

Impact of the Simulation applied to the Job Social Sanitary.

Impacto de la Simulación aplicada al Trabajo Social Sanitario.

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Summary.

Health Social Work (HSW) faces a sustained increase in social complexity in healthcare settings hospitals, freak widely recognized by the professionals of the scope. Saying increase requires show scientifically he impact of bliss complexity social in he forecast global of the patient already the time, demands create new strategies formative capable of reply to situations of high sensitivity and the high emotional burden that such cases entail. In this context, the simulation clinic emerge as a methodology pedagogical of special Relevance. Its ability to recreate realistic scenarios allows for the training of communicative, reflective, and decision-making skills in a safe environment, fostering deep experiential learning. The scenario in clinical simulation is configured as a key pedagogical methodology that promotes experiential learning. it that the converts in a tool suitable to address cases complex as the Gender-based violence, child abuse, and conflicts in hospital discharge planning. aim of this article is trigger evidence scientific of as the simulation clinic can improve the intervention of TSS in cases of complexity social, contributing to the excellence professional in the TSS discipline. results show levels very high of satisfaction and trust professional, it that supports The potential of simulation to strengthen reflection, decision-making, and cohesion within the interdisciplinary team is evident. Furthermore, the methodology contributes to consolidating the professional identity of the Social Worker and improving the quality of intervention in contexts marked by vulnerability and uncertainty. Overall, the findings demonstrate that clinical simulation is not only an effective training tool but also a transformative space that fosters the comprehensive development of professionals and improves their response to situations of high social complexity. Its incorporation into Social Worker training programs has represented a significant step toward a more competent, reflective, and person-centered practice.

Keywords: Job Social Sanitary, Simulation Clinic, Violence of gender, Violence children's, Management of conflicts.

Resumen.

El Trabajo Social Sanitario (TSS) se enfrenta a un aumento sostenido de la complejidad social en los entornos hospitalarios, fenómeno ampliamente reconocido por los profesionales del ámbito. Dicho incremento exige evidenciar científicamente el impacto de dicha complejidad social en el pronóstico global del paciente y a la vez, exige crear nuevas estrategias formativas capaces de responder a

situaciones de alta sensibilidad y la elevada carga emocional que dichos casos comportan. En este contexto, la simulación clínica emerge como una metodología pedagógica de especial relevancia. Su capacidad para recrear escenarios realistas permite entrenar competencias comunicativas, reflexivas y decisionales en un entorno seguro, favoreciendo un aprendizaje experiencial profundo. El escenario en la simulación clínica se configura como una metodología pedagógica clave que favorece el aprendizaje experiencial, lo que la convierte en una herramienta idónea para abordar casos complejos como las violencias machistas, violencias infantiles y conflictos en la planificación del alta hospitalaria. El objetivo de este artículo es generar evidencia científica de cómo la simulación clínica puede mejorar la intervención de TSS en casos de complejidad social, contribuyendo a la excelencia profesional en la disciplina del TSS. Los resultados muestran niveles muy elevados de satisfacción y confianza profesional, lo que respalda el potencial de la simulación para fortalecer la reflexión, la toma de decisiones y la cohesión con el equipo interdisciplinar. Asimismo, la metodología contribuye a consolidar la identidad profesional del TSS y a mejorar la calidad de la intervención en contextos marcados por la vulnerabilidad e incertidumbre. En conjunto, los hallazgos evidencian que la simulación clínica no solo es una herramienta formativa eficaz, sino un espacio transformador que favorece el desarrollo integral de los profesionales y mejora la respuesta ante situaciones de alta complejidad social. Su incorporación en los itinerarios formativos del TSS ha representado un avance significativo hacia una práctica más competente, reflexiva y centrada en la persona.

Palabras clave: Trabajo Social Sanitario, Simulación Clínica, Violencia de género, Violencia infantil, Gestión de conflictos.

1. Introduction

Since its establishment as a professional discipline in the late 19th century, Social Work (ST) has evolved in response to the social and health challenges of each era. The first formal schools were created in 1898, consolidating the professionalization of ST. Subsequently, in 1905, the incorporation of [unspecified entity] took place. of the Job Social Sanitary (TSS) in the teams hospitals of the hand of the Dr. Richard Cabot and the social worker Ida Maud Cannon, establishing the bases of the Modern TSS (1-2). In Currently, at a global level, TSS faces the challenge of adapting to a healthcare context marked by increasing clinical and social complexity, the effects of the social determinants of health, and inequalities in access to services (3). International organizations such as the World Health Organization emphasize the need to integrate interdisciplinary, intersectoral, and evidence-based approaches to ensure equitable and person-centered health systems (3). In this context, specialized training, applied research, the incorporation of new technologies, and artificial intelligence become key elements for highlighting the methodological rigor and impact of TSS on health and disease processes (3-4).

Level European, the systems health find immersed in processes of transformation Focused on sustainability, quality, and comprehensive care in the face of population aging, chronic illness, and multimorbidity. In this context, strengthening the role of the Social Worker within interdisciplinary teams becomes strategic for addressing the social complexity associated with health, as well as for contributing to the design of more effective and equitable health policies (5-6). As noted by the OECD (7) and the World Health Organization (3), the Spanish healthcare system is internationally recognized for its health outcomes and quality of care.

This framework of excellence also places high demands on Social Work, especially in highly complex hospitals, where social intervention must be aligned with standards of quality, methodological rigor, and interdisciplinary work. Social Work has the responsibility to provide added value to both patients and professional teams through specialized practice grounded in

scientific evidence. In Catalonia, Social Work is part of a public healthcare system that prioritizes comprehensive care and social and healthcare coordination. The increase in social vulnerability and the complexity of the cases treated does essential consolidate strategies of training continues, reflection professional and methodological development that reinforces the identity of the TSS and its contribution within healthcare teams (8). This complexity HE manifests of shape interrelated in several levels (9):

- Complexity clinic: multimorbidity, chronicity and gravity of the pathologies.
- Social complexity: social determinants of health such as economic insecurity, fragility of systems care, exclusion social, the violence, the barriers cultural and he social isolation.
- Systemic complexity: legal, administrative, territorial and digital barriers that generate inequality in access and in the continuum of care.
- Complexity professional: overload healthcare, high demand emotional, lack of spaces supervision and institutional pressure are factors related to the risk of professional burnout.

Based on the experience of the TSS team at a Catalan public hospital and observed professional practice, clinical simulation has been integrated into the TSS Strategic Plan as part of the specific training program. This approach is linked to the promotion of research and scientific dissemination, with the aim of showcasing the results of this methodology and strengthening the strategic position of TSS within a highly complex hospital. The simulation clinic HE ha consolidated as a tool formative of great worth in he scope healthcare, especially for he training in situations complex that require besides It develops technical, communication, and decision-making skills. Through the recreation of realistic scenarios, professionals can practice interventions in a safe environment, reflect on their performance, and improve their response capacity in critical situations. In this context, simulation allows for working on cases that, due to their complexity and/or sensitivity, are difficult to address solely through theoretical training.

The objective general was to evaluate the effectiveness of the simulation clinic as methodology pedagogical applied to the TSS for he development of skills professionals, improvement of process of intervention social and he strengthening professional and Satisfaction with learning in contexts of high social complexity. As specific objectives, we set out to analyze he level of satisfaction acquired by the participants of the course of simulation, and evaluate the impact of clinical simulation through the clinical cases presented versus the real clinical cases of care practice and analyze the impact of an educational intervention on social diagnostic reasoning, decision making in highly complex situations and the unification of intervention criteria of the team.

2. Methods

Design from the study

A cross-sectional descriptive observational study was conducted, aimed at evaluating the effectiveness of clinical simulation as a training methodology applied to TSS in contexts of high social complexity. The study was developed in a Catalan public third-level hospital, within the framework of the strategic training itinerary of the TSS team of the center.

Participants

The sample was constituted by 29 workers social sanitary of the own hospital, with different Levels of professional experience were included, ranging from seasoned professionals to newly hired staff. Participation in the training was entirely voluntary, and all professionals were informed beforehand about the data collection following the activity. The information obtained was anonymized, guaranteeing the confidentiality of the responses at all times.

Design for the training intervention

For the development of the training intervention, clinical cases representative of highly complex healthcare situations were designed, selected for their relevance and frequency in clinical practice. The scenarios addressed three main areas: gender-based violence, violence against children, and high-conflict situations, all of which are characterized by requiring a high degree of sensitivity, interdisciplinary coordination, and advanced communication skills.

Regarding violence against children, the case design incorporated the hospital's role as a referral center for the treatment of sexual assault in the pediatric population. This allowed for a deeper understanding of early detection and the comprehensive approach to suspected abuse, emphasizing coordination among the various teams involved.

Regarding high-risk discharges, the cases reflected the confluence of clinical, social, familial, and emotional factors that characterize these processes. Addressing them required working on risk assessment, shared decision-making, and empathetic communication with patients and families—essential skills for ensuring safety and quality of care.

Regarding gender-based violence, the scenarios began with the understanding that gender violence is a major public health problem, with significant consequences for the physical and emotional well-being of those affected. The cases emphasized the role of healthcare professionals in early detection, providing support to victims, and activating the appropriate protection mechanisms.

Instrument of assessment

Student Satisfaction and Self-Confidence in Learning scale (12-13) was administered at the end of the simulation. This instrument consists of 13 items rated on a 5-point Likert scale and measures two main dimensions: satisfaction with the training activity and self-confidence in learning. Its selection is justified by its suitability for assessing professionals' perceptions of the impact of the training activity and its contribution to their learning and decision-making confidence. The questionnaire is shown in the appendix.

Analysis of data

A descriptive analysis was performed on the responses to the Student Satisfaction and Self-Confidence in Learning Scale. Measures of central tendency and dispersion were calculated in this analysis in order to identify patterns in the data and explore the relationship between satisfaction and self-confidence in learning. All statistical processing was carried out using the SPSS statistical package version 21.

Considerations ethics

The present study has carried out respecting the beginning ethical fundamentals of the investigation. The originality of the work was guaranteed at all times, preventing any form of plagiarism. Furthermore, all participants were informed beforehand about the objectives of the study and participated in a voluntary manner, after the signature of the corresponding consent form. The treatment of the data was performed according to what is established in the Law Organic 3/2018, of Protection of Personal data and the guarantee of digital rights, ensuring the confidentiality and anonymity of the information collected. The study was developed following the beginning bioethics of justice, charity and No maleficence, so such as the guidelines set out in the Declaration of Helsinki for research involving human subjects. This study has been approved by the Research Ethics Committee for Medicinal Products of the Vall d'Hebron University Hospital. The Research Projects Committee, meeting in its 700th ordinary session on December 5, 2025, evaluated

and approved project PR(AG)567/2025, promoted by the Vall d'Hebron Research Institute (VHIR) under the title " *Simulation in Healthcare Social Work: an innovative tool for training and professional development in the hospital setting.*"

3. Results

The sample consisted of 29 professionals, 11 men and 18 women, with a mean age of 38 years and a mean work experience of 6.8 years. 38% had postgraduate training. The evaluation results were very positive. Mean scores per item ranged from 4.38 to 4.69 (SD = 0.81–0.95). The highest-rated items were item 3 (M = 4.69; SD = 0.81) and item 13 (M = 4.66; SD = 0.81), while item 7 received the lowest score (M = 4.38; SD = 0.94). All dimensions exceeded a mean of 4, reflecting a positive and balanced perception of the training activity (Table 1). punctuation total average was of 58.21 (OF = 10.37) about a maximum of 65 points. HE identified a pattern extreme of response (P2), with minimum scores on all items; however, their inclusion or exclusion did not affect the internal consistency of the questionnaire, which was excellent ($\alpha = 0.986$; $\alpha = 0.953$ excluding the case).

Overall, the results reflect a high degree of satisfaction and a positive educational impact, supporting the potential of simulation to promote experiential learning in clinical contexts.

Additionally, a Pearson correlation analysis was performed between the mean satisfaction scores (items 1–5) and self-confidence (items 6–13). The results they showed a correlation positive very high ($r = 0.975$), it that indicates that, Higher levels of satisfaction with the simulation experience are associated with higher levels of self-confidence perceived by the participants.

These findings suggest that simulation not only generates high levels of satisfaction but also contributes positively to participants' professional self-confidence. However, the results should be interpreted with caution, given that the low variability in responses and the high scores could reflect a ceiling effect, which would limit the instrument's ability to discriminate between response levels and could influence the magnitude of the observed correlations.

Table 1. Results of the evaluation questionnaire (n = 29).

Item	Average (OF)
Item 1	4.62 (0.86)
Item 2	4.66 (0.86)
Item 3	4.69 (0.81)
Item 4	4.48 (0.91)
Item 5	4.55 (0.87)
Item 6	4.55 (0.87)
Item 7	4.38 (0.94)
Item 8	4.55 (0.87)
Item 9	4.52 (0.91)
Item 10	4.55 (0.87)
Item 11	4.41 (0.95)
Item 12	4.59 (0.82)
Item 13	4.66 (0.81)

The item names are found in the questionnaire at the end of the article.

4. Discussion

The results obtained confirm the suitability of clinical simulation as a training strategy in the field of Healthcare Social Work (HSW), especially in contexts of high social complexity. The high levels of satisfaction and self-confidence observed are consistent with previous literature, which highlights simulation as an effective methodology for developing professional skills, critical thinking, and decision-making in safe environments. The positive evaluation of the scenarios and materials suggests that this methodology allows for the reproduction of realistic intervention situations, facilitating the integration of theoretical and practical knowledge in line with the principles of experiential learning.

The strong correlation observed between satisfaction and self-confidence indicates that the training experience is not only perceived positively but is also closely associated with greater professional confidence in decision-making. This finding is especially relevant in Social Work (SW), a discipline in which intervention takes place in scenarios marked by uncertainty, emotional strain, and the need for responses tailored to each situation. Unlike other healthcare disciplines, SW practice relies heavily on the helping relationship, communication, and emotional management, which reinforces the suitability of simulation as a training tool for developing complex skills that are difficult to acquire solely through theoretical instruction.

In this sense, the possibility of recreating sensitive situations in a safe environment allows professionals to explore different intervention strategies, reflect on their own performance, and identify emotions, limitations, and strengths, contributing to a more conscious practice aligned with the values of Social Work. Simulation thus becomes not only a space for acquiring technical and communication skills, but also an environment that fosters the development of professional awareness and identity, dimensions less explored in the specific literature of the field.

The differences observed in self-confidence levels among professionals with diverse career paths provide additional diagnostic value. The results suggest that simulation acts as a mechanism capable of revealing gaps in professional confidence and identifying which profiles require greater support or reinforcement. In teams with high turnover or frequent additions of new professionals, this capability acquires strategic value, as it facilitates the planning of training activities tailored to the team's actual needs. However, since professional experience was not specifically analyzed as an independent variable, this aspect should be explored in greater depth in future research.

Another key element is the impact of simulation on team dynamics. Joint participation in the scenarios facilitates the development of a common language, the standardization of intervention criteria, and the strengthening of interprofessional cohesion—key aspects in hospital settings where interdisciplinary coordination is essential to guarantee comprehensive, high-quality care.

However, the results should be interpreted with caution. The low variability in responses and the high scores could reflect a ceiling effect, which would limit the instrument's discriminative capacity and could influence the magnitude of the observed correlations. Furthermore, self-perception-based assessment may be influenced by social desirability bias, especially in teams that share a professional environment. In addition, the small sample size ($n = 29$) limits the generalizability of the findings and the possibility of more precisely analyzing differences between subgroups. Finally, the implementation of clinical simulation requires a significant investment in resources, time, and specialized training, which may limit its applicability in certain institutional contexts.

Overall, and despite these limitations, simulation stands out as a transformative learning environment that contributes to the holistic development of professionals and strengthens the role

of the clinical safety technician within healthcare teams. Future research should incorporate larger samples, objective measures to complement self-perception data, and specific analyses of the role of professional experience in developing self-confidence.

5. Conclusions

- The results allow us to affirm, based on the data obtained, that clinical simulation applied to TSS is a highly beneficial methodology for training in the intervention of complex cases.
- This strategy promotes practical and experiential learning in the development of technical and relational skills, the improvement of professional self-confidence, and the transfer of skills to the real clinical-social context.

Supplementary Material: Annex, with the questionnaire “Student satisfaction and self-confidence in learning”.

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Appendix. Questionnaire.

Student satisfaction and self-confidence in learning

Instructions: This questionnaire presents a series of statements about your **personal attitudes toward the instruction you received during the simulation activity**. Each item represents a statement about your attitude regarding your satisfaction with the learning and your self-confidence in obtaining the instruction you need. There are no right or wrong answers.

You will probably agree with some statements and disagree with others. Indicate your personal feelings about each statement by marking the number that best describes your attitude or ideas. Be honest and describe your attitude as it is, not as you would like it to be. The questionnaire is anonymous, and the results will be collected as a group, not individually.

	Strongly disagree	Disagree	Undecided	Agree	Completely agree
Satisfaction with current learning					
1. The teaching methods used in the simulation were useful and effective.					
2. The simulation provided me with a range of learning materials and scenarios to enhance my learning during my training.					
3. I liked how the instructor/facilitator developed the simulation activity.					
4. The teaching materials used in this simulation were motivating and helped me to learn.					
5. The way the instructor/facilitator taught the simulation suited my learning style.					
Self-confidence in learning					
6. I am confident that I have mastered the content of the simulation activity that the instructors presented to me.					
7. I am convinced that this simulation included fundamental and necessary content to achieve the objectives of my training.					
8. I am confident that this simulation will allow me to develop the skills and acquire the knowledge necessary to perform tasks required in the clinical setting.					
9. The instructor/facilitator used helpful resources to teach the simulation.					
10. It is my responsibility as a student to learn what I need to know about this simulation activity.					
11. I know how I can get help when I do not understand the concepts covered in the simulation.					
12. I know how I can use simulation activities to learn fundamental aspects of these competencies.					
13. It is the instructor/facilitator's responsibility to explain to me what I should learn from the content of the simulation activity during the prebriefing.					