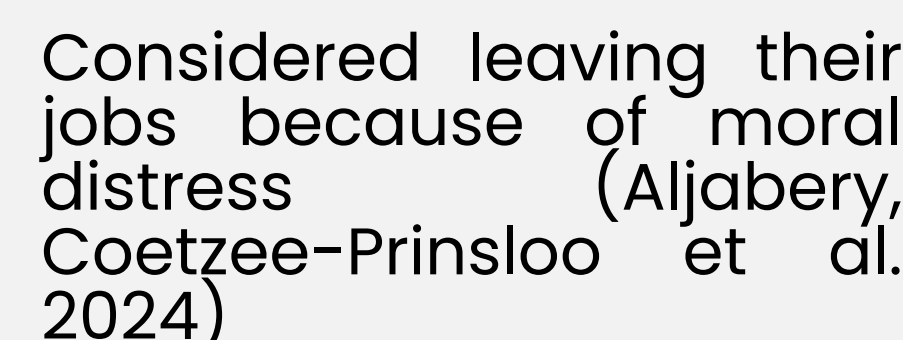


CONSORT FLOW DIAGRAM

The Graduate School, University of Santo Tomas, Espana Boulevard, 1015 Manila, Philippines; Veterans Memorial Medical Center, North Avenue Diliman Quezon City

Moral Distress

Impact

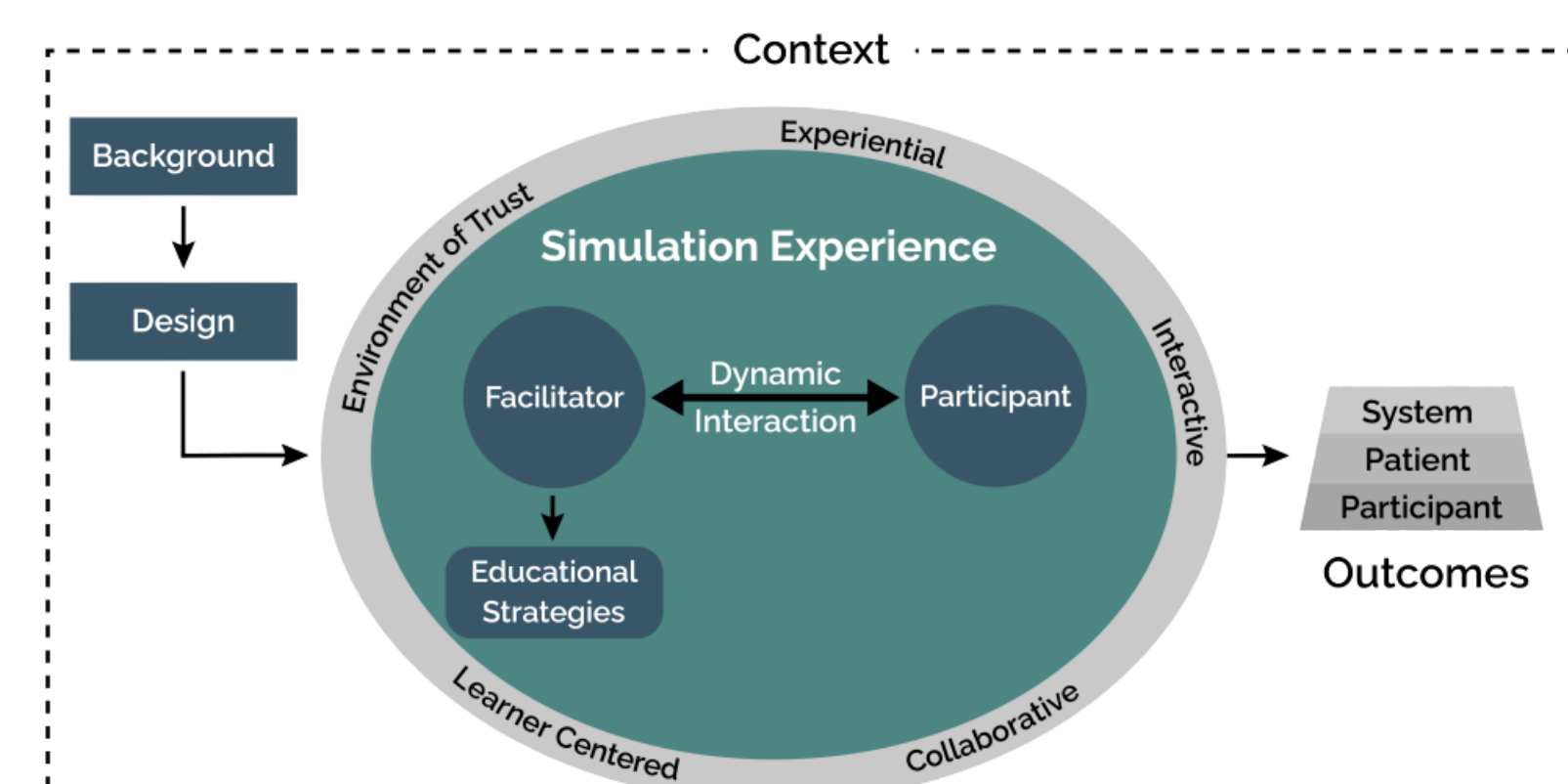


Nausea, vomiting, dark urine, sleep disturbances (Seiler, 2024; Watts, 2023)

MORAL SENSITIVITY IS KEY

to ethical decisions and quality care (Lutzen et al., 2006; Momennasab et al., 2023)

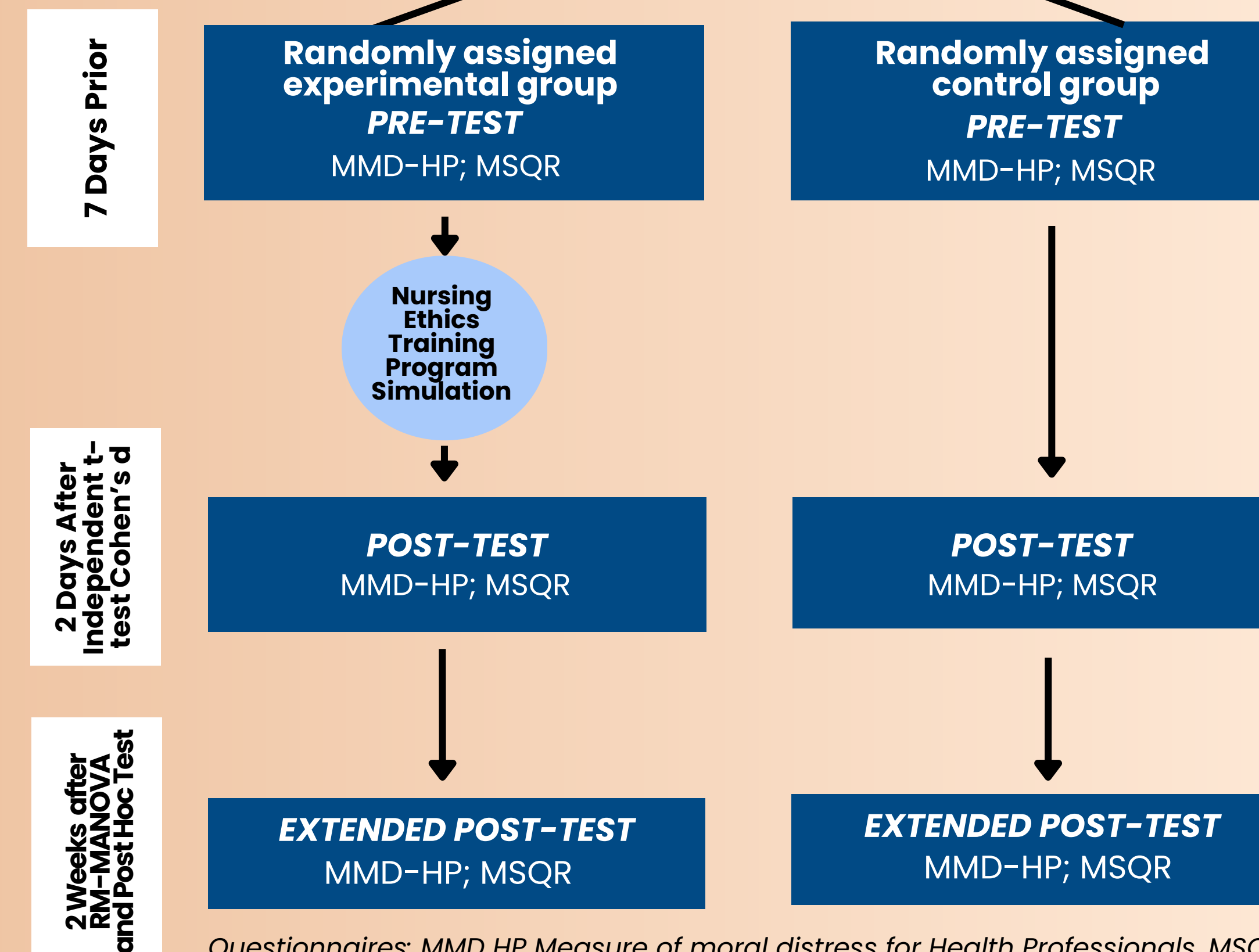
NLN JEFFRIES SIMULATION THEORY



- **Context:** Defines simulation purpose and environment; ensures **safety** and **realistic fidelity**.
- **Background:** Aligns with **curricular goals**; identifies **resources** and **stakeholders**; integrates SPs strategically.
- **Design:** Establishes **objectives, roles, fidelity**, and flow, involves **SP Educators** for realist and consistency.
- **Educational Practices:** Encourages **active, collaborative, reflective learning** built on trust and feedback.
- **Simulation Experience:** Focuses on **immersion, communication, and professionalism** through structured debriefing.
- **Outcomes:** Measures **competence, empathy, teamwork, and real-world application across learners and systems**.

****SP= Simulated participants thru theater actors**

Consecutive Sampling



Questionnaires: MMD HP Measure of moral distress for Health Professionals, MSQ-R Moral Sensitivity Questionnaire-Revised

INTERVENTION: NURSING ETHICS TRAINING PROGRAM- SIMULATION

MOULAGE PICTURES



SIMULATION SCENARIO 1

- Wrong cholecystectomy
- Retained sponge
- Truth-telling



SIMULATION SCENARIO 2

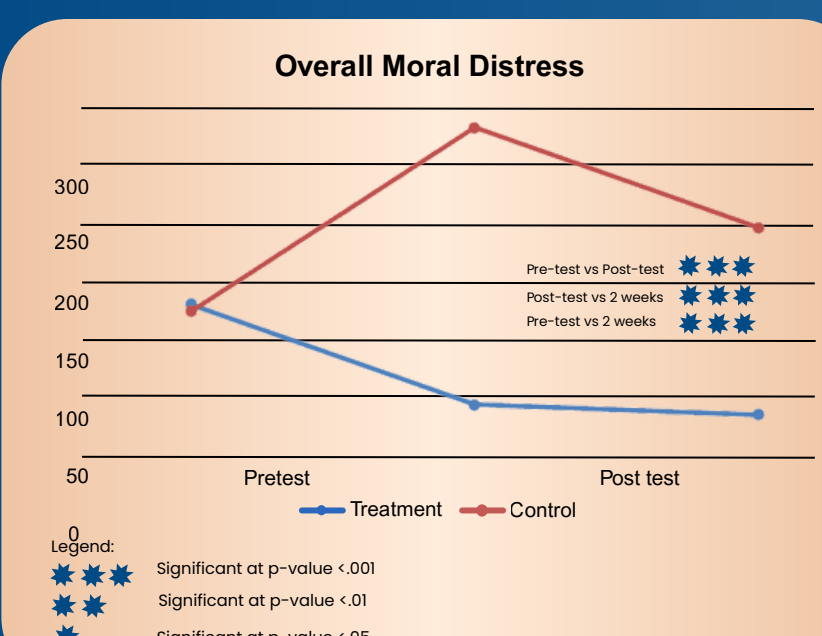
- Opioid allergy
- Lymphoma
- Do not resuscitate tattoo, not formally signed on paper



- NETP effective in enhancing moral sensitivity and reducing moral distress
- Simulation-based learning (SBL) could be therapeutic as well

- Bridges theory-practice gap
- Promising potential
- Warrants further research

In staff nurses, what is the effect of the Nursing Ethics Training Program Simulation versus the no-intervention control group on **moral distress levels**?



In staff nurses, what is the effect of the Nursing Ethics Training Program Simulation versus the no-intervention control group on moral sensitivity scores?

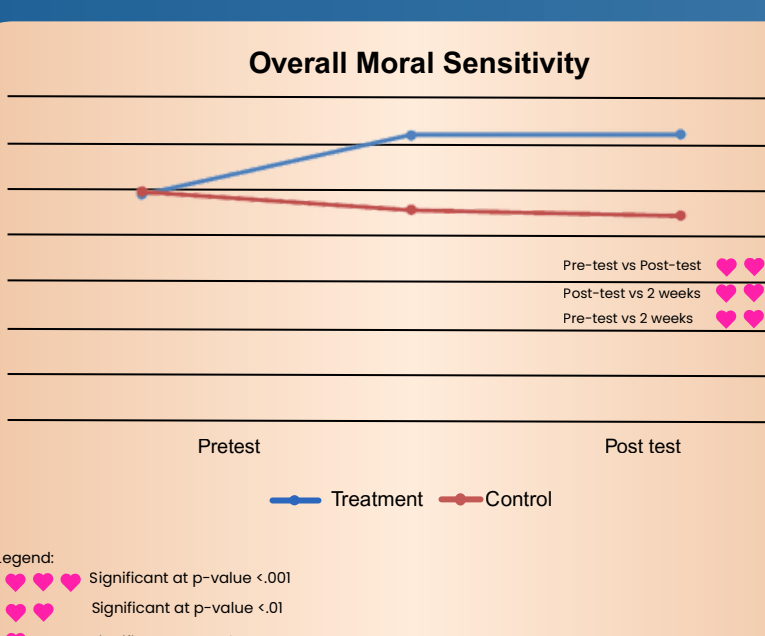


Table 4.1. Summary of Results for Moral Distress and Moral Sensitivity

VARIABLE	GROUP	PRE-TEST Mean (SD)	POST-TEST Mean (SD)	2 WEEKS AFTER Mean (SD)	F-value	p-value	PARTIAL ETA SQUARED
Moral Distress	Treatment	125.21 (84.2)	42.95 (25.46)	34.95 (17.03)	23.5	< .001	0.567
	Control	119.37 (59.79)	269.74 (22.79)	187.74 (30.41)	60.9	< .001	0.772
			df: 36 t-value: 28.93 cohen's d: -0.97	Group: p < 2.2e-16 Time: p = 3.09e-10 Interaction: p = 1.17e-11			
Moral Sensitivity	Treatment	4.55 (0.35)	5.78 (0.46)	5.79 (0.12)	145	< .001	0.890
	Control	4.61 (0.72)	4.23 (0.46)	4.11 (0.40)	16.7	< .001	0.481
			df: 36 t-value: 10.38 cohen's d: 0.86	Group: p < 2.2e-16 Time: p = 0.0000378 Interaction: p = 1.61e-09			

Hypothesis 1

ACCEPTED

Moral Distress

- **Immediately after:** Sharply reduced distress (42.95 vs. control's increase (269.74)).
- **Two weeks after:** Further declined to 34.95; control decreased to 187.74 but remained high.
- **RM-MANOVA:** Significant group, time, and interaction effects (all $p < .001$) – H_1 accepted: NERP-Simulation significantly lowers and sustains reduced moral distress.

Hypothesis 2

APPROVED

Moral Sensitivity

- **Immediately after:** Increased sensitivity to 5.78 vs. control's drop to 4.23.
- **Two weeks after:** Sustained 5.79; control continued to decline to 4.11.
- **RM-MANOVA:** Significant group, time, and interaction effects (all $p < .001$) — H_2 accepted: NETP—Simulation significantly enhances and sustains moral sensitivity.

CONCLUSION

- The treatment group showed **sustained improvements**, while the control group experienced **worsening outcomes** over time.
- Nursing Ethics Training Program Simulation was effective in **reducing moral distress** and **enhancing moral sensitivity**.