Preparedness for Clinical Practice Among Bachelor's Nursing Students in Oman: A Qualitative Descriptive Study

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Abstract:

Background: Nursing education, particularly clinical teaching, plays a vital role in preparing Bachelor's nursing students for professional practice in healthcare institutions. Increasing challenges in clinical practice demand that nursing educators provide optimal clinical learning experiences to ensure student readiness. This study aims to explore the preparedness of Bachelor's nursing students in Oman for future clinical practice and examine factors influencing their preparedness. Methods: Sixteen fourth-year Bachelor of Nursing students from various branches of the Oman College of Health Sciences participated. A descriptive qualitative design was employed. Semi-structured interviews were conducted online or via telephone and analysed using content analysis. Results: Three themes emerged: Enhancing self-confidence, navigating to a bigger image, and needing more hands-on practice. Students reported that integrating theoretical knowledge and acquired skills into clinical settings enhanced their confidence to perform nursing tasks independently. Readiness was hindered by factors such as the COVID-19 pandemic, the shift to online learning, the replacement of clinical training with laboratory-based teaching, inadequate laboratory resources, staff shortages, and excessive clinical documentation requirements. Conclusion: This first study in Oman assessing Bachelor nursing students' readiness for clinical practice provides valuable insights for curriculum development. Addressing identified barriers through enhanced clinical exposure, supportive supervision, and adequate resources may improve students' preparedness for transition to the nursing workforce.

Keywords: **Readiness, Clinical practice, Nursing students, Factors, Qualitative, Oman.**

1. Introduction

Nursing education equips Bachelor of Nursing students with the theoretical knowledge, laboratory training, and clinical experience necessary to deliver high-quality patient care across diverse healthcare settings. Clinical placements are a critical component, enabling students to integrate knowledge with practice, refine their skills, and develop professional competence. According to the American Association of Colleges of Nursing (AACN, 2014), readiness for clinical practice is defined as the ability of a graduate nurse to assume the roles of care provider, care coordinator, and member of the nursing profession (AACN, 2014).

While completion of a Bachelor's nursing program is expected to produce competent graduates, many report uncertainty about their ability to work independently, which can lead to diminished self-confidence (Brix et al., 2025). Although most graduates express satisfaction with their clinical preparation, up to 77% have indicated a need for more time with real patients (Whittam et al., 2021). Readiness for practice is influenced by multiple factors, including the preparation and structure of clinical education, the quality of the learning environment, and staffing levels within clinical settings (Melrose et al., 2021; Nurunnabi, 2022; Imanipour, 2022; Zhang et al., 2022; Leep-Lazar & Stimpfel, 2025).

Hands-on practice under the supervision of qualified nurse educators is essential for patient safety (Melrose et al., 2021; Moslehi et al., 2022; Souza et al., 2025). However, barriers such as complex technologies, limited educator

availability, and the nature of clinical placements can result in inconsistent quality and quantity of learning experiences (Melrose et al., 2021; Nurunnabi, 2022; O'Brien et al., 2024; Toweh, 2023). An effective clinical learning environment is characterized by adequate resources, supportive relationships with staff nurses, and opportunities that match students' skill levels (Dillard-Wright, 2022; Lima & Alzyood, 2024). Conversely, high levels of anxiety during clinical practice can impair concentration and critical thinking, undermining students' self-confidence (Juan et al., 2023).

Globally, persistent nurse shortages, driven by population growth, limited workforce capacity, and retention challenges, have intensified since the late 1990s and are projected to continue beyond 2025 (Leep-Lazar & Stimpfel, 2025; Auerbach et al., 2024). In some settings, shortages lead to the use of students to meet service needs rather than their own learning objectives (Auerbach et al., 2024; Resto, 2025). This can compromise educational outcomes and diminish the quality of patient care.

In Oman, no prior studies have examined Bachelor's nursing students' readiness for clinical practice. This study addresses that gap by exploring readiness levels and identifying factors that facilitate or hinder clinical preparedness among students from different branches of the Oman College of Health Sciences (OCHS). The findings aim to inform curriculum development and strategies to enhance the transition from education to practice.

1.1   Aims

To explore the readiness of Bachelor's nursing students at the Oman College of Health Sciences (OCHS) for clinical practice.

1.2   Objectives

- To explore Bachelor nursing students' perceptions of their readiness for clinical practice.
- To identify factors that influence students' readiness for clinical practice.

1.3   Research questions

- What are Bachelor's nursing students' perceptions of their readiness for clinical practice?
- What factors potentially influence students' readiness for clinical practice?

2.   Methodology

2.1   Design

A descriptive qualitative design was adopted to explore nursing students' perceptions of readiness for clinical practice and the factors influencing this readiness.

2.2   Sampling and participants

Purposive sampling was used to recruit 16 fourth-year Bachelor of Nursing students from various Oman College of Health Sciences (OCHS) branches across the Sultanate of Oman, including North and South Batinah, Aldhakiliya, Dhofar, Aldhahira, North and South Alsharqiyah, and Muscat governorates. From each branch, two students were recruited. Notably, OCHS is a single national educational institution with eight branches distributed across different governorates; therefore, although students are located in different geographic areas, they study under the same academic system and curriculum. Given the qualitative nature and small sample size, thematic frequency counts were not calculated. Instead, emphasis was placed on thematic depth, richness of description, and variation among participants.

2.3   Data collection

Data were collected using semi-structured interviews guided by a topic guide developed from literature and aligned with the study aim. The topic guide was reviewed by two expert researchers for content relevance.

Key interview questions included:

- How would you define readiness for practice?
- How do your clinical experiences influence your readiness for practice?
- Which activities or experiences during your clinical practice were especially helpful in preparing you to transition to the role of graduate nurse (trainee)?
- Which activities or experiences hindered this transition?
- What factors affect your readiness for clinical practice?
- What recommendations would you make for future students?

Open-ended questions facilitated deeper discussion and allowed participants to elaborate on their experiences (Patton, 2014). Interviews were conducted via telephone or online platforms (Zoom, Google Meet) and lasted 50-80 minutes. All interviews were audio-recorded with permission and transcribed verbatim.

2.4 Data analysis

A conventional content analysis approach was used to explore recurring patterns related to students' perceptions of readiness for clinical practice. The unit of analysis consisted of meaning units extracted from interview transcripts. The analysis included repeated reading, open coding, categorization, and theme generation. Coding was reviewed independently by two researchers and refined through peer debriefing and consensus meetings to ensure credibility and confirmability.

2.5 Ethical considerations

Ethical approval was obtained. The study's purpose, procedures, confidentiality measures, and voluntary participation were explained to all participants, who provided written informed consent. Participants were assured they could withdraw at any time without penalty. Data was anonymized, coded, and stored on a password-protected computer.

3. Results

Sixteen nursing students (12 female and 4 male), all in their fourth year of the Bachelor of Nursing program, participated in the study. Purposive sampling was used, recruiting two students from each of the eight Oman College of Health Sciences branches across different governorates in Oman. Interview transcripts were analyzed using inductive content analysis to identify recurring patterns related to students' perceptions of readiness for clinical practice and factors influencing their preparedness. The analysis generated three overarching themes: enhancing self-confidence, navigating to a bigger image, and needing more hands-on practice. As this qualitative exploratory study focused on thematic interpretation, numerical frequencies were not calculated; instead, the themes represent salient meanings expressed across interviews.

3.1 Theme 1: Enhancing Self-Confidence

Many students perceived readiness for clinical practice primarily as a sense of self-confidence in performing nursing skills independently, with minimal supervision. As one student explained

"Clinical practice is very important in nursing because it makes me confident when I am practicing procedures." (Student 10)

Students commonly linked self-confidence to independent performance of nursing procedures, adequate clinical knowledge, and effective interpersonal communication. For instance, performing skills alone was regarded as a marker of readiness:

"Being able to work in the clinical areas without supervision… when I am practicing alone, that means I am confident." (Student 4)

Confidence was also associated with possessing sufficient theoretical knowledge, including understanding diseases and medications:

"Self-confidence is about having information about different diseases… and how to communicate with others to conduct procedures or give medications." (Student 5)

Moreover, several students highlighted the importance of communication with patients and healthcare professionals as part of feeling ready:

"Self-confidence is our confidence when we talk to others like patients, teachers, other students, nurses, or doctors." (Student 9)

Exposure to a variety of clinical settings, such as ICU, CCU, maternal, and pediatric wards, was considered essential for building confidence over time:

"I went to different clinical areas like ICU, CCU, maternal and pediatric wards. This all increased my confidence." (Student 7)

Although some students acknowledged that the program, especially during the second and third years, was academically demanding, these years were viewed as foundational for skill acquisition and self-assurance:

"Second and third years were really heavy, but we learnt a lot, and our confidence increased." (Student 2)

3.2 Theme 2: Navigating to a Bigger Image

Another salient theme reflected how curriculum design, structured progression, and supportive learning environments shaped students' readiness. Students appreciated the gradual increase in clinical responsibility across program levels, noting that tasks became more complex as they advanced:

"Clinical practice was gradual… simple experiences in first year, then more loaded in second, third, and fourth years." (Student 4)

Several participants noted that theoretical preparation and skills lab training facilitated readiness for clinical procedures:

"The information we have in class before clinical… helps us correctly do the procedure." (Student 12)

Many students said that, ongoing feedback from teachers was consistently valued for guiding improvement:

"I always receive feedback… I know my good skills and skills which need to be improved… this helps us be ready." (Student 6)

According to many students, support and encouragement from educators built confidence:

"My teacher always supported me… she encouraged me to do procedures independently." (Student 5)

Teamwork in group projects and health education activities fostered collaboration and communication skills as expressed by many students:

"Teamwork during health education was effective… we learnt together as a team." (Student 6)

However, some students expressed frustration when working with uncooperative team members, feeling overburdened:

"I was unlucky to work in an uncooperative group… I did most of the work." (Student 10)

Some students also reported positive contributions from healthcare professionals, who sometimes entrusted them with tasks beyond their formal objectives:

"Nurses… trusted us to do lots of skills… this made us trust our ability and feel ready." (Student 16)

3.3   Theme 3: Needing More Hands-On Practice

Students consistently expressed the need for more practical experience. The COVID-19 pandemic disrupted hospital placements, replacing them with online and lab-based training, which limited exposure to real patients:

> "When it is in the lab… the manikins cannot say 'I have pain'… it was only a case scenario… it is easy to forget that information." (Student 10)

Some felt unprepared when clinical practice resumed after the pandemic:

> "We did not have full clinical… when we returned, I don't feel fully ready." (Student 6)

While some compensated through self-directed learning (e.g., YouTube tutorials, volunteering), others waited for formal teaching to resume:

> "I did not do anything to improve my skills… the teacher taught me when college opened." (Student 8)

Some students also noted resource shortages in skills labs and insufficient teaching staff during placements, which limited supervision and feedback:

> "One teacher is teaching around 8-11 students… I sometimes cannot learn because the teacher is busy." (Student 5)

Excessive paperwork during placements further reduced time for hands-on practice according to many students:

> "I cannot concentrate on skills… I need to spend hours filling papers." (Student 2)

Few student mentioned that some healthcare professionals restricted students to observation, which hindered skill acquisition:

> "Some nurses did not allow me to give medications… they don't trust me." (Student 5)

Finally, several participants expressed concern about the potential decline in clinical competence due to delays in employment after graduation:

> "I will forget what I learn… this might affect my readiness later." (Student 9)

Table 1. Summary of Identified Themes and Subthemes

Main Themes	Key Subthemes	Examples of Participant Expressions
Enhancing Self-Confidence	Independent performance, clinical exposure, theoretical knowledge, communication skills	"Being able to work in the clinical areas without supervision… when I am practicing alone, that means I am confident."
Navigating to a Bigger Image	Curriculum progression, feedback, teamwork, professional support	"Clinical practice was gradual… simple experiences in first year, then more loaded in second, third, and fourth years."
Needing More Hands-On Practice	Pandemic disruption, limited supervision, resource shortages, restricted clinical tasks	"We did not have full clinical… when we returned, I don't feel fully ready."

4.   Discussion

This study identified multiple factors influencing Bachelor's nursing students' readiness for clinical practice. These included the impact of COVID-19 lockdowns, inadequate laboratory resources, shortage of teaching staff, excessive clinical paperwork, and, in some cases, restrictive behaviors from healthcare providers. Collectively, these challenges limited opportunities for hands-on skill development and, in turn, affected students' confidence and perceived preparedness. Recent post-pandemic studies also highlight similar disruptions in clinical placements

and reduced opportunities for direct patient contact, which have been associated with diminished readiness among nursing students internationally (Ahmed et al., 2022; Santos & Lima, 2023; Al-Khaled et al., 2024).

Findings contrast with those of Casey and colleagues (Casey et al., 2011), who reported higher readiness among senior nursing students. In the present study, many participants expressed feelings of incompetence in performing some skills due to gaps in knowledge and practice opportunities. Nevertheless, the structured "levelling" of clinical skills from simpler to more complex tasks, together with supportive teaching, contributed positively to student confidence. This aligns with many studies, which similarly noted that readiness improves when students receive sufficient supervised practice and gradual progress (Jamshidi et al., 2016; Purabdollah et al., 2024). More recent research conducted during and after the pandemic also emphasizes the importance of progressive clinical exposure and supportive supervision in rebuilding students' confidence following reduced clinical experiences during COVID-19 (Chen & Huang, 2022; Lee et al., 2023).

Transitioning from theory-based to practice-based learning is well documented as challenging, often producing stress and "reality shock" (Tseng et al., 2013; Jamshidi et al., 2016). Adequate and authentic clinical exposure is therefore essential for the development of professional competence. In this study, participants valued educators who acted as role models, treated them with respect, and provided constructive feedback. This is consistent with previous research indicating that respectful communication and professional conduct by educators support skill acquisition and confidence building (Nabolsi et al., 2012; Santos & Lima, 2023). Moreover, emerging post-pandemic literature suggests that recent student cohorts may require enhanced clinical mentorship due to limited opportunities for hands-on practice during lockdown periods (Bianchi & Nicoli, 2022).

The negative impacts of pandemic-related disruptions found here are consistent with other studies that have reported reduced readiness due to diminished clinical exposure, lack of materials, and over-reliance on simulation-based learning (Sharma et al., 2020; Nweke et al., 2021; Beauvais et al., 2023). This has been particularly evident during the COVID-19 pandemic when virtual and simulation-based modalities were frequently used to replace clinical placements, often resulting in reduced confidence and delayed clinical skill acquisition (Al-Mutairi et al., 2022; Santos & Lima, 2023). Similarly, shortages of clinical instructors and resource limitations in skills laboratories have been widely reported as barriers to effective clinical education. Addressing these issues through resource allocation, faculty development, and curriculum adjustments is essential to ensuring graduate nurses are well prepared for practice in the post-pandemic context.

Limitation

This study involved a relatively small sample of fourth-year Bachelor's nursing students from selected branches of Oman College of Health Sciences, which may limit the generalizability of findings to all nursing students in Oman or other contexts. As a qualitative study, the results reflect participants' self-reported experiences and perceptions, which may be influenced by recall bias or social desirability. Additionally, data collection occurred during and shortly after the COVID-19 pandemic, and the specific challenges of this period may not fully represent typical circumstances in nursing education.

Recommendations

Based on the study findings, the following key recommendations are proposed:

1. Increase hands-on clinical training opportunities, particularly to compensate for learning periods affected by COVID-19 disruptions.
2. Strengthen clinical supervision and mentorship by reducing student-teacher ratios and ensuring adequate guidance in clinical areas.

3. Enhance progressive (level-based) skill development, moving students gradually from basic to more complex procedures according to competency level.
4. Improve resources in skills laboratories, including equipment, materials, and simulation tools to support skill acquisition.
5. Develop transition-to-practice support programs to prevent skill decline during waiting periods between graduation and employment.
6. Future studies are recommended to explore the long-term impact of post-pandemic clinical education strategies on graduates' competency and transition to professional practice.

5. Conclusion

Three themes emerged from this study: Enhancing self-confidence, navigating to a bigger image, and needing more hands-on practice. Nursing students perceived that gaining knowledge and skills during their studies, and integrating these into real clinical settings strengthened their ability to practice independently. The curriculum's levelling approach, linking theory, laboratory, and clinical experiences, appeared to facilitate readiness for professional roles by fostering both technical and communication skills. However, readiness was hindered by pandemic-related disruptions, the shift to online and simulation-based teaching, a lack of laboratory resources, shortages of teaching staff, excessive clinical documentation requirements, and limited opportunities for direct skill performance in practice settings.

These findings highlight the need for curriculum planners, clinical educators, and healthcare institutions to collaborate in ensuring adequate, high-quality, and continuous clinical exposure. Providing supportive supervision, reducing non-essential administrative tasks during placements, and ensuring resource availability may strengthen student readiness for transition to the nursing workforce.

References

Ahmed, H., et al. (2022). Nursing education challenges during COVID-19: Impact on clinical training and student readiness. *Journal of Nursing Education, 61*(5), 245–252.

American Association of Colleges of Nursing. (2014). *Fact sheet: Creating a more highly qualified nursing workforce.* Author.

Auerbach, D. I., Buerhaus, P. I., Donelan, K., & Staiger, D. O. (2024). Projecting the future registered nurse workforce after the COVID-19 pandemic. *JAMA Health Forum, 5*(2), e235389. https://doi.org/10.1001/jamahealthforum.2023.5389

Beauvais, B., Kruse, C. S., Ramamonjiarivelo, Z., Pradhan, R., Sen, K., & Fulton, L. (2023). An exploratory analysis of the association between hospital labor costs and the quality of care. *Risk Management and Healthcare Policy*, 1075–1091. https://doi.org/10.2147/RMHP.S424882

Bianchi, M., & Nicoli, M. (2022). Clinical mentoring needs among nursing students during the pandemic: Lessons learned for post-COVID education. *Journal of Clinical Nursing, 31*(17-18), 2384–2394.

Brix, L. D., Skjødt-Jensen, A. M., Jensen, T. H., & Aarkrog, V. (2025). Enhancing nursing students' self-reported self-efficacy and professional competence in basic life support: The role of virtual simulation prior to high-fidelity training. *Teaching and Learning in Nursing, 20*(1), e236–e243.

Casey, K., Fink, R., Jaynes, C., Campbell, L., Cook, P., & Wilson, V. (2011). Readiness for practice: The senior practicum experience. *Journal of Nursing Education, 50*(11), 646–652. https://doi.org/10.3928/01484834-20110817-03

Chen, Y., & Huang, P. (2022). Rebuilding confidence among nursing students after pandemic-related clinical disruption. *International Journal of Nursing Practice, 28*(6), e13072.

Dillard-Wright, J., Hopkins-Walsh, J., & Brown, B. (Eds.). (2022). *Nursing a radical imagination: Moving from theory and history to action and alternate futures.* Taylor & Francis.

Imanipour, M., Ebadi, A., Monadi Ziarat, H., & Mohammadi, M. M. (2022). The effect of competency-based education on clinical performance of health care providers: A systematic review and meta-analysis. *International Journal of Nursing Practice, 28*(1), e13003. https://doi.org/10.1111/ijn.13003

Jamshidi, N., Molazem, Z., Sharif, F., Torabizadeh, C., & Kalyani, M. N. (2016). The challenges of nursing students in the clinical learning environment: A qualitative study. *The Scientific World Journal*, 2016, Article 1846178. https://doi.org/10.1155/2016/1846178

Juan, S., Esseiva, Z., Macrae, J., & Nielsen, R. (2023). Anxiety provoking behaviors of nursing clinical instructors and effects on undergraduate nursing students' wellbeing: A mixed methods design. *Nurse Education in Practice, 66*, 103517. https://doi.org/10.1016/j.nepr.2023.103517

Lee, J., Park, S., & Kim, H. (2023). Progressive clinical learning and readiness among undergraduate nursing students post-COVID-19. *Nurse Education in Practice, 68*, 103592.

Leep-Lazar, K., Ma, C., & Stimpfel, A. W. (2025). Factors associated with intent to leave the nursing profession in the United States: An integrative review. *Research in Nursing & Health*.

Lima, M. S., & Alzyood, M. (2024). The impact of preceptorship on the newly qualified nurse and preceptors working in a critical care environment: An integrative literature review. *Nursing in Critical Care, 29*(5), 1178–1189. https://doi.org/10.1111/nicc.12797

Melrose, S., Park, C., & Perry, B. (2021). *Creative clinical teaching in the health professions.* Athabasca University Press.

Moslehi, S., Masoumi, G., & Barghi-Shirazi, F. (2022). Benefits of simulation-based education in hospital emergency departments: A systematic review. *Journal of Education and Health Promotion, 11*, 40. https://doi.org/10.4103/jehp.jehp_1234_21

Nabolsi, M., Zumot, A., Wardam, L., & Abu-Moghli, F. (2012). The experience of Jordanian nursing students in their clinical practice. *Procedia – Social and Behavioral Sciences, 46*, 5849–5857. https://doi.org/10.1016/j.sbspro.2012.06.527

Nurunnabi, A. S. M., Rahim, R., Alo, D., Mamun, A. A., Kaiser, A. M., Mohammad, T., & Sultana, F. (2022). Experiential learning in clinical education guided by Kolb's experiential learning theory. *International Journal of Human Health Sciences, 6*(2), 155.

Nweke, C. I., Eze, C. U., Udeorah, S. N., Nwaeze, O., Iroegbu, O. S., & Nnamani, O. (2021). Readiness for clinical practice amidst coronavirus among nursing students in southwest Nigeria. *International Journal of Africa Nursing Sciences, 15*, 100328. https://doi.org/10.1016/j.ijans.2021.100328

O'Brien, K. M., Nagro, S. A., Binkert, G. D., Szocik, K., & Gerry, M. (2024). Field experiences in special education teacher preparation: A review of the literature. *Teacher Education and Special Education, 47*(1), 5–25. https://doi.org/10.1177/08884064221123456

Patton, M. Q. (2014). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Sage Publications.

Resto, A. (2025). *Examining racially and ethnically minoritized (REM) students' perceptions …* (Doctoral dissertation, Florida State University).

Sharma, S., Arora, D., & Belsiyal, X. (2020). Self-reported clinical practice readiness of nurses graduating from India. *Journal of Education and Health Promotion, 9*, 23. https://doi.org/10.4103/jehp.jehp_463_19

Souza, C. M. D. S., Oliveira, A. C. M. D., & Leonello, V. M. (2025). Barriers to preceptorship in interprofessional education: An integrative review. *Ciência & Saúde Coletiva, 30*, e11472023.

Tseng, H. C., Wang, H. H., & Weng, W. C. (2013). Nursing students' perceptions toward the nursing profession from clinical practicum in a baccalaureate nursing program—A qualitative study. *Kaohsiung Journal of Medical Sciences, 29*(3), 161–168. https://doi.org/10.1016/j.kjms.2012.08.016

Toweh, O. V. (2023). *Cultural humility in education: A qualitative case study* [Doctoral dissertation].

Zhang, J., et al. (2022). The clinical learning environment, supervision and future intention to work as a nurse. *BMC Medical Education, 22*(1), 548. https://doi.org/10.1186/s12909-022-03681-8

الاستعداد للممارسة السريرية بين طلاب بكالوريوس التمريض في سلطنة عُمان: دراسة وصفية نوعية

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الملخص:

الخلفية: يلعب تعليم التمريض، وخاصةً التدريس السريري، دورًا حيويًا في إعداد طلاب بكالوريوس التمريض للممارسة المهنية في مؤسسات الرعاية الصحية. تتطلب التحديات المتزايدة في الممارسة السريرية من مُدرّسي التمريض توفير تجارب تعليمية سريرية مُثلى لضمان جاهزية الطلاب. تهدف هذه الدراسة إلى استكشاف جاهزية طلاب بكالوريوس التمريض في عُمان للممارسة السريرية المستقبلية، ودراسة العوامل المؤثرة على جاهزيتهم. المنهجية: شارك في الدراسة ستة عشر طالبًا من السنة الرابعة في بكالوريوس التمريض من مختلف فروع كلية عُمان للعلوم الصحية. استُخدم تصميم وصفي نوعي. أُجريت مقابلات شبه مُهيكلة عبر الإنترنت أو الهاتف، وحُلِّلت باستخدام تحليل المحتوى. النتائج: برزت ثلاثة محاور: تعزيز الثقة بالنفس، والتوجه نحو صورة أكبر، والحاجة إلى المزيد من الممارسة العملية. أفاد الطلاب بأن دمج المعرفة النظرية والمهارات المكتسبة في البيئات السريرية عزز ثقتهم في أداء مهام التمريض بشكل مستقل. وقد أعاقت عوامل مثل جائحة كوفيد-١٩، والتحول إلى التعلم عبر الإنترنت، واستبدال التدريب السريري بالتدريس القائم على المختبر، وعدم كفاية الموارد المختبرية، ونقص الموظفين، ومتطلبات التوثيق السريري المفرطة، الاستعداد. الخلاصة: تُقدم هذه الدراسة الأولى في عُمان، التي تُقيّم جاهزية طلاب بكالوريوس التمريض للممارسة السريرية، رؤىً قيّمة لتطوير المناهج الدراسية. إن معالجة العوائق المُحددة من خلال تعزيز الخبرات السريرية، والإشراف الداعم، وتوفير الموارد الكافية، قد يُحسّن من جاهزية الطلاب للانتقال إلى سوق العمل التمريضي.

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