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The Clinical Practical Skills Readiness of Nursing College Students at Riyadh Elm University- Bridging the Gap between Education and Clinical Practice: A Cross-sectional Study

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Abstract

Background: Nursing transition from nursing education to clinical practice needs a comprehensive development to gain confidence in mastery experience to ensure nurse preparedness to professional nursing practice. Evidence has shown a point of gap between theoretical and practical wherein nursing graduates must face in dealing with confidence to perform clinical nursing care.

Aim: The purpose of this study was to evaluate the level of clinical practical skills and readiness for professional practice and to examine the relationship between nursing student's clinical practical skills and readiness.

Methods: A quantitative descriptive, cross sectional survey design was employed. A self-reported questionnaire which contains demographic background, clinical practical skills and readiness were electronically distributed via link to 115 nursing students who finished their theoretical coursework and with clinical placements. Data were collected, retrieved, analyzed using descriptive (frequency, percentage, mean, and standard deviation) and inferential statistics (Pearson's chi-square, Cramér's V, and Spearman's rank correlation coefficient).

Results: Findings revealed that majority of nursing students demonstrated a moderate level of clinical practical skills (71; 61.7%), while 29 (25.2%) had high and 15 (13.0%) had low clinical practical skills. Similarly, the majority exhibited moderate readiness (68; 59.1%), followed by high readiness (32; 27.8%) and low readiness (15; 13.0%). The overall mean scores indicated moderate perceptions of both clinical practical skills ($M = 2.87$, $SD = 1.38$) and readiness ($M = 2.97$, $SD = 1.22$). A statistically significant and very strong positive relationship was found between clinical practical skills and readiness ($\chi^2 = 131.83$, $p < .001$; Cramér's $V = 0.757$; Spearman's $\rho = 0.933$, $p < .001$), indicating that higher clinical practical skills were associated with greater readiness for professional nursing practice.

Conclusion: The nursing students demonstrated a developing but not yet fully clinically competent and readiness for professional practice. They possess a neutral to moderate level of clinical practical skills and readiness which mirrors the theoretical foundational competence with strength in communication and should address the emotional unpreparedness and the used of medical equipment and technologies. The nurse's perceived that unsupportive clinical environment / staff attitude were the main barriers in clinical practice.

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Keywords: Clinical practical skills, readiness, clinical competence, nursing education, professional nursing practice

Introduction

A crucial time in nursing students' training occurs when they go from nursing school to clinical practice. Students are supposed to go from studying theoretical information to using it in actual healthcare settings throughout this phase. This change is more than just intellectual; it also entails the growth of practical abilities, professional conduct, and the self-assurance to deliver high-

quality patient care. The ongoing enhancement of healthcare systems and patient outcomes depends on nursing students being adequately equipped to handle the challenges posed by the growing complexity of the healthcare sector. As a result, nursing students' preparedness for clinical practice is a personal and institutional issue that has a big impact on patient safety and the standard of care given in hospitals and other healthcare facilities (Günay, 2018) ^[10]. These abilities are essential for nurses to provide safe and efficient care, which is critical for the health of patients. Furthermore, nursing students need to be able to think critically, react to crises, and make wise choices under duress skills that are developed in clinical settings rather than in the classroom. Thus, the degree to which nursing programs give students these skills and talents determine how well they perform and feel confident in real-world situations, which in turn affects the smooth transition from school to clinical practice (Tabriz, 2024) ^[14].

Nevertheless, there is a big disconnect between the training nursing students get and the real demands of clinical practice, even if clinical readiness is crucial. This gap has been highlighted by a number of studies, which show that nursing schools frequently fall short in offering the immersive, experiential learning opportunities required for students to develop the competence and confidence required in the clinical context. According to Benner (2001) ^[2], clinical competence is progressively built through both experiential learning and knowledge acquisition. According to research by (McCoy *et al.*, 2016), these inferiority complexes frequently lead to decreased confidence, which can then have an impact on the standard of patient care. Unprepared graduates may find it difficult to complete even simple duties, which could result in mistakes or delays in patient care. The need for nursing schools to review their curricula and provide additional real-world, experiential learning opportunities that better reflect the reality of clinical practice has been highlighted by this disconnect between education and clinical practice. To guarantee that new nurses are not only informed but also completely prepared to handle the demands of contemporary healthcare environments, nursing education must change along with healthcare systems.

Materials and Methods

Study Design

The study employed a descriptive cross-sectional research design, which used to assess the clinical practical skills readiness of nursing students at a specific point in time. This design is chosen as it provides an efficient and practical means of evaluating students' preparedness in clinical settings without requiring long-term follow-up.

Data Collection Tools

A structured questionnaire was developed specifically for this study to collect data. It consists of three primary sections: The first sections determine the demographic profile of the student nurses, the second measures the level of clinical practical skills which contains 6 statements and the last evaluates the level of readiness in professional practice which 8 items that measure readiness. This utilized a 5 point Likert scale.

Sample Characteristics

Inclusion Criteria:

- Nursing students in their final academic year at Riyadh Elm University.
- Completion of all theoretical nursing courses.
- Completion of at least one clinical placement to ensure hands-on experience.

Exclusion Criteria:

- Students on academic probation.
- Students with no clinical placement experience.
- Students from non-nursing disciplines (e.g., pharmacy or allied health fields).

Sample Size

A sample of 115 students was selected based on power analysis to ensure sufficient representation and to allow for possible attrition.

Survey Administration

The goal and importance of the study were explained to the participants when they were approached in their classes. The questionnaire was distributed electronically through email or social media platforms. Prior to distribution, students were briefed about the study's purpose and procedures to ensure informed participation. The process of gathering data lasted four weeks. Several follow up was made to ensure the attainment of the study sample. To avoid multiple participation of the respondents, one email is required in the setting of the Google form was implemented.

Validity and Reliability

Three experts validated the questionnaire. After following their comments and recommendations, a pilot research was done using 20 nursing students which are not part of the actual study. The questionnaire was improved using input from the pilot study to make sure the items were pertinent and clear. Cronbach's alpha was used to evaluate the final instrument's dependability; it obtained a value of 0.85, suggesting good internal consistency.

Study Preparation

1. Ethical approval was obtained from the Research Ethics Committee at Riyadh Elm University.
2. A pilot study was conducted with 10% of the sample to assess the clarity and applicability of the questionnaire. Results from the pilot will be excluded from the main study, and necessary adjustments were made.
3. The data collection phase begins by targeting students who consent to participate.
4. The investigator collect data from
 - Socio-demographic data (Tool I)
 - Information related to clinical practice skills and readiness (Tool II & III)

Ethical Considerations

The study upholds key ethical principles, including:

- Informed consent from all participants.

- Confidentiality and anonymity of participant responses.
- Voluntary participation, with the option to withdraw at any point without penalty.

Approval was secured from the Institutional Review Board (IRB) at Riyadh Elm University, ensuring compliance with ethical standards and protection of participant rights.

Results and Findings

Table 1: Table 1 Frequency Distribution of the Demographic Characteristics of Nursing Students (N=115)

Variables	Categories	Frequency (n)	Percentage (%)
Age	20 years old	61	53
	21 years old	32	27.8
	22 years old	17	14.8
	23 years old	5	4.3
Gender	Male	36	31.3
	Female	79	68.7
Year	4 th year	67	58.3
	3 rd year	48	41.7
Clinical Placements	Yes	110	95.65
	No	5	4.35
Clinical Hours	500	63	54.78
	300	34	29.57
	100	18	15.65

Note: The total number of study sample is 115 nursing students

The table 1 shows the frequency distribution of the demographic characteristics of the 115 nursing students. It can be seen in the results that majority of the students were 20 years of age (53%) as more than half were at this age. It was followed by 21 years of which obtained 27.8% of the total sample. Predominantly, the female comprised of 79 or 68.7% of the total study participants.

In terms of gender, most of the study participants were composed of female (n = 79, 68.7%) as compared with male (n = 36, 31.3%). Surprisingly, the female-dominated composition is not unusual as largest of the nursing workers were female.

Statistical Analysis

Collected data was analyzed using SPSS version 25. Descriptive statistics (means, standard deviations, frequencies) summarize demographic data and primary findings. Inferential statistics such as Pearson correlation coefficient was used to explore relationship between clinical practical skills and readiness). A p-value < 0.05 was considered statistically significant.

With respect to academic year, majority of the nursing students were level 7-8 under 4th years comprising of about 58.3% of the total respondents. The 3rd year were 48 or 41.7% of the remaining study sample.

As to the clinical placement, most of the nursing students underwent clinical placement while few number have not yet (n = 5, 4.3%).

Regarding the clinical hours completed, more than half of the study sample completed 500 hours garnering a mean of n = 63, 54.78%, followed by 300 hours (n = 34, 29.6%) and 100 hours (n = 18, 15.7%).

Table 2: Table 2 Level of Clinical Practical Skills among Nursing Students (N=115)

Level	Frequency (n)	Percentage (%)
High	29	25.2
Moderate	71	61.7
Low	15	13.0

Note: High (75%-100%); Moderate (50%-74%); Low (Below 50%)

The table 2 summarizes the level of clinical practical skills as perceived by the nursing students. This study found that majority of the participants has moderate clinical practice skills (n = 71, 61.7%), followed by high clinical practical skills (n = 29, 25.2%), while a smaller proportion exhibited low clinical practical skills (n = 15, 13.0%). Although nursing students demonstrate an acceptable level of competence, one

fourth of the respondents considered to be proficient which indicates the need to address by skill building intervention. Ozdemir (2019)^[13] suggest that student nurses at this stage were not fully competent but usually at the level of advanced beginner. This means they have gained sufficient exposure in the clinical setting in order to achieve a full proficiency.

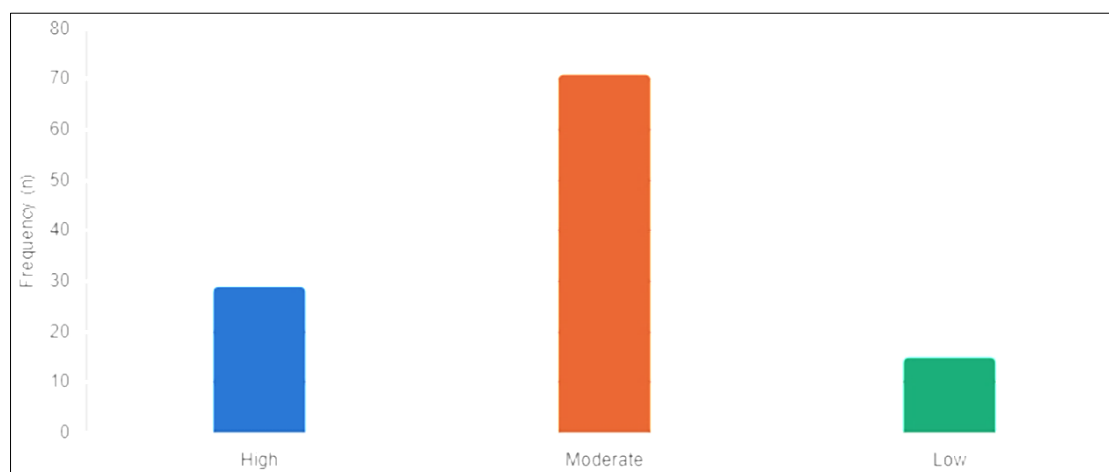


Fig 1: Graphical Presentation of the Clinical Practical Skills Distribution among the 115 nursing students

The figure illustrate that most of the nursing students demonstrate a moderate level of clinical competence (71 out of 115; 61.7%). The average level resembles adequacy but improvable performance. Meanwhile, a quarter of the respondents exhibit a high level of desirable level of clinical

competence. The predominance of the moderate level demonstrates a satisfactory level that constitutes opportunity for enhancement. Nursing education institution should implement a targeted intervention including mentorship, professional education to reach into high levels of readiness.

Table 3: Item Level Analysis of the Clinical Practical Skills among the Nursing Students (N=115)

No.	Clinical Practical Skills	Mean	SD	Interpretation
1	I can effectively apply theoretical knowledge to real-life patient care situations.	2.79	1.41	Neutral
2	I feel confident performing basic nursing procedures (e.g., vital signs monitoring).	2.97	1.42	Neutral
3	My clinical training has adequately prepared me for independent nursing practice.	2.99	1.31	Neutral
4	I can communicate effectively with patients, families, and healthcare professionals.	2.79	1.43	Neutral
5	I am proficient in using medical equipment and technologies commonly found in hospitals.	2.72	1.35	Neutral
6	I am comfortable making clinical decisions under supervision.	2.92	1.36	Neutral
Overall Mean		2.87	1.38	Neutral

Notes: 1.00–1.80 = Strongly Disagree; 1.81–2.60 = Disagree; 2.61–3.40 = Neutral; 3.41–4.20 = Agree; 4.21–5.00 = Strongly Agree

The table 3 outlines the item level analysis of the clinical practical skills of the nursing students. Based on the results, this shows that student nurses demonstrate a neutral perception about their clinical practical skills. Since the respondents were either strongly disagree or strongly agree, they possessed a moderate level of confidence in performing their practical nursing abilities.

One of the items that garnered the highest mean ($M=2.99$; $SD=1.31$) which is “My clinical training has adequately prepared me for independent nursing practice”. Although it is neutral perception, this indicates that nursing students felt their related learning experiences or clinical rotation contributes to their readiness on their clinical practice but fully convince on their future role as independent nursing function.

Another item which obtained the second highest mean ($M=2.97$; $SD=1.42$) was “confidence in performing basic nursing procedures e.g., vital sign monitoring. Also, the item comfortably making clinical decision under supervision obtain a mean score of 2.92; $SD=1.36$. All of these were neutral perception in category, indicating the student nurses were aware of the clinical responsibilities as they possess the nursing foundational competence. However, introducing them to the independent nursing responsibilities does not mean no supervision is required but clinical instructor or

preceptors should supervise their practice and conduct reinforcement to further refine their confidence and psychomotor skills in relation to their nursing functions.

Similarly, the nursing students perceived *effectively apply theoretical knowledge to real life patient care situation and effectively communicate with patient, families and healthcare professional* with mean of 2.79. This means that integrating real life situation in the classroom learning enable the students to moderately apply in patient situation. They also have moderate communication skills to patient, families and healthcare professionals. This suggests that an experiential learning can contribute to their level of readiness and confidence in terms of effective interpersonal communication and real-life situation.

The last is the proficiency in medical equipment and technologies which got the lowest mean of 2.72. This suggests that students were not confident in performing procedures utilizing medical equipment and technologies. This further suggests that exposing students to simulation can further enhance their readiness towards competence. Overall, a structured mentorship provided by clinical instructor and preceptor should be continued to further enhance their competency and develop their clinical practical skills, thereby, improving their confidence level.

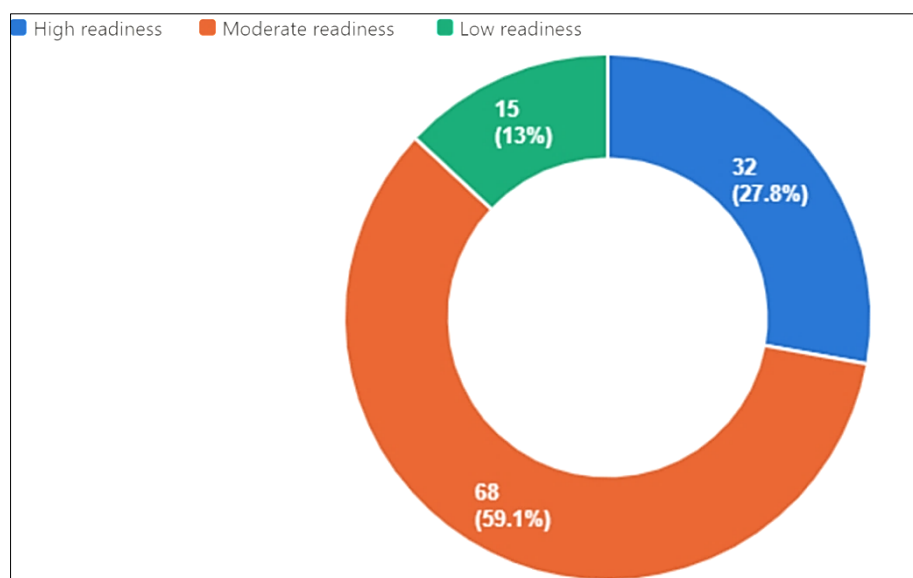
Table 4: The Level of Readiness of the Nursing Students (N=115)

Level	Frequency (n)	Percentage (%)
High Readiness	32	27.8
Moderate Readiness	68	59.1
Low Readiness	15	13.0

Note: High (75%-100%); Moderate (50%-74%); Low (Below 50%)

The table 4 reveals the level of readiness of the nursing students. Most of the study sample were moderately ready (n = 68, 59.1%) followed by high readiness (n = 32, 27.8%) while small portion shows a low readiness (n = 15, 13.0%).

This result implies that nursing students has a moderate readiness while only few students reported to have high level of readiness prior to clinical placements.

**Fig 2:** Graphical Presentation of the Level of Readiness Distribution among the 115 nursing students

The figure above shows the distribution of readiness among 115 nurses. Given that hands on equipment and technologies are weaker in this research, expanding access to simulation

laboratory and training should be consistent on the activities that will be done in the clinical settings.

Table 5: Item Level Analysis of the Readiness Indicators among Nursing students (N=115)

No.	Readiness Indicators	Mean	SD	Interpretation
1	I feel prepared to provide safe and competent nursing care.	3.08	1.21	Neutral
2	I am confident in performing essential nursing procedures independently.	2.95	1.26	Neutral
3	I can effectively communicate with patients and the healthcare team.	3.12	1.18	Neutral
4	I am able to prioritize nursing interventions based on patient needs.	2.98	1.24	Neutral
5	I can apply evidence-based knowledge in clinical decision-making.	2.91	1.19	Neutral
6	I feel emotionally prepared to manage challenging clinical situations.	2.84	1.27	Neutral
7	I am ready to assume the responsibilities of a registered nurse.	2.89	1.23	Neutral
8	I can adapt effectively to different clinical environments.	3.01	1.20	Neutral
9	Overall Mean	2.97	1.22	Neutral

Notes: 1.00–1.80 = Strongly Disagree; 1.81–2.60 = Disagree; 2.61–3.40 = Neutral; 3.41–4.20 = Agree; 4.21–5.00 = Strongly Agree

The table above presents the level of readiness among nursing students. Based on the item level analysis of the readiness scale, it indicates that nursing students have neutral moderate level of readiness for professional nursing practice garnering a mean of 2.79.

The readiness indicator that obtained the highest mean was effective communication with patients and healthcare team (m=3.12; SD=1.18). Despite being categorized as neutral perception, communication still emerged as one of the strongest competencies wherein the nursing students perceived. Effective communication plays an important part of competency-based approach in providing quality patient care standards. This reflects their personal interaction with patients as well as the other healthcare professionals.

The second highest was obtained by *I feel prepared to provide safe and competent nursing care* garnering a mean of 3.08. Although the students were under neutral category, this indicates that they were moderately prepared in providing nursing care. They can moderately adjust to any diverse healthcare setting to provide the most appropriate care for the patients. Since it is still neutral and moderate, the nurse educator and preceptor should continue to strengthen their competencies in their clinical exposure. Conversely, the item *I feel emotionally prepared to manage challenging clinical situations* got a mean of 2.84. This is the item with lowest mean which indicate that nursing students were uncertain on their emotional readiness in order to cope with clinically demanding situations.

Overall, the relative low preparedness of the nursing students in emotional readiness indicates that curriculum for nursing should address this by creating intervention that develop

student resilience, EQ and stress management. Simulation-based learning and reflection should be provided to students in order to enhance their coping strategies.

Table 6: Perceived barriers to clinical practice among Nursing students and interns (N = 115)

Level	Frequency (n)	Percentage (%)
Insufficient clinical hours/ exposure	14	12.17%
Large student-to-instructor ratio	8	6.96%
Gap between theoretical content and real clinical practice	15	13.04%
High stress/ anxiety in clinical settings	13	11.30%
Limited opportunities for hands-on practice	12	10.43%
Poor communication between faculty & staff	17	14.78%
Lack of confidence in applying theoretical knowledge	17	14.78%
Unsupportive clinical environment/staff attitude	19	16.52%

Table 6 presents the perceived barriers to clinical practice as reported by the 115 nursing students and interns surveyed in this study. Since each respondent selected a single primary barrier, the frequencies sum to the total sample size (N= 98), allowing for a clear ranking of which challenges were most commonly identified as obstacles to their clinical practice.

The results show that unsupportive clinical environment / staff attitude was the most frequently reported barrier, cited by 16.52% (n=19) of participants, closely followed by lack of confidence in applying theoretical knowledge and poor communication between faculty and staff, each reported by 14.78% (n= 17) of respondents. This pattern suggests that interpersonal and environmental factors-- rather than purely academic or resource-related issues-- represent the most significant obstacles perceived by students and interns during their clinical training.

High stress/ anxiety in clinical settings was reported by 11.30% (n=13) of participants, reflecting the emotional and psychological toll that clinical practice can place on nursing students, which is consistent with findings in the broader literature linking the theory-practice gap to increased student anxiety. Meanwhile, insufficient clinical hours exposure 12.17% (n=14), the gap between theoretical

content and real clinical practice 13.04% (n= 15), and limited opportunities for hands-on practice 10.43% (n= 12) were reported by roughly one-tenth of the sample each, indicating that structural and curricular limitations remain a notable, though secondary, concern.

The least frequently reported barrier was a large student-to-instructor ratio, cited by only 6.96% (n=8) of participants, suggesting that--relative to the other barriers assessed--supervision capacity was perceived as less of an obstacle within this sample.

Overall, these findings indicate that the most pressing barriers to clinical practice, as perceived by nursing students and interns at Riyadh Elm University, are relational and psychological in nature (unsupportive environments, low confidence, poor communication, and stress), rather than purely structural (hours, ratios, or exposure).this suggests that interventions aimed at improving the *clinical learning climate* - such as staff sensitization, structured mentorship, and confidence- building strategies- may have a more immediate impact on reducing perceived barriers than simply increasing clinical hours or adjusting supervision ratios alone.

Table 7: Perceived Adequacy of Theoretical Preparation for Clinical Practice (N=115)

Adequacy Level	Frequency (n)	Percentage (%)
Adequate	62	53.91%
Somewhat Adequate	33	28.69%
Inadequate	20	17.39%
Overall	115	

Table 7 presents the perceived adequacy of theoretical preparation for clinical practice among the 115 nursing students and interns surveyed. Nearly half of the respondents, 53.91% (n=62), perceived their theoretical preparation as adequate, indicating that a substantial portion of students felt their classroom-based education sufficiently equipped them for clinical practice. However, a considerable proportion, 28.69% (n= 33), rated their preparation as only somewhat adequate, while 17.39% (n=20) considered it inadequate.

Combined, less than half of the sample 46.08% reported some degree of insufficiency in their theoretical education meets expectations for many students, a notable gap persists for a significantly subset of the population. These findings reinforce the broader theory-practice gap identified in the literature and highlight the need for curriculum review to strengthen the alignment between classroom instruction and the practical demands of clinical settings.

Table 8: Perceived Clinical Supervision and Support (N=115)

Supervision / Support Level	Frequency (n)	Percentage (%)
Adequate / Sufficient Support	55	48.83%
Moderate Support	42	36.52%
Inadequate / Insufficient Support	22	19.13%
Total	115	

Table 8 presents the perceived clinical supervision and support reported by the 115 nursing students and interns surveyed. Nearly half of the respondents, 48.83% (n=55), perceived their clinical supervision and support as adequate/sufficient, indicating that a substantial proportion of students felt well-guided and supported during their clinical training. Meanwhile, 36.52% (n=42) rated their supervision as only moderate, and 19.13% (n=22) considered it inadequate/insufficient. Although the majority of students reported

receiving satisfactory supervision, more than half of the sample 55% experienced only moderate or inadequate support, suggesting room for improvement in mentorship consistency and clinical instructor accessibility. These findings underscore the importance of straightening clinical supervision structures, as adequate support has been linked in the literature to improved student confidence and smoother transition from theoretical learning to clinical practice.

Table 9: Chi-Square Test of Independence Between Clinical Practical Skills and Level of Readiness

Statistic	Value	df	p
Pearson chi-square (χ^2)	131.83	4	<.001
Cramér's V	0.757	—	—
Spearman's rho (ρ)	0.933	—	<.001

Note: A statistically significant, strong positive association was found between clinical practical skills and level of readiness, χ^2 (4, N = 115) = 131.83, p <.001, Cramér's V = .757.

The table 9 reveals the chi square test of independence between clinical practical skills and level of readiness. Based on the results, it was found a statistically strong positive relationship between clinical practical skills and level of readiness. Almost none of the students were high and low on the other, making an association so strong χ^2 (4, N = 115) = 131.83, p <.001. Noteworthy, the strength of relationship

based on Cramér's V of .757 indicates a very strong association and the Spearman's rho of .933 confirms an almost linear positive correlation between the two underlying scores. This indicates that the two construct (clinical practical skills and readiness) move together closely. The nursing students with high clinical skills will likely report a high readiness and vice versa.

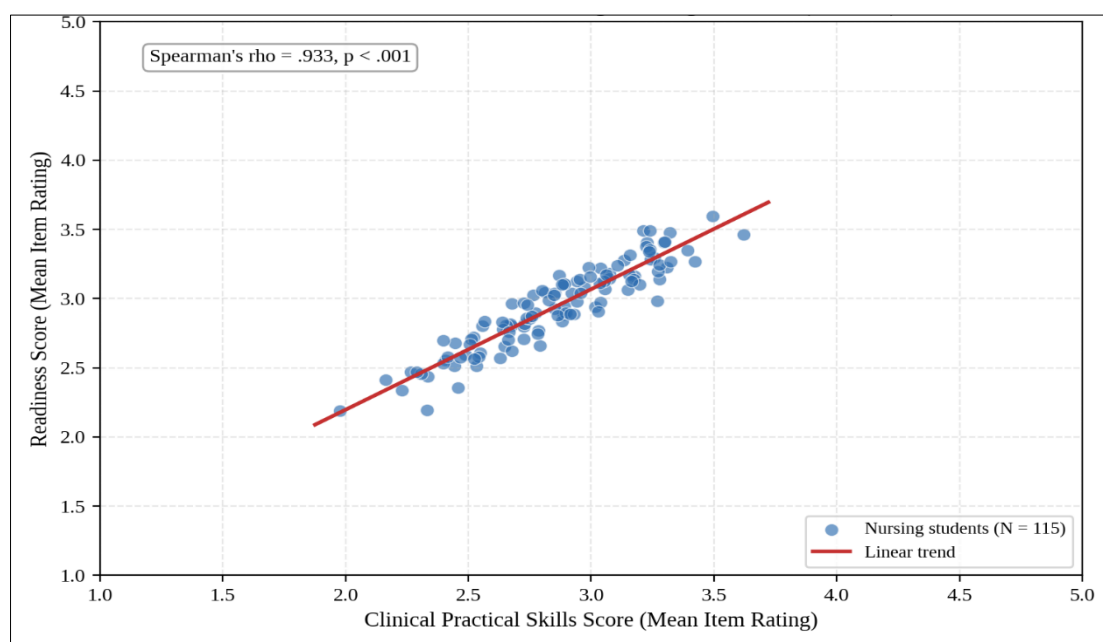


Fig 3: Scatter lot of the Relationship between Clinical practical Skills and Level of Readiness among Nursing Students

The scatterplot shows an upward trend suggesting that as clinical skills increases, readiness also increase which further support the strong positive correlations between clinical practical skills and readiness. A very strong positive correlation ($\rho = 0.933$, p <.001) between clinical practical skills and readiness was found using Spearman's rank correlation coefficient. This finding implies that when the

Discussion

This study focused on clinical practical skills and readiness for nursing practice as perceived by the nursing students. On this study, results have shown a neutral moderate view of the level of clinical practical skills among 115 nursing students. This indicates that students possess a practical competence in entering the clinical nursing practice. However, item level

clinical skills of the nursing students will be enhanced, it will likely increase the readiness of the nursing students in the clinical practice. The college of nursing should continue to strengthen the opportunities on competency-based assessment such as OSCE. This can help students in gaining confidence and translate classroom learning into an effective clinical performance.

analysis argued that they do not yet consider themselves as fully competent in most areas of competency such as effective communication, technical performance, application of theoretical knowledge and clinical decision making. Congruently, Novice to expert theory of Patricia Benner explained the critical framework that examines the level of competence nurse may possess based of skill acquisition. In nursing education, it delineates the understanding on how

nursing students develop their knowledge and skills including their skills acquisition as they exposed to clinical practice. Benner *et al.*, (2009)^[3] identified five stages namely novice, advanced beginner, competent, proficient and expert. Her theory posits that clinical competence is built incrementally through repetitive clinical exposure as they gained experience. As most students completed a limited hour of clinical placement, these students can be categorized under the second of novice-advanced beginner stage of skill acquisition. They were attending a formal instruction making a total deficiency is not appropriate as neutral rating were indicated.

His interpretation further supported by Ozdemir 2019; Byermoen *et al.*, 2023^[4] who explained that stage of advanced beginner, the nursing students started to apply their theoretical knowledge into their clinical practice despite considerable support they received from the clinical instructor. This mirrors the neutral perception of the 3rd year and 4th year nursing students about their clinical practical skills resembling their moderate confidence in performing nursing procedures and techniques. Consequently, the nurse educators should be responsive to the student needs regarding skill acquisition. Tanner, 2006^[15] Carson 1989 Dunbar *et al.*, 2019^[9] elucidated that for skill acquisition, several educational strategies are effective in contributing their academic and clinical development. These are the integration of simulation, experiential learning and unfolding case studies. By applying these methods, it allows critical thinking as they exposed to real life scenarios, thus, helping them to be prepared in a more complex clinical problem.

The level of readiness among nursing students draws a similar pattern with level of clinical practical skills which were categorized as neutral/moderate. Effective communication emerged as the strongest areas in readiness for competency indicating a moderate level of readiness on the areas of theoretical knowledge application, independent clinical decision making and technical competence. This finding relates with Konlan *et al.*, 2024^[12] who study about the clinical readiness for practice of nursing students. Their study revealed that clinical readiness was attributed to professional skills, communication skills, self-management and self-confidence. They concluded that readiness encompasses the acquisition, integrating nursing knowledge, effective communication with confidence towards the implementation of quality, safety nursing care. In contrast, Candella & Bowles 2008 found that clinical readiness were dependent to managing patient loads and caring for a critically ill patients as they possess the abilities to perform task related to patients. This aligned with the self-efficacy theory of Bandura that confidence enables the nursing students to perform under such stress condition. His theory posits that students were shaped less by acquisition of knowledge, vicarious learning and affective states. Meanwhile, Baghdadi *et al* 2023^[1] found that during clinical placements the nurses considered patients safety as the foundation in working within the units and anticipate of applying their learnings to the clinical area. Aside from readiness in general, the emotional preparedness of the nursing students was moderate, making the intensive hours of clinical exposure were necessary. Hashemiparast *et al.*, (2019)^[11] stated that practical teaching enables the nursing students to learn to translate classroom learning into real-world patient care in order for them to develop as a competent nurse in different areas or specialties.

Lastly, this study found a strong positive relationship between clinical practical skills and readiness. This indicates that nursing students' readiness to an independent professional nursing practice is substantially dependent in actual mastery skills. Their self-assessed clinical competence closely links with the level of readiness. This points out the gap which aimed of clinical reforms by targeting skills development. Cabalsa (2018)^[15] reiterated that while producing a globally competitive nurses is the aim of nursing education, maintaining balance between theory and practice enable them to properly apply the theoretical knowledge into clinical practice. Although training with clinical preceptors were implemented reasonably to provide good placements, competing demands between academic requirements and clinical responsibilities largely impact the student's readiness to independent nursing practice (Cabalsa *et al.*, 2026)^[16]. Overall, the structured mentorship should be continued by the university and closer academic-practice partnership in order to narrow the gap between the theory and practice.

Conclusion

The student nurses are reported to have a neutral to moderate level of clinical practical skills and readiness as majority of the 115 nursing students were moderate category. This reveals that students acquired a foundational clinical competence paralleled with advanced beginner stage but not yet fully competent and independent in doing clinical decision making.

The nursing students were less proficient in utilizing medical equipment and technologies as well as less emotional preparedness to manage complex clinical challenges within the readiness domain which represents that hands on experience in utilizing technologies and psychological resilience were still underdeveloped prior to the students graduation. Yet, the effective communication emerged as the strongest in skills and readiness domain indicating their strength in interpersonal communication with patients, families and healthcare professionals. The nurse's perceived that unsupportive clinical environment / staff attitude were the main barriers in clinical practice.

A statistically significant and very strong positive association between clinical practical skills and level of readiness implies that these two variables are mutually reinforcing to reflect the progress of the nursing students. Overall, the conclusion supports the idea that clinical practical skills are a key determinant of readiness for students nursing professional practice. The gap between theory and practice remains evident which needs technical proficiency and emotional preparation for the nursing students.

Recommendation

Based on the findings of this study, the following recommendations were drawn:

1. For nursing education institution, the expanding initiatives for accessible simulators, skills laboratories including medical equipment and technologies should be implemented in order to enhance this domain. The council for curriculum should embed resilience-building content and emotional intelligence training to address the low readiness in emotional preparedness.
2. For clinical placement and support, the clinical educators, instructors and preceptors should continue in delivering active structured hands-on supervision to

develop their competence in the clinical practice. Given that the clinical practical skills and readiness were strongly associated, mentoring and coaching on weak areas should be implemented to yield a better learning outcome.

3. For policymakers, strengthening academic and practice partnership with healthcare facilities and other affiliated hospitals should be continued and ensure to improve the low readiness category of the nursing students.
4. For future researches, a similar study with larger populations should be utilized for generalizability of the study results. The conduct should be in more diverse populations using a multiple sites such as various college and universities.
5. A qualitative study or mixed method study should be conducted to determine the specific source of emotional unpreparedness of the nursing students. This provides the policymakers to identify the domain of concern in order to inform more targeted resilience-building interventions.

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