence.

Moreover, active learning which was also rated very high, played a key role in developing students' confidence. Ortiz and Valdez (2022) stated that active participation forces the learner to engage with the information, as opposed to just receiving it. This implies that when students actively take part in caregiving simulation, they gain deeper understanding and become more confident in performing caregiving tasks.

Overall, the very high ratings across confidence, self-confidence, problem solving, and active learning confirm that caregiving simulation is highly effective in building students' confidence and readiness for real-life caregiving situations.

Level of Students' Communication Skills

Presented in the previous chapter is the result of the level of students' communication skills had observed. It revealed that students' communication skills had described as very high. All three indicators for this variable were also described as very high. It implies that students' communication skills felt in caregiving simulation.

The overall result for communication skills, which was rated very high, is supported by Harris (2021), who emphasizes that great communication enables students to present ideas, negotiate solutions, and come to consensus. This means that students who communicate well during simulation are better able to share their thoughts clearly and work effectively with others in caregiving situations.

In terms of competence, which also received a very high rating, students demonstrated a strong ability to work with others in the caregiving environment. In consonants, Ali (2023) demonstrated that communication competence strengthens collaboration and teamwork within the caregiving environment. This suggests that when students are competent communicators, they can cooperate more effectively with their peers, leading to better caregiving performance.

Moreover, discouragement, which was rated very high, was properly managed during caregiving simulation. In parallel, Stevens (2020) stated that discouragement, constructive reinforcement, and positive feedback can greatly lessen discouragement in a simulation. This implies that supportive communication and feedback help reduce students' feelings of discouragement, allowing them to stay motivated and confident while performing caregiving tasks.

Overall, the very high ratings across communication skills, competence, and discouragement confirm that caregiving simulation plays a vital role in improving students' communication abilities and emotional readiness in real caregiving situations.

Significance on the Relationship Between Caregiving Simulation and Students' Confidence

The study's results revealed a significant relationship between caregiving simulation and students' confidence. The p-value indicated a meaningful correlation between these two variables, suggesting that caregiving simulation is significantly associated with students' confidence. This relationship implies that as students are increasingly exposed to caregiving simulation activities, there is a corresponding improvement in their level of confidence in performing caregiving-related tasks.

This interesting connection is consistent with previous works that focus on the usefulness of simulation-based learning in enhancing learners' confidence. This finding correlates with simulation-based learning literature that has suggested that safe, repeated practice and experiential learning can facilitate the building confidence among students (Foronda et al., 2020). Literature reviews indicate that through simulated caregiving opportunities, learners can practice skills and decision making in a safe and supportive environment which enhances students' self-confidence. Students also familiarize themselves with caregiving roles, which enhances their confidence through these experiences.

The findings also support self-efficacy theory, which explains that confidence develops through successful task performance and positive learning experiences. In parallel, Bandura's self-efficacy theory, which holds that mastery experiences and successful task performance boost confidence (O'Connor et al., 2021). Caregiving simulation offers opportunities for students to experience success in caregiving tasks, reinforcing their belief in their own abilities. As students recognize their competence through simulation activities, their confidence continues to grow.

In addition, the significant relationship underscores the importance of instructional strategies that actively involve students in the learning process. Caregiving simulation encourages engagement, reflection, and skill application, all of which contribute to confidence enhancement. In consonats, Shin et al., (2020) stated building confidence requires engagement, introspection, and skill application, all of which are fostered by simulation. These elements help students feel more capable and prepared to face caregiving responsibilities.

Overall, the significant relationship between caregiving simulation and students' confidence highlights the crucial role of simulation-based instruction in education. The findings confirm that caregiving simulation is an effective approach in fostering students' confidence, ultimately supporting their readiness and effectiveness in caregiving roles.

Significance on the Relationship Between Caregiving Simulation and Students' Communication Skills

The results of the study reveal a significant relationship between caregiving simulation and students' communication skills, indicating that students develop higher communication competence through structured simulation experiences. Among the three indicators, quality showed the strongest influence, followed by content, while organization showed the least influence. In parallel Foronda et al., (2020, confirmed that caregiving simulations are an effective strategy for enhancing students' ability to communicate effectively in practical caregiving contexts (Foronda et al., 2020). This suggests that the realism, engagement, and overall execution of the simulation play a critical role in fostering students' communication skills.

Quality emerged as the most influential indicator, highlighting that high-quality simulations significantly improve students' communication skills. Realistic scenarios, active participation, and clear guidance enable students to practice verbal and non-verbal communication safely and repeatedly. In congruent, McKenna et. Al., (2023) demonstrate that the simulation quality promotes communication competence by creating authentic learning environments that replicate real caregiving situations. Similarly, Cant and Cooper (2021) noted that immersive and well-executed simulations increase learners' confidence and ability to convey information clearly to patients and colleagues.

The next indicator is content, which likewise had a significant correlation between it and students' skills in communication even if compared to quality. Relevant, precise, and organized content will help students understand concepts of caregiving, and communication expectations. In consonants, Foronda (2020) emphaze that learners' communication has improved when simulation content is used that marries theory with practical scenarios that can provide clarity and context. Additionally, Levett-Jones et al. (2023) affirmed that content grounded in real-life practice enables students to build competence in expressing themselves and responding effectively in caregiving tasks.

Organization was the least influential indicator and was found to be not significant in shaping students' communication skills. Though effective sequencing and structure aid in the smooth delivery of simulations, they do not directly contribute to improving communication skills. In parallel, to this Seidel and Merriënboer (2021) explained that organization enhances instructional flow but does not automatically influence skill-based outcomes such as communication. This implies that students value the quality and relevance of the experience more than the structured order of activities.

The overall relationship indicates that caregiving simulations positively impact students' communication skills, primarily through quality and content, while organization serves as a supportive factor. Students improve their communication when simulations are realistic, meaningful, and allow them to practice interpersonal interactions and patient dialogue. Similarly, Adamson (2021) emphasized that simulation-based learning develops

communication skills by combining experiential learning with guided feedback. This demonstrates that the cognitive and emotional engagement from simulation experiences is crucial for effective communication in caregiving.

Lastly, the study demonstrates that caregiving simulations help in improving students' communication skills with quality as the greatest factor, followed closely by content, and organization as the lowest. These findings align with current theories of simulation-based education, where realism, relevance, and active participation in skill development are emphasized. Creating high quality, content-rich simulations ought to be a priority to enhance communication competency in students doing caregiving tasks. Overall, caregiving simulation is a valuable instructional method to prepare students for professional communication within the care delivery space in real-life clinical contexts (McKenna et al., 2023).

Multiple Regression Analysis on the Influence of the Caregiving Simulation on Students' Confidence

The multiple regression analysis examined the influence of the caregiving simulation on students' confidence using the indicators of quality, content, and organization. The results revealed that the indicators vary in their level of influence on students' confidence. Among the three indicators, quality showed the strongest influence, followed by content, while organization showed the least influence. These findings indicate that not all components of caregiving simulation contribute equally to building students' confidence.

Quality emerged as the strongest predictor of students' confidence, indicating a significant positive influence. This suggests that high-quality caregiving simulations that are realistic, engaging, and well-executed allow students to actively practice skills, leading to increased self-assurance. According to McKenna and Wray (2023), simulation quality enhances learners' confidence by providing authentic experiences that mirror real-life clinical situations. Similarly, Cant and Cooper (2021) emphasized that well-designed and immersive simulations promote confidence through experiential learning and skill mastery.

The strong influence of quality highlights the importance of realism and learner engagement in simulation-based education. When students perceive simulations as meaningful and relevant, they become more confident in applying learned skills. Lateef (2020) explained that high-fidelity simulations improve students' confidence by enabling repeated practice in a safe environment. This aligns with the present study, where quality played a crucial role in shaping students' confidence levels.

Content was found to have a significant but slightly lower influence on students' confidence compared to quality. This result implies that clear, relevant, and well-structured simulation content helps students understand caregiving concepts, which contributes to confidence development. In parallel, Jeffries et al. (2021) stated that content aligned with learning objectives improves learners' comprehension and perceived competence.

The influence of content suggests that students value simulations that present accurate and applicable caregiving information. When content is understandable and connected to real caregiving situations, students feel more prepared and confident. In consonants, Foronda et al. (2020) highlighted that content relevance in simulations supports learner confidence by bridging theory and practice. This supports the current finding that content is an important, though secondary, contributor to students' confidence.

In contrast, organization showed the lowest and an insignificant influence on students' confidence. This indicates that while organization supports the flow and structure of caregiving simulations, it does not directly enhance how confident students feel. In congruent, Könings (2021) explained that organizational structure mainly aids instructional management rather than affective outcomes such as confidence. Similarly, Fischer et al. (2023) emphasized that students' confidence is more strongly shaped by experiential quality and engagement than by organizational arrangement alone.

Multiple Regression Analysis on the Influence of the Caregiving Simulation on Students' Communication Skills

The model as entirety was statistically significant, suggesting that caregiving simulation has a significant effect on communication skills. This outcome is consistent with the findings of Foronda et. Al., (2020), who showed

that simulation-based instruction successfully enhances nursing students' confidence and communication abilities.

The results also showed that students' communication skills are significantly improved by the way the caregiving simulation is structured. Effective communication skill development is facilitated by well-structured learning sequences and well-organized simulations with clear objectives (Bansal et. Al., 2022). Students can participate in simulated caregiving situations more fully and confidently when they are organized in this way.

Furthermore, it was discovered that the caregiving simulation's content had a major impact on communication results. This congruent to the research of Sesli and Guler (2022) indicating that improved verbal and nonverbal communication skills are fostered by relevant and realistic simulation content that mirrors real-world clinical communication challenges. Customized content guarantees that students can apply the skills they learn in simulation to actual caregiving scenarios.

Additionally, it was found that students' communication skills were significantly predicted by the quality of the caregiving simulation. In parallel, Foucault-Fruchard et al. (2024) demonstrated that high-quality simulations with immersive scenarios and prompt feedback improve healthcare learners' communication skills. All of these results support the idea that well-crafted caregiving simulations are essential for helping students learn how to communicate effectively.

CONCLUSION

Conclusions are drawn based on the results of the study. The study concludes that students in Mawab District Secondary Schools demonstrated a high level of performance in caregiving simulation. Among the indicators, content received the highest mean score, followed closely by quality and organization. This suggests that students effectively engaged with relevant caregiving concepts, applied accurate practices, and benefited from well-organized simulation activities. The high overall performance highlights the positive impact of structured and meaningful simulation experiences on learners' mastery of caregiving skills.

Students exhibited a very high level of confidence during caregiving simulation activities, particularly in self-confidence, problem-solving, and active learning. The integration of hands-on activities, guided practice, and opportunities to apply theoretical knowledge contributed to students' strong belief in their abilities. These findings indicate that exposure to simulation not only reinforces knowledge but also strengthens learners' confidence in performing caregiving tasks independently and effectively.

The respondents displayed high levels of communication skills, with competence, body language, and reduced discouragement ranking as key indicators. Students were able to interact clearly, express ideas effectively, and demonstrate positive nonverbal behaviors during caregiving simulations. These results imply that structured simulation activities cultivate both verbal and nonverbal communication, which are essential for professional caregiving interactions.

The study found a significant positive relationship between caregiving simulation and students' confidence. This indicates that students who engaged in well-designed simulation activities developed stronger self-efficacy and problem-solving abilities. The finding emphasizes the role of interactive and realistic simulation in fostering learners' belief in their skills and readiness to perform caregiving tasks.

Similarly, a significant relationship was observed between caregiving simulation and students' communication skills. Active participation in simulation scenarios enhanced students' competence, ability to manage discouragement, and effective use of body language. This underscores the importance of incorporating realistic and collaborative simulation exercises to improve both verbal and nonverbal communication competencies in caregiving education.

Among the aspects of caregiving simulation, content and quality were found to have the most significant influence on students' confidence. Clear presentation of caregiving principles and accurate demonstration of procedures contributed most to learners' self-assurance. This highlights that the substance of the simulation and

its instructional quality are critical in building students' confidence to apply skills correctly in real-life caregiving scenarios.

Additionally, the communication skills, quality and organization of caregiving simulation had the strongest influence. Accurate practices, clear instructions, and systematic flow of simulation activities enabled students to communicate effectively and manage challenges during interactions. The findings suggest that carefully structured simulation environments promote not only technical proficiency but also essential communication abilities required in caregiving settings.

RECOMMENDATIONS

After the presentation and discussion of the findings, the following recommendations are made based on the results of the study undertaken for caregiving simulation, student confidence, and communication skills in an effort to promote an interesting and engaging, active, and supportive learning environment in the school.

To improve the quality of simulation sessions, trainers should maintain clear explanations, thorough preparation, and supportive teaching strategies. Difficult concepts should be explained in a simple and understandable manner, allowing students to follow the sessions with ease. In addition, creating more opportunities for active participation and encouraging student involvement can help foster a positive learning environment and improve overall session effectiveness.

The findings show that we need to boost students' confidence by encouraging self-directed learning, problem-solving skills, and active participation in simulations. Students should take responsibility for their learning, use the right knowledge and skills, and establish clear patient-care goals. Structured debriefing sessions and timely feedback from instructors can help students reflect on their performance, clear up misunderstandings, and build confidence in their abilities.

To enhance students' communication skills, it is recommended that simulation training include activities that promote clear verbal expression, active listening, and effective body language. Opportunities for presentations, discussions, and peer interaction can help students gain confidence and reduce anxiety when communicating. Emphasis should also be placed on minimizing speech fillers, maintaining eye contact, and using appropriate gestures to improve clarity and engagement in both academic and clinical settings.

Lastly, future researchers may explore variables that can further affect the students' confidence and communication skills aside from caregiving simulation, such as the learning environment, motivation, and teaching strategies. Future studies may also consider involving respondents from the elementary or tertiary levels and expanding the scope to other schools or districts in order to validate and enrich the findings of this study.

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