

Are Nursing Students Ready for Clinical Practice? An Evaluation of Readiness and Challenges

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Abstract:

Background: Clinical teaching is essential for preparing nursing students to assume professional roles, yet challenges in translating theoretical learning into practice continue to grow. Assessing students' readiness provides insights for strengthening nursing curricula and ensuring safe, competent care.

Aim: This study examined the readiness of nursing students in Oman for future clinical practice by evaluating their confidence in essential nursing skills and related influencing factors.

Methods: A cross-sectional survey was conducted among 235 undergraduate nursing students from the Oman College of Health Sciences branches. Data were collected using the Casey-Fink Readiness for Practice Survey (2008) via an online self-administered questionnaire. Descriptive statistics, independent t-tests, and one-way ANOVA were applied at a 5% significance level.

Results: Participants were predominantly female (76.6%), aged 22 years (65.1%), with a mean GPA of 2.84 ± 0.34 . Clinical practice was mainly acquired through study programs (85.5%). Motivations for choosing nursing included caring for others (26.4%) and helping patients cope with illness (21.3%). Overall readiness (20 items; Cronbach's $\alpha = 0.805$) had a mean score of 2.71 ± 0.34 . Students reported higher readiness in career commitment, problem-solving, communication, coordination, and evidence-based practice, but lower readiness in patient safety, managing patient deterioration, ethics, end-of-life care, and documentation. Readiness negatively correlated with GPA ($r = -0.160$, $p = 0.014$), with no significant differences by age, gender, or prior experience.

Conclusion: Omani nursing students demonstrated overall acceptable readiness for clinical practice. However, gaps in patient safety, ethical decision-making, and documentation underscore the need for greater clinical integration, mentorship, and simulation-based learning. These findings have implications for curriculum reform in Oman and comparable contexts globally.

Keywords: Readiness, Clinical Practice, Nursing Students, Factors, Oman.

1. Introduction

Nursing education encompasses theoretical instruction, laboratory-based skill training, and structured clinical practice designed to prepare students for professional roles across healthcare systems. Among these components, clinical placements are indispensable, enabling students to apply theoretical knowledge and psychomotor skills in authentic healthcare environments. This experiential engagement bridges the gap between classroom learning and practical application, while developing competence, adaptability, and critical thinking. In this study, readiness for clinical practice refers to the capacity of graduate nurses to competently assume responsibilities as direct care providers, coordinators, and managers of care, as well as active members of the profession (American Association of Colleges of Nursing [AACN], 2021).



Although program completion formally qualifies students for professional roles, research indicates that many new graduates experience uncertainty and heightened anxiety when entering independent practice (Fallah-Karimi et al., 2025). A scoping review showed that graduates, while confident in their academic preparation, often struggle with self-assurance in clinical environments (Collard et al., 2020). Similarly, the AACN (2021) emphasised the importance of increased clinical exposure, as students consistently report that greater patient contact is crucial for confidence and preparedness.

Readiness for practice is multidimensional, shaped by academic rigour, effectiveness of clinical education models, quality of learning environments, and staffing limitations (Jamshidi et al., 2016; Leung, 2020; Mallek & El-Hosany, 2020; Gaeni et al., 2021; Pinilla et al., 2021). Mallek and El-Hosany (2020) highlighted that competency-based education and structured teaching approaches enhance students' ability to translate theory into safe clinical judgment, while Pinilla et al. (2021) noted that evolving healthcare demands require educational strategies responsive to changing practice contexts. Yet, instructor shortages and overcrowded clinical sites continue to constrain supervision and reduce preparedness (Jamshidi et al., 2016; Leung, 2020; Gaeni et al., 2021).

Mentorship from experienced educators is essential for developing safe and competent practice. Educators function as role models, supervisors, and facilitators of learning through feedback and mentorship (Rosli et al., 2022; Zhang, 2023). However, many students still report feeling inadequately prepared for independent practice (Deroncele-Acosta & Ellis, 2024). Contributing factors include limited patient exposure, reliance on advanced healthcare technologies, and insufficient instructor-to-student ratios, all of which compromise the consistency of training (Chenery-Morris, 2020; Mallek & El-Hosany, 2020; Pinilla et al., 2021).

The clinical learning environment is another critical determinant of readiness. Environments that foster psychological safety, mutual respect, and trust encourage engagement, reflection, and critical thinking (Thompson et al., 2024; Vetter & Zavotsky, 2024). Conversely, environments that generate stress and anxiety undermine concentration, weaken decision-making, and diminish confidence (Ayed et al., 2024).

Globally, the persistent shortage of nurses has further exacerbated educational and clinical challenges. Since its first report in the late 1990s, this shortage has evolved into a long-standing crisis projected to extend beyond 2025, contributing to staff turnover, job dissatisfaction, and strained supervision capacities (Shamsi & Peyravi, 2020; Wakefield et al., 2021). In many clinical sites, patient care demands supersede student teaching, restricting mentorship and meaningful clinical engagement (Buckner & Zhang, 2021; Wakefield et al., 2021).

In Oman, nursing forms a cornerstone of the healthcare workforce. Although progress in nursing education has been notable, research evaluating the readiness of Omani nursing students for clinical practice remains limited, with only recent national evidence beginning to address this area (Ambusaidi et al., 2024). Given Oman's reliance on a competent nursing workforce to meet national healthcare priorities, assessing readiness is both timely and essential. Understanding the influence of demographic, academic, and clinical factors on preparedness will provide evidence-based insights to guide curriculum refinement, enhance clinical training, and inform policy.

1.1 Objectives

To assess the influence of demographic, academic, and clinical factors, including gender, age, Grade Point Average (GPA), prior or current clinical experience, number of completed clinical hours, and site of clinical practice, on the readiness of baccalaureate nursing students at the Oman College of Health Sciences (OCHS) for clinical practice.

1.2 Research Questions

1. Are nursing students at OCHS adequately prepared and ready for clinical practice?
2. What is the association between demographic and academic variables (gender, age, previous clinical experience, GPA) and students' readiness for clinical practice?

1.3 Hypotheses

1. Nursing students' readiness for clinical practice will significantly increase after completing the final semester of their baccalaureate nursing program.
2. There will be a statistically significant predictive association between readiness for clinical practice and demographic/academic factors, specifically gender, age, previous clinical experience, and GPA.

2. MATERIALS AND METHODS

2.1 Ethical Considerations

Ethical approval for this study was obtained from the Health Studies and Research Approval Committee, Ministry of Health, Oman (Approval No. MOH/CSR/22/25970; dated 26 July 2022). The study objectives were explained to all participants before data collection, and written informed consent was obtained. Participation was voluntary, with the right to withdraw at any stage without penalty. Confidentiality and anonymity were assured throughout, and all data were coded and stored securely on a password-protected computer accessible only to the research team.

2.2 Design and Setting

A quantitative, descriptive cross-sectional design was adopted to assess the readiness of nursing students for clinical practice and to explore associations with selected demographic and academic factors. The study was conducted across multiple branches of the Oman College of Health Sciences (OCHS) located in different governorates of Oman.

2.3 Study Population

The target population comprised fourth-year baccalaureate nursing students enrolled at OCHS branches in Oman. Eligible participants were those aged 22-25 years and completing their final year of study.

2.4 Sampling Technique and Sample Size

A non-probability convenience sampling method was employed due to ease of access and the feasibility of recruiting students across multiple branches. Institutional statistics indicated that approximately 883 fourth-year students were enrolled across OCHS branches. From this population, a sample of 235 students was recruited to participate.

2.5 Data Collection

Data were collected using the **Casey-Fink Readiness for Practice Survey (2008)** (Casey et al., 2011), administered once toward the end of the students' final semester. The instrument has been widely validated in nursing education research and comprises 20 items assessing readiness across knowledge, clinical skills, and professional attitudes.

Content validity for this study was established through expert review by two senior faculty members at OCHS, who assessed clarity and cultural relevance. A pilot study was conducted with five fourth-year students from the OCHS-North Batinah Branch to test clarity and comprehensibility. Feedback confirmed the instrument's suitability without further modification.

Internal consistency reliability was confirmed in this study, with the overall readiness scale yielding a Cronbach's alpha of **0.805**, indicating good reliability.

2.6 Data Analysis

Data were coded numerically and entered into Microsoft Excel, then exported to SPSS version 20.0 for analysis. Descriptive statistics (frequency, percentage, mean, median) were used to summarise demographic characteristics and study variables. Inferential analyses included one-way analysis of variance (ANOVA) and independent t-tests to examine group differences and test study hypotheses at a 5% significance level.

3. RESULTS

3.1 Participants Characteristics

A total of 235 nursing students participated in the study (Table 1). The majority were female (76.6%) and aged 22 years (65.1%). Most students (85.5%) reported that their primary source of clinical practice was through formal study programs, while 14.5% gained additional experience through voluntary work.

The mean GPA was 2.84 (SD = 0.34), with scores ranging from 1.90 to 3.50. Most students (81.3%) were enrolled in the BSN program during the Fall semester.

Regarding career motivation, the most frequently cited reasons for selecting nursing were caring for others (26.4%), helping patients cope with illness (21.3%), and job security (14.9%). Less common motivations included making more money (10.2%), interest in health education (8.5%), and simply wanting to be a nurse (8.1%). The least cited were flexible working hours (4.7%), career advancement opportunities (2.6%), and uncertainty about career choice (3.4%).

Table 1: Participants' Characteristics

	Characteristics	Frequency	Percent
Age	21	37	15.7%
	22	153	65.1%
	23	28	11.9%
	24	13	5.5%
	25	4	1.7%
Gender	Male	55	23.4%
	Female	180	76.6%
Previous Clinical Experience	Practice during Study	201	85.5%
	Volunteer	34	14.5%
Reasons for Selecting Nursing as a Career	To Care for Others	62	26.4%
	To Help Patients Cope with Illness	50	21.3%
	Wanted to be a Nurse	19	8.1%
	To Educate Yourself on Diseases and Health Promotion	20	8.5%
	Job Security	35	14.9%
	To make more Money	24	10.2%
	Hours of Work Flexible	11	4.7%
	Career Advancement Opportunities	6	2.6%

	Not Sure Why	8	3.4%
GPA	Mean	2.84	
	Std. Deviation	0.34	
	Minimum	1.9	
	Maximum	3.5	
Enrolment in BSN Program	Fall Intake	191	81.3%
	Spring Intake	44	18.7%

For clarity of presentation, the findings are organised into three main sections: (1) clinical practice, (2) students' confidence, and (3) preparation for clinical practice.

3.2 Clinical Practices

3.2.1 Areas of Clinical Exposure

Students reported varied exposure to different clinical areas during their studies (Table 2). The most frequently reported practicum areas were Adult Health Nursing (34%), Maternal Health Nursing (26%), and Child Health Nursing (14%). Additional experiences included Fundamentals of Nursing (6.4%), Mental Health Nursing (6%), and Community Health Nursing (5.5%), while the Comprehensive Clinical Practicum was the least reported (2.6%).

3.2.2 Clinical Hours and Preparation Strategies

Regarding practicum requirements, 57% of students reported completing 18 clinical hours during their intensive practicum, while 43% completed 12 hours.

To prepare for clinical training, the most common strategies included skills practice in the learning laboratory (29.4%), simulation assignments (25.1%), and setting daily goals with the clinical teacher (14%). Other methods were less frequent, including developing a care plan (8.5%), bringing a drug reference guide (8.1%), meeting the clinical teacher before placement (6.4%), discussing personal learning needs (4.3%), and orienting to the facility/unit (2.6%). A small proportion (1.7%) reported no preparation.

3.2.3 Confidence in Clinical Skills

Students identified procedures they felt most comfortable performing independently. The most frequently reported were bladder/catheter care (24.7%), blood glucose monitoring (22.6%), and intravenous (IV) pump operation (11.9%).

In contrast, the skills associated with the highest levels of discomfort included nasogastric tube insertion (10.2%), tracheostomy care and suctioning (7.2%), verbal reporting (6.8%), charting and documentation (6.4%), and wound care/dressing (6.4%). A smaller proportion reported difficulties with pulse oximetry (2.1%) and medication administration (1.7%).

Table 2: Clinical Training Characteristics of the Students

	Characteristics	Frequency	Percent
CLINICAL AREA THAT STUDENTS GO TO FOR	Fundamentals of Nursing	15	6.4%
	Adult Health Nursing	80	34.0%

MORE PRACTICUM EXPERIENCE	Maternal Health Nursing	61	26.0%
	Child Health Nursing	33	14.0%
	Mental Health Nursing	14	6.0%
	Community Health Nursing	13	5.5%
	Comprehensive Clinical Practicum	6	2.6%
	ALL	13	5.5%
CLINICAL HOURS REQUIRED TO COMPLETE DURING STUDENTS' INTENSIVE PRACTICUM	18 Hours	101	43.0%
	12 Hours	134	57.0%
PREPARE FOR CLINICAL TRAINING EXPERIENCE	Practice skills in the learning lab	69	29.4%
	Participate in the simulation assignment	59	25.1%
	Develop a care plan	20	8.5%
	Bring the drug guide to clinical	19	8.1%
	Set daily goals with a clinical teacher	33	14.0%
	Meet with the clinical teacher before the start of the clinical experience	15	6.4%
	Orient to the facility/tour unit	6	2.6%
	Discuss personal learning needs with clinical teacher	10	4.3%
	Did nothing to prepare	4	1.7%
NURSING SKILLS OR PROCEDURES STUDENTS ARE MOST UNCOMFORTABLE PERFORMING INDEPENDENTLY	Bladder/ Catheter Care	58	24.7%
	Blood Glucose Monitor	53	22.6%
	Charting/ Documentation	15	6.4%
	Give Verbal Report	16	6.8%
	IV Pump Operation	28	11.9%
	Medications Administration	4	1.7%
	Naso Gastric Tube (NGT)	24	10.2%
	Pulse Oximetr	5	2.1%
	Trach Care/ Suctioning	17	7.2%
	Wound Care/ Dressing	15	6.4%

3.2.4 Students' Confidence

This section evaluates students' confidence in managing patient care assignments during clinical practice and their comfort in performing nursing skills.

3.2.5 Managing Patient Care Assignments

Most students (86%) reported confidence in providing care for two patients during clinical practice. However, confidence declined as the number of assigned patients increased: only 43% felt confident managing three patients, and this dropped further to 19% when caring for four patients (Figure 1).

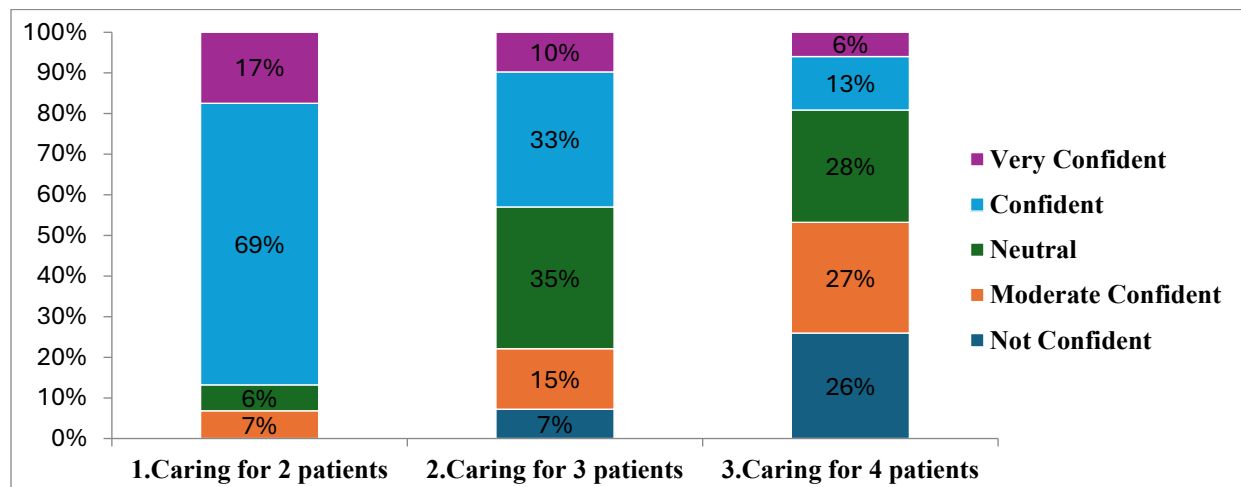


Figure 1: Managing a Patient's Care Assignment during Clinical Practice

3.2.6 Comfort in Practicing Nursing Skills

Students' comfort with practicing nursing skills was assessed using a four-point Likert scale (strongly disagree to strongly agree), with higher scores reflecting greater readiness. The scale demonstrated good internal consistency (Cronbach's $\alpha = 0.805$). The overall mean score was 2.71 (SD = 0.34), indicating an acceptable level of readiness.

The highest mean score was for Item 19, "*I am satisfied with choosing nursing as a career*" (Mean = 3.16 ± 0.97), followed by Item 11, "*I am comfortable asking for help*" (Mean = 3.01 ± 0.66), and Item 7, "*I am confident in my ability to problem solve*" (Mean = 3.01 ± 0.66). In contrast, the lowest scores were recorded for Item 15, "*Writing reflective journals/logs provided insights into my clinical decision-making skills*" (Mean = 1.97 ± 0.87), Item 18, "*I feel confident identifying actual or potential safety risks to my patients*" (Mean = 1.97 ± 0.87), and the reverse-scored Item 9, "*I have difficulty recognizing a significant change in my patient's condition.*"

A detailed distribution of all items is presented in Figure 2 and Table 3. Inferential analysis showed no significant differences in readiness scores by age, gender, or prior clinical experience. However, a very weak inverse correlation was observed between readiness and GPA ($r = -0.160$, $p = 0.014$), indicating that higher GPA scores were associated with slightly lower readiness levels. Although statistically significant, the inverse correlation between readiness and GPA was very weak, suggesting that academic performance alone may not translate into greater confidence or preparedness for clinical practice. Table 4 summarizes the associations between readiness and students' demographic and academic characteristics.

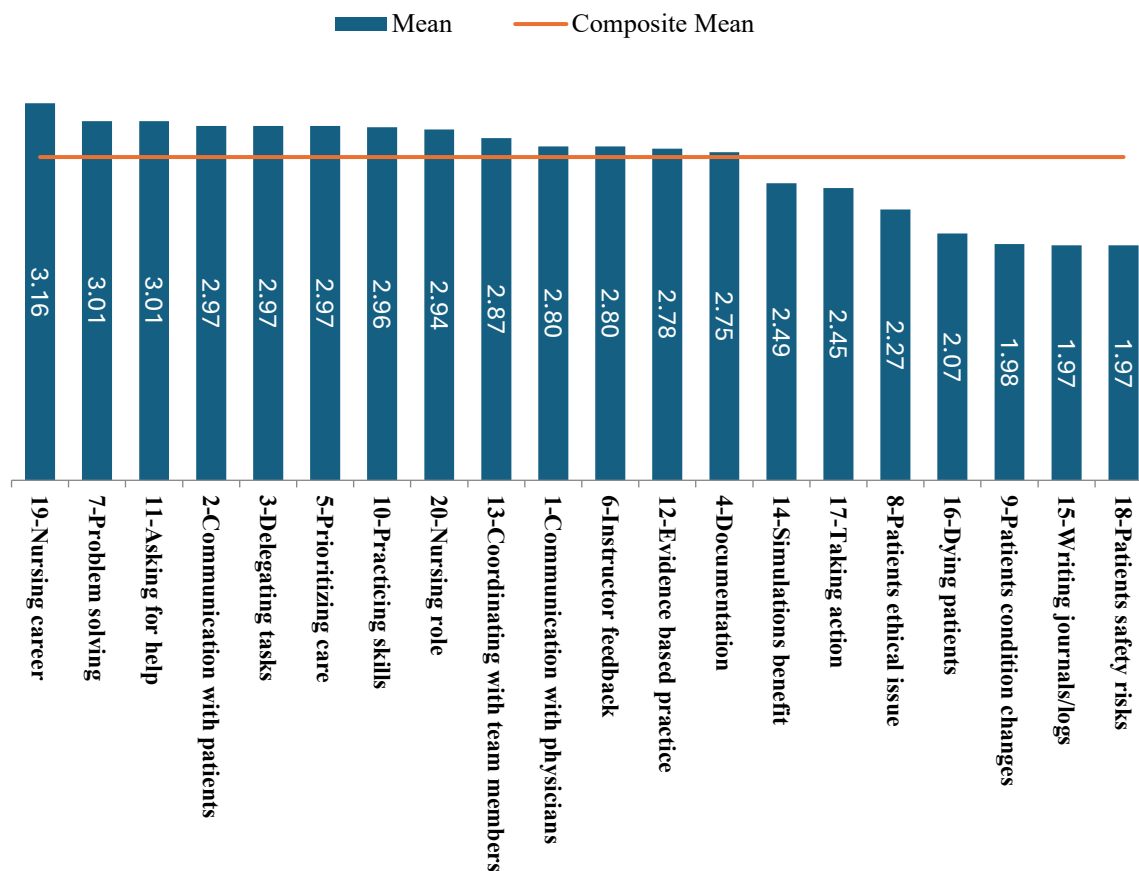


Figure 2: Readiness Regarding Practicing Nursing Skills

Table 3: Confidence Regarding Comfortable Practicing Nursing Skills

Item	Mean	SD
1. I feel confident communicating with physicians	2.80	0.80
2. I am comfortable communicating with patients from diverse populations	2.97	0.58
3. I am comfortable delegating tasks to the nursing assistant	2.97	0.61
4. I have difficulty documenting care in the electronic medical record	2.75	0.92
5. I have difficulty prioritizing patient care needs	2.97	0.61
6. My clinical instructor provided feedback to assume an RN role	2.80	0.78
7. I am confident in my ability to problem solve	3.01	0.66
8. I feel overwhelmed by ethical issues in my patient care responsibilities	2.27	0.71
9. I have difficulty recognizing a significant change in my patient	1.98	0.54
10. I have had opportunities to practice skills more than once	2.96	0.48
11. I am comfortable asking for help	3.01	0.66
12. I use current evidence to make clinical decisions	2.78	0.72
13. I am comfortable communicating and coordinating care with interdisciplinary team members	2.87	0.60
14. Simulations have helped me feel prepared for clinical practice	2.49	0.89

15. Writing reflective journals/logs provided insights into my own clinical decision-making skills	1.97	0.87
16. I feel comfortable knowing what to do for a dying patient	2.07	0.73
17. I feel comfortable taking action to solve problems	2.45	0.89
18. I feel confident identifying actual or potential safety risks to my patients	1.97	0.87
19. I am satisfied with choosing nursing as a career	3.16	0.97
20. I feel ready for the professional nursing role	2.94	0.46
Composite Scale	2.71	0.34
Cronbach's Alpha (α)	0.805	

Table 4: Difference in the level of readiness by age, gender, previous clinical experience, and GPA

	Characteristics	Mean	SD	P-value
Age	21	2.77	0.32	0.631
	22	2.69	0.33	
	23	2.76	0.42	
	24	2.70	0.40	
	25	2.63	0.13	
Gender	Male	2.72	0.35	0.866
	Female	2.71	0.34	
Previous Clinical Experience	Practice	2.71	0.34	0.926
	Volunteer	2.71	0.32	
No of Hours Completed in Clinical Practice / Week	12 Hours	2.72	0.33	0.708
	18 Hours	2.71	0.35	
GPA	Correlation Coefficient (P-value)	-0.160		0.014

3.2.7 Preparation for Clinical Practice

Preparation for clinical practice was explored narratively. More than two-thirds of the students (68%) reported a need for greater opportunities for hands-on practice and fewer paper-based requirements. This feedback underscores students' preference for experiential learning as a key approach to enhancing their readiness for professional practice.

4. Discussion

Preparation for clinical practice was explored narratively in this study. More than two-thirds of the students (68%) reported a need for greater opportunities for hands-on practice and fewer paper-based requirements. This feedback underscores students' preference for experiential learning as a key approach to enhancing their readiness for professional practice.

To date, there are limited published data on the clinical practice readiness of newly graduating nurses in Oman. This study was therefore conducted to assess the readiness of nursing students at OCHS for clinical practice. In nursing education, gaining adequate practical experience through clinical exposure and direct patient care is essential to professional development. However, the transition from theory to practice is widely acknowledged as stressful and challenging for students.

The findings of this study demonstrated good internal consistency for the readiness scale ($\alpha = 0.805$), with an overall mean score of 2.71 (SD = 0.34), indicating an acceptable level of readiness among the students. These results align with the findings of Casey et al. (2011), who similarly reported moderate perceptions of readiness among senior nursing students. Despite this overall level, notable gaps were identified. Students expressed lower confidence in essential competencies, including communication with patients, families, and healthcare professionals, as well as problem-solving and managing care for multiple patients. These findings are comparable to those of Jamshidi et al. (2016), who reported that insufficient knowledge, limited practical skill development, and communication challenges hindered student readiness for practice. Likewise, a study in Iran by Shamsi and Peyravi (2020) highlighted deficits in clinical competence among new graduates, and Kavanagh and Szveda (2017) found that the majority (77%) of nursing graduates were considered not practice-ready. These findings collectively emphasize the importance of ensuring that nursing educators maintain strong and current clinical competence to effectively guide and support students' transition into professional practice (Kavanagh & Szveda, 2017).

This study also highlighted the critical role of nursing instructors in enhancing preparedness. Strategies most frequently reported by students included practicing skills in the learning laboratory (29.4%), engaging in simulation-based assignments (25.1%), and setting daily goals with the clinical teacher (14%). These results underscore the responsibility of instructors to cultivate interest, motivation, and confidence among students in clinical settings (May et al., 2006). Nabolsi et al. (2012) emphasized that effective instructor behaviors, such as providing constructive feedback, correcting inappropriate actions, and fostering supportive communication, are essential for serving as role models. When instructors demonstrate respect and value for students, the teaching–learning process is enhanced, and professional identity is strengthened. Conversely, studies have shown that conflicts or inappropriate interactions between clinical staff and students negatively affect clinical education and hinder student development (Nweke et al., 2021; Tseng et al., 2013).

A concerning finding of this study was that many students were unable to perform several basic nursing procedures independently. These included bladder and catheter care (24.7%), blood glucose monitoring (22.6%), IV pump operation (11.9%), nasogastric tube insertion (10.2%), tracheostomy care and suctioning (7.2%), medication administration (1.7%), charting and documentation (6.4%), verbal reporting (6.8%), pulse oximetry (2.1%), and wound care and dressing (6.4%). These results are consistent with Sharma et al. (2020), who found that approximately 50% of nursing graduates were unable to independently perform essential procedures such as medication administration, pressure sore management, burn wound dressing, and perioperative care. Collectively, these findings point to an urgent need for nursing curricula to provide students with greater opportunities to practice fundamental nursing skills to ensure competence and confidence upon graduation.

In the Omani context, these results carry important implications for workforce development and healthcare system readiness. Oman Vision 2040 emphasizes the preparation of a highly skilled health workforce capable of delivering safe, effective, and innovative care. Strengthening nursing education by expanding experiential learning opportunities, embedding simulation-based training, and reinforcing competency in fundamental skills is essential to meet this national goal. Furthermore, aligning nursing curricula with international standards not only supports local healthcare priorities but also enhances the global competitiveness of Omani nurses. Addressing the readiness gap identified in this study will therefore play a vital role in advancing nursing practice, improving patient outcomes, and ensuring sustainability within Oman's rapidly evolving healthcare system.

4.1 Implications for Nursing Education and Practice

The findings of this study highlight several important implications:

Nursing curricula should prioritize hands-on practice and simulation-based learning to bridge the gap between theoretical knowledge and clinical competence.

Faculty and clinical instructors must maintain high levels of clinical competence, provide constructive feedback, and serve as positive role models to foster student confidence and professional identity.

Greater emphasis is needed on ensuring proficiency in essential procedures such as medication administration, catheter care, wound care, and patient safety practices before graduation.

Integrating these strategies within nursing education supports Oman Vision 2040 by preparing a competent, confident, and practice-ready nursing workforce that can contribute to improved patient outcomes and health system sustainability.

4.2 Strengths and Limitations

A key strength is its contribution to understanding the preparedness of future nurses in a national context where such evidence is limited.

However, several limitations should be acknowledged. First, as the study relied on self-reported measures, the findings may be subject to reporting bias, with students potentially underestimating or overestimating their actual competence. Second, the study employed a relatively narrow definition of clinical practice readiness, focusing primarily on selected clinical nursing tasks. Broader competencies, such as critical thinking, leadership, and interprofessional collaboration, were not assessed, despite their importance to professional nursing practice.

4.3 Recommendations

Based on the findings of this study, several recommendations are proposed to strengthen the readiness of nursing students for clinical practice in Oman:

Increase the integration of hands-on clinical practice across all years of the nursing program.

Provide safe opportunities in simulation laboratories for students to practice high-risk and complex procedures before entering clinical sites.

Ensure nursing instructors engage in ongoing professional development to maintain clinical competence, consistent with international standards.

Incorporate constructive feedback, mentorship, and positive role modelling to build student confidence and professional identity.

Foster structured, supportive, and consistent clinical learning environments through stronger partnerships between OCHS and affiliated healthcare institutions.

Policymakers in the Ministry of Health and higher education institutions should prioritize strategies to address nurse shortages, ensuring adequate supervision and learning opportunities for students.

Establish regular assessments of students' clinical readiness to guide curriculum improvements and ensure alignment with workforce needs.

5. Conclusion

This study provides the first evidence on the clinical practice readiness of nursing students in Oman, revealing an overall acceptable level of preparedness but highlighting critical gaps in communication, problem-solving, and fundamental nursing skills. While students demonstrated confidence in some areas, many lacked the competence to independently perform essential procedures, underscoring the need for enhanced experiential learning opportunities. Strengthening nursing education through simulation, clinical mentorship, and structured skills training is essential to ensure graduates are fully prepared for professional practice. Addressing these gaps not only aligns with international standards but also supports Oman Vision 2040 in developing a skilled nursing workforce capable of delivering safe and high-quality care.

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Authors' Contributions

The first author conceived and designed the study, supervised data collection, and contributed to data interpretation and manuscript drafting. The second author conducted statistical analysis and contributed to drafting the results. The third author assisted with data interpretation and contributed to manuscript writing. All authors read and approved the final version of the manuscript.

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Conflicts of Interest

The authors declare no conflict of interest related to this study.

Data Availability Statement

The datasets generated and/or analyzed during the current study are not publicly available due to confidentiality restrictions, but are available from the corresponding author on reasonable request.

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هل طلاب التمريض مستعدون للممارسة السريرية؟ تقييم الجاهزية والتحديات

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الملخص

الخلفية: يُعد التعليم السريري عنصراً أساسياً في إعداد طلاب التمريض لتولي أدوارهم المهنية، إلا أن التحديات المرتبطة بترجمة التعلم النظري إلى ممارسة عملية ما تزال في تزايد مستمر. ويُسهّم تقييم جاهزية الطلاب في تقديم رؤى مهمة لتعزيز المناهج التمريضية وضمان تقديم رعاية آمنة وكفؤة.

الهدف: هدفت هذه الدراسة إلى تقييم جاهزية طلاب التمريض في سلطنة عُمان للممارسة السريرية المستقبلية من خلال قياس مستوى ثقتهم في المهارات التمريضية الأساسية والعوامل المؤثرة المرتبطة بذلك.

المنهجية: أُجريت دراسة مقطعية على ٢٣٥ طالباً وطالبة من طلاب التمريض بمرحلة البكالوريوس من فروع كلية عُمان للعلوم الصحية. جُمعت البيانات باستخدام استبانة كيسي، فينك للجاهزية للممارسة (٢٠٠٨) من خلال استبيان إلكتروني ذاتي. وتم تحليل البيانات باستخدام الإحصاءات الوصفية، واختبار (t) لعينتين مستقلتين، وتحليل التباين الأحادي (ANOVA) عند مستوى دلالة ٥%.

النتائج: كانت غالبية المشاركين من الإناث (٧٦,٦٪)، وتبلغ أعمارهم ٢٢ سنة (٦٥,١٪)، وبمعدل تراكمي متوسط قدره $2,84 \pm 0,34$. واكتسب معظم الطلاب خبرتهم السريرية من خلال البرامج الدراسية (٨٥,٥٪). وتضمنت دوافع اختيار مهنة التمريض رعاية الآخرين (٢٦,٤٪) ومساعدة المرضى على التكيف مع المرض (٢١,٣٪). بلغ متوسط درجة الجاهزية العامة (٢٠ بنّداً)؛ معامل كرونباخ ألفا = (٠,٨٠٥) نحو $2,71 \pm 0,34$. وأظهر الطلاب مستويات أعلى من الجاهزية في الالتزام المهني، وحل المشكلات، والتواصل، والتنسيق، والممارسة المبنية على الدليل، في حين سُجلت مستويات أقل في مجالات سلامة المرضى، والتعامل مع تدهور حالة المريض، والأخلاقيات، ورعاية نهاية الحياة، والتوثيق. كما وُجد ارتباط سلبي دال إحصائياً بين الجاهزية والمعدل التراكمي ($r = -0.160$)، $p = (0.014)$ ، دون وجود فروق ذات دلالة إحصائية بحسب العمر أو الجنس أو الخبرة السابقة.

الاستنتاج: أظهر طلاب التمريض في سلطنة عُمان مستوى مقبولاً من الجاهزية للممارسة السريرية بوجه عام. إلا أن وجود فجوات في مجالات سلامة المرضى، واتخاذ القرار الأخلاقي، والتوثيق يؤكد الحاجة إلى تعزيز التكامل السريري، وتفعيل الإرشاد الأكاديمي، والتوسع في التعلم القائم على المحاكاة. وتُعد هذه النتائج ذات دلالات مهمة لإصلاح المناهج في سلطنة عُمان وفي سياقات مماثلة عالمياً.

الكلمات المفتاحية: الجاهزية، الممارسة السريرية، طلاب التمريض، العوامل المؤثرة، عُمان.