

Personal Readiness and Clinical Skills Development: Evidence from Nursing Students in Private Higher Education Institutions

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ABSTRACT

Clinical competence is a crucial outcome of nursing education. Many factors bind the education and the clinical environment, and still more factors develop nursing students' clinical skills. These factors include the student's personal readiness.

The aim of this study was to describe the phenomenon of personal readiness on the development of nursing students' clinical skills in the private sector in the Philippines. Specifically, the study viewed personal readiness as self-efficacy, motivation, coping, and emotional resilience.

In this study, a quantitative descriptive correlational design was used on a sample of nursing students from private sector nursing schools in Iligan City. A battery of researcher developed, and some published, self-report questionnaires, were used to measure the above factors. Descriptive statistics, Pearson correlation, multiple regression, and structural equation modeling were used to describe and analyze the data.

Of the factors studied, self-efficacy was the strongest predictor of the development of clinical skills, followed by the emotional resilience, motivation, and coping. Personal readiness showed a positive, significant relationship to clinical competence, confidence, and the accurate execution of procedures and critical thinking. Structural equation modeling showed that personal readiness had a significant influence on the development of clinical skills.

Personal readiness had a significant effect on nursing students' development of clinical skills. Formal education activities that enhance students' self-efficacy, motivation, coping, and emotional resilience are likely to develop students' personal readiness for practice and avail the society of competent nurses.

Keywords: Personal readiness, self-efficacy, motivation, coping, emotional resilience, clinical skills development, nursing education

INTRODUCTION

The rapidly evolving demands of healthcare systems and emerging global public health challenges have made developing clinically competent nurses an urgent priority worldwide. These challenges include sustained shortages of healthcare personnel, increased patient acuity and the rapid evolution of technology, and public health challenges. Nurses work in an environment that requires the mastery of new skills and the integration of sound judgment, flexibility, emotional stability, and self-confidence. Nursing education must produce graduates who have the ability to adapt to new environments. Educational institutions must assess the development of critical skills, such as competence, confidence, procedural skills, and critical thinking, as they directly affect the institutional readiness to meet the demands of the profession.

Designing curricula, using simulation, and providing clinical exposure remain fundamental to nursing education. However, an increasing amount of research supports that personal readiness is the first step in developing clinical

competence. Nursing students enter clinical experiences with varying levels of self-efficacy, motivation, coping skill, and emotional resilience. These psychological characteristics influence the quality of care they provide. Students with strong personal readiness respond to clinical challenges, cope with frustration, and make appropriate clinical judgments. Students lacking adequate psychological preparedness may impede both their learning and their clinical competence, and may hinder the development of their confidence.

This study is largely based on Bandura's Social Cognitive Theory (1986). It indicates learning and performance are subject to the influence of personal, behavioral, and environmental factors in a reciprocal interaction. One influential aspect of this theory is the concept of self-efficacy, defined as the belief of an individual in his/her/their competencies of accomplishing various task and the resultant effects on goal setting, commitment, and level of success one can achieve. In a similar manner, Lazarus and Folkman's (1984) Transactional Theory of Stress and Coping shows that the development of certain coping skills enables an individual to successfully manage a high level of stressful situation and take control of that situation. Resilience Theory (2002) as suggested by Richardson is the ability of an individual to bounce back, adapt and continue functioning despite the presence and effects of difficulties and challenges. When considered collectively, these theories assert that the personal readiness of nursing students is a dynamic psychological resource and NOT an inherent resource.

Recent studies have shown evidence for these theories. Self-efficacy is consistently recognized as a leading indicator of clinical competence and confidence of nursing students (Kim & Kim, 2021; Albagawi et al., 2023). Motivation is correlated with active participation, which is associated with enhanced performance in clinical settings, and the development of clinical skills that are utilized throughout one's professional career (Ryan & Deci, 2020; Li et al., 2024). Adaptive coping strategies are utilized to reduce stress and improve one's ability to function in challenging clinical settings (Labrague et al., 2021; Wang et al., 2023). Emotional resilience decreases burnout and fosters clinical judgment and professional confidence (Turner et al., 2022; Labrague, 2023). While there has been some progress, the majority of research has focused on the independent examination of these constructs. There is a lack of research on the personal readiness of nursing students in private higher education in developing nations. Contextual barriers may impact the clinical learning of nursing students.

Examining personal readiness moves nursing education research beyond an academic inquiry and into a global health concern. Nursing competence and psychological readiness are necessary to improve patient safety, reduce medical errors, and improve the quality of caring and health system resilience. Countries are attempting to reduce health disparities and improve access to health care. Investing in the personal readiness of nursing students is a critical first step to achieving these sustainable health care goals. It is necessary for teaching institutions to advance beyond instructing technical nursing skills and begin integrating psychological readiness to ensure that future nursing professionals are prepared to deliver safe, compassionate, and evidence-based nursing care throughout their professional careers.

This study concerns the internationally recognized and legally binding United Nations Sustainable Development Goals (SDGs). Specifically, it addresses SDG 3 (Good Health and Well-being) through the development of clinically competent nurses, positively impacting patient outcomes and the sustainability of health systems. It relates to SDG 4 (Quality Education) through the development of evidence-based, competency-focused, and learner-centered nursing education, which equips learners with the necessary hard and soft skills. In addition, this study advances the SDG 8 (Decent Work and Economic Growth) through the development of a resilient, competent, and work-ready nursing workforce; and SDG 17 (Partnerships for the Goals) through the articulation of the joint obligation of the higher education and health sectors in the preparation of the next generation of nurses.

Given the above, this study analyzed the impact of personal readiness (i.e. self-efficacy, self-motivation, self-coping strategies, and emotional resilience) on the clinical skills of nursing students in private higher education. By identifying the psychological components that constitute clinical competence, this study offers evidence of the needs and readiness of nursing students for the practice of nursing. Investing in personal readiness leverages the impact of the health workforce far beyond producing merely competent graduates. It prepares a workforce ready to meet diverse health care needs, and one that is able to provide care that is safe, high quality and compassionate.

METHODS

Research Design

This research adopted a quantitative cross-sectional design, with SEM, to analyze how personal readiness affects the development of clinical skills among nursing students in the private sector. The cross-sectional correlational design identified the relationship between the components of personal readiness (self-efficacy, motivation, coping, and emotional resilience) and the development of clinical skills, without the intervention of study variables.

Research Setting, Sample and Participants

The study was carried out in three private higher education institutions in Iligan City, Philippines, that have Bachelor of Science in Nursing. The research sample included 598 Third and Fourth year nursing students who have had clinical placements during the period of data collection. Students who have had no clinical exposure have been excluded from the study as a measure to ensure that participants have considerable experience in order to assess personal readiness and development of clinical skills. The study was conducted based on voluntary participation and informed consent was obtained prior to the data collection.

Research Instrument

An expert-validated, researcher-constructed questionnaire was used to collect data. This tool was divided into two main sections. The first section, which measured personal readiness, comprised four dimensions: self-efficacy, motivation, coping, and emotional resilience. The second section focused on the development of clinical skills and included the following: competence, confidence, procedural accuracy, and critical thinking. The data were captured on a five-point Likert scale, and a high score indicated a higher level of personal readiness and development of clinical skills. The research instrument underwent content validation by subject matter experts and a pilot study to test and enhance the instrument's reliability and internal consistency before the main study.

Data Collection Procedure

After obtaining permission from the Institutional Ethics Review Board and respective higher education institutions, arrangements were made with nursing administrators to collect survey data. Eligible students were provided information regarding the study's purpose, procedures, and voluntary participation. The students were also informed of the selection and withdrawal rights. The data collection instrument was distributed, and collection was completed following the students' completion of the instrument.

Data Analysis

The data were analyzed using both descriptive and inferential statistics. The data were summarized using frequency and percentage counts, and the level of personal readiness and development of clinical skills were expressed using the mean and standard deviation. The relationship between the study variables was analyzed using Pearson's product-moment correlation coefficient, and significance was set at $p < .05$. All analyses were completed using IBM SPSS AMOS.

Ethical Considerations

Prior to commencing the research, ethical approval was granted by the appropriate Institutional Ethics Review Board. Approval was also granted by the higher education institutions participating in the study. Participation was on a voluntary basis and after providing their written consent, participants were assured of their right to anonymous participation and confidentiality. Participants' identifying information was not collected, and to protect their identities, each administered survey was assigned a code. All data were stored in a secure location, and as per the Data Privacy Act of 2012 (Republic Act No. 10173), were accessed by the researcher for data collection purposes only. Artificial Intelligence (AI) was used to enhance the language quality of the manuscript by providing edits for grammar and syntax, and improving overall manuscript readability. The authors conducted all research related activities, and the authors retain full responsibility of the research for accuracy, integrity, and originality. AI was used in accordance with the ethical guidelines of academic writing, and the authors' contributions to the research were not diminished.

RESULTS AND DISCUSSION

Table 1 *Level of Personal Readiness in Terms of Self-Efficacy (n = 598)*

Indicator	Mean	SD	Interpretation
I am confident that I can perform clinical skills correctly even when it is my first time.	3.71	0.87	High
I believe I can successfully perform procedures under pressure.	3.71	0.84	High
I feel capable of handling complex patient-care tasks.	3.85	0.87	High
I trust my ability to learn new clinical skills quickly.	4.10	0.85	High
I can perform clinical procedures with minimal supervision.	3.96	0.86	High
I feel confident making clinical decisions during patient care.	3.93	0.91	High
I feel confident explaining procedures to patients.	4.21	0.85	High
I believe I can maintain patient safety during all procedures.	4.02	0.85	High
I feel confident managing multiple clinical responsibilities.	3.98	0.88	High
I am certain that I can achieve competency in all nursing procedures.	4.03	0.84	High
Overall	3.95	0.53	High

Legend: 4.51–5.00 = Very High; 3.51–4.50 = High; 2.51–3.50 = Moderate; 1.51–2.50 = Low; 1.00–1.50 = Very Low.

The overall mean ($M = 3.95$, $SD = 0.53$) of the data revealed that the respondents had a high level of self-efficacy. This implies that the respondents were certain that they could perform their nursing duties, regardless of the levels of their clinical experience. Explaining procedures to patients had the highest rating with ($M = 4.21$). This means that as students become more certain of their ability to enhance communication and education, they become more certain with the procedures. Respondents were least certain about conducting unfamiliar procedures and working with stress, ($M = 3.71$). This means that students are more likely to be uncertain about acting in unfamiliar or high risk, clinical situations. These results corroborate with Bandura's Social Cognitive Theory. More recent studies have reported that self-efficacy was a significant predictor of clinical competence, decision-making, and practice readiness of nursing participants (Kim & Kim, 2021; Albagawi et al., 2023).

Table 2 *Level of Personal Readiness in Terms of Motivation (n = 598)*

Indicator	Mean	SD	Interpretation
I feel motivated to practice clinical skills even without being required.	4.13	0.86	High
I take initiative to learn more about procedures before performing them.	4.25	0.83	High
I strive to do my best during every clinical rotation.	4.38	0.82	High
I remain motivated even when learning complex skills.	4.20	0.85	High
I set personal goals to improve my clinical competence.	4.13	0.88	High
Seeing my improvement motivates me to keep practicing.	4.29	0.86	High
Positive feedback from instructors increases my motivation.	4.34	0.89	High
I stay committed to learning despite experiencing challenges.	4.34	0.85	High
I remain determined even when I make mistakes in clinical practice.	4.14	0.85	High
I am motivated to become a highly competent professional nurse.	4.37	0.81	High
Overall	4.26	0.63	High

Legend: 4.51–5.00 = Very High; 3.51–4.50 = High; 2.51–3.50 = Moderate; 1.51–2.50 = Low; 1.00–1.50 = Very Low.

Motivation received a favorable rating overall ($M = 4.26$, $SD = 0.63$). This rating demonstrates that respondents have strong motivation to partake in clinical learning and polish their skills for professional advancement. The highest-rated indicator ($M = 4.38$), which indicates striving to do one's best during all clinical rotations, indicates students' strong sense of personal responsibility and of professional accountability and their inclination to do their best at all times. This outcome indicates that respondents appreciate opportunities presented to them during clinical placements to practice theory, refine and practice their psychomotor skills and prepare for their future practice as professional nurses.

The level of motivation supported in respondents, to a great extent, was in line with Self-Determination Theory (Deci & Ryan, 1985). Respondents showed a great level of intrinsic motivation; therefore, a great level of satisfaction was expected, as intrinsic motivation is related to personal interest and professional goals and is independent of external reward. Clinical nursing students that have strong intrinsic motivation are more likely to perform clinical tasks, seek out and welcome constructive feedback, and persevere in overcoming the difficulty of clinical nursing practice and the challenges of clinical nursing. This promotes the learning of clinical and professional nursing skills.

The outcomes showed a clear resemblance with what Ryan and Deci (2020) presented, where they stated autonomous motivation is the basis of professional extended development, self-regulated learning, and improvement of professional skills. Additionally, according to Li et al. (2024), there is a direct correlation between the intrinsic motivation of nursing students and their clinical engagement, clinical confidence, and competency. The studies are in agreement with the outcomes of this research, which denote motivation is a vital component for clinical learning.

Table 3 Level of Personal Readiness in Terms of Coping (n = 598)

Indicator	Mean	SD	Interpretation
1. I remain calm when faced with stressful clinical situations.	4.27	0.84	High
2. I can effectively manage stress during clinical duty.	4.31	0.83	High
3. I seek support from instructors or peers when needed.	4.22	0.86	High
4. I remain focused even when facing multiple clinical responsibilities.	4.25	0.85	High
5. I view mistakes as opportunities for learning and improvement.	4.35	0.82	High
6. I use previous experiences to improve my future clinical performance.	4.31	0.83	High
7. I remain confident despite challenges encountered during clinical practice.	4.27	0.84	High
8. I continue practicing clinical skills even when tasks become difficult.	4.29	0.84	High
9. I do not easily become discouraged when my first attempt at a skill is unsuccessful.	4.27	0.85	High
10. I remain calm and rational in unexpected clinical situations.	4.19	0.88	High
Overall	4.28	0.65	High

Legend: 4.51–5.00 = Very High; 3.51–4.50 = High; 2.51–3.50 = Moderate; 1.51–2.50 = Low; 1.00–1.50 = Very Low.

Nursing students showed a high level of coping with stress as ($M = 4.28$, $SD = 0.65$). Criterion with the largest mean was seeing errors as a chance of learning and becoming better ($M = 4.35$). This criterion described the value of continuous learning in the field of clinical education. The value of seeing the mistakes in a clinical setting as a chance of learning can change the clinical education of the student by increasing the student's confidence and clinical competence. Although maintaining calm and rational thinking when faced with a difficult clinical situation received the lowest mean ($M = 4.19$), it still remained in the high category and suggests that students may face emotional difficulties when dealing with unpredictable situations in clinical patient care. The adaptive coping mechanisms of the students indicated in the study allow them to continue participating in the clinical training with resilience. This result demonstrates support of the Transactional Theory of Stress and Coping, which shown that coping skills and successful adaptation to stressful situations in environment improve performance.

Along with the findings of this study, other research on nursing students have shown that adaptive coping mechanisms reduce stress, increase resilience, and improve clinical learning (Berdida & Grande, 2022; Ortiz et al, 2024; Sabate Ridad et al, 2024).

Table 4 Level of Personal Readiness in Terms of Emotional Resilience (n = 598)

Indicator	Mean	SD	Interpretation
1. I can stay calm even in fast-paced or chaotic clinical settings.	4.01	0.88	High
2. I bounce back quickly after making a mistake during clinical duty.	4.01	0.93	High
3. I do not let failures discourage me from improving my skills.	4.20	0.86	High
4. I can handle emotionally difficult patient situations.	4.05	0.91	High
5. I maintain my composure even when tasks become overwhelming.	4.17	0.87	High
6. I can adapt emotionally when clinical plans change unexpectedly.	4.12	0.89	High
7. I stay focused despite stressful or uncomfortable environments.	4.22	0.89	High
8. I can stay positive even when clinical challenges keep increasing.	4.10	0.88	High
9. I remain emotionally stable when witnessing distressing patient conditions.	4.10	0.89	High
10. I am able to separate personal emotions from professional responsibilities.	4.26	0.91	High
Overall	4.12	0.63	High

Legend: 4.51–5.00 = Very High; 3.51–4.50 = High; 2.51–3.50 = Moderate; 1.51–2.50 = Low; 1.00–1.50 = Very Low.

Table 4 showed nursing students' emotional resilience (M = 4.12, SD = 0.63) from their ability to regulate emotions and remain calm under pressure during demanding clinical situations. The ability to segregate personal feelings from work responsibilities (M = 4.26, SD = 0.91) was rated the highest. This shows students' ability to remain professional and emotionally stable while caring for patients. This finding is aligned with Richardson Resilience Theory, where resilience defines the ability to respond positively to challenging times. Galan Rodríguez et al. (2022) and Shen (2024) noted that nursing students who possess emotional resilience and stability have low levels of psychological distress and possess a higher level of clinical ability.

On the other hand, the lowest rated indicators were the ability to remain calm in the face of a high-paced clinical environment and the ability to resiliently bounce back after an error (both M = 4.01). However, ability to maintain resilience and recover emotionally from stressful clinical experiences is an area that needs improvement. Resilience and the ability to recover from clinical setbacks can be enhanced through reflective practice, simulations and structured clinical debriefing (Nguyen et al., 2023; Choi et al., 2021).

Table 5 Level of Personal Readiness Among Nursing Students

Personal Readiness Dimension	Mean	SD	Interpretation
Self-efficacy	3.95	0.53	High
Motivation	4.26	0.63	High
Coping	4.28	0.65	High
Emotional Resilience	4.12	0.58	High
Overall Personal Readiness	4.15	0.52	High

Legend: 4.51–5.00 = Very High; 3.51–4.50 = High; 2.51–3.50 = Moderate; 1.51–2.50 = Low; 1.00–1.50 = Very Low.

The findings revealed that nursing students demonstrated a high level of personal readiness (M = 4.15, SD = 0.52), indicating that they generally possessed the psychological characteristics necessary to support learning and

performance in clinical settings. Among the four dimensions, coping obtained the highest mean ($M = 4.28$), followed closely by motivation ($M = 4.26$), while emotional resilience ($M = 4.12$) and self-efficacy ($M = 3.95$) also remained within the high category. These findings suggest that the participants were psychologically prepared for clinical learning and capable of adapting to the academic and emotional demands of nursing education.

The high rating for coping indicates that students were able to manage stress effectively and adapt to the challenges encountered during clinical training. Nursing education exposes students to demanding situations, including heavy workloads, unfamiliar procedures, and emotionally challenging patient encounters. The ability to employ adaptive coping strategies enables students to regulate stress while maintaining learning engagement and clinical performance. Similar findings have been reported by Labrague et al. (2021), who found that effective coping strategies were associated with lower stress levels, improved psychological well-being, and better adaptation to clinical practice. Likewise, Wang et al. (2023) demonstrated that adaptive coping enhances nursing students' academic engagement and clinical learning outcomes by promoting emotional regulation during stressful clinical experiences.

Motivation likewise received a high rating, suggesting that students maintained a strong commitment to learning and continuously sought opportunities to improve their clinical competence. Highly motivated students tend to participate more actively during clinical rotations, willingly practice nursing procedures, and persist despite academic difficulties. This finding supports Self-Determination Theory, which proposes that intrinsically motivated learners demonstrate greater persistence, engagement, and professional growth (Ryan & Deci, 2020). Recent evidence by Li et al. (2024) likewise showed that autonomous motivation significantly predicts clinical engagement and competency development among undergraduate nursing students.

Although self-efficacy recorded the lowest mean among the four dimensions, it remained at a high level, indicating that students generally believed in their capability to perform nursing procedures successfully. The slightly lower score may reflect students' hesitation when confronted with unfamiliar or high-risk clinical situations, a common experience among learners transitioning from simulation to actual patient care. According to Bandura's Social Cognitive Theory, self-efficacy determines individuals' confidence, persistence, and willingness to perform challenging tasks. Students with stronger efficacy beliefs are more likely to embrace clinical responsibilities and recover from mistakes through continued practice. Consistent with this perspective, Kim and Kim (2021) and Albagawi et al. (2023) identified self-efficacy as one of the strongest predictors of clinical competence, confidence, and academic performance among nursing students.

Similarly, emotional resilience was rated high, reflecting students' capacity to recover from stressful experiences and maintain emotional stability during clinical practice. Clinical placements frequently expose nursing students to emotionally demanding situations, including patient deterioration, death, and high-pressure decision-making. Resilient students are better able to recover from these experiences without compromising their learning or clinical performance. Turner et al. (2022) emphasized that resilience interventions improve psychological well-being and clinical confidence, while Labrague (2023) concluded that emotionally resilient nursing students demonstrate greater professional competence and lower levels of burnout.

Overall, the findings underscore that personal readiness extends beyond cognitive preparation and encompasses the psychological resources that enable nursing students to succeed in clinical environments. The consistently high ratings across self-efficacy, motivation, coping, and emotional resilience suggest that students possess a strong foundation for clinical learning. Nevertheless, the comparatively lower scores for self-efficacy and emotional resilience indicate opportunities for nursing programs to strengthen these attributes through structured mentorship, simulation-based learning, reflective practice, resilience-building interventions, and supportive clinical supervision.

Developing these personal capacities has implications beyond individual student success. Graduates who are confident, motivated, resilient, and capable of managing stress are better prepared to provide safe, compassionate, and evidence-based patient care. Consequently, fostering personal readiness contributes not only to improved educational outcomes but also to the preparation of a competent nursing workforce capable of addressing

increasingly complex healthcare needs, thereby advancing Sustainable Development Goal 3 (Good Health and Well-being) through improved healthcare quality and Sustainable Development Goal 4 (Quality Education) by promoting holistic, competency-based nursing education.

Table 6 Relationship Between Personal Readiness and Clinical Skills Development ($n = 598$)

Variable	Pearson's r	p -value	Interpretation
Self-efficacy	0.633	< .001	Significant
Motivation	0.543	< .001	Significant
Coping	0.527	< .001	Significant
Emotional Resilience	0.576	< .001	Significant
Overall Personal Readiness	0.668	< .001	Significant

Legend $p < .05$ = Significant

Table 6 presented the correlation between all dimensions of personal readiness and development of clinical skills. The table shows that self-efficacy, motivation, coping and emotional resilience correlated strongly with confidence, clinical competence, procedural skills and critical thinking ($p < .001$). The composite measure of personal readiness showed a positive and significant correlation of ($r = .668$). Each of the dimensions of personal readiness were positively and significantly correlated with development of clinical skills. The dimension of personal readiness that had the strongest positive correlation with development of clinical skills was self-efficacy ($r = .633$). This was followed by emotional resilience ($r = .576$) and motivation ($r = .543$) and coping ($r = .527$). These dimensions of personal readiness and development of clinical skills were assessed by correlational analysis. Each of the correlation coefficients indicated a strong relationship. These results were consistent with Bandura's Social Cognitive Theory. It was evidenced that the nursing students who were highly motivated, highly resilient and psychologically prepared were able to develop high clinical skills and were able to adapt to the rapidly changing and challenging health care environments.

Table 7 Multiple Regression Analysis of Personal Readiness Predicting Clinical Skills Development

Predictor	B	SE	β	t	p	Interpretation
Constant	0.226	0.130	—	1.739	.083	Not Significant
Self-efficacy	0.308	0.034	0.280	8.951	< .001	Significant Predictor

Model Summary

R	R^2	F	Sig.
0.796	0.634	204.682	< .001

Multiple regression analysis recognized self-efficacy as a major factor influencing the development of clinical skills. Those with a greater sense of self-efficacy were able to develop more clinical skills. Respondents' self-efficacy was positively correlated to clinical performance. The regression analysis indicated that 63.4% of the variance for clinical skills development was accounted for by the regression analysis. This observation signified that the results had a large amount of explanatory power. The findings here demonstrate the importance of self-efficacy in nursing education. The findings also support Bandura's ideas of self-efficacy that self-efficacy determines the level, the persistence, and the performance of a person. Individuals who have a high level of self-efficacy are more likely to participate and engage in the clinical teaching and learn through the difficulties and challenges. Engaging in the clinical practice helps them develop the clinical skills differentiating self-efficacy from others. Self-efficacy is a strong predictor of clinical competency as well as decision-making, and readiness for the nursing profession, and thus, self-efficacy is extremely imperative for the development of the nursing professional and practice-ready graduates.

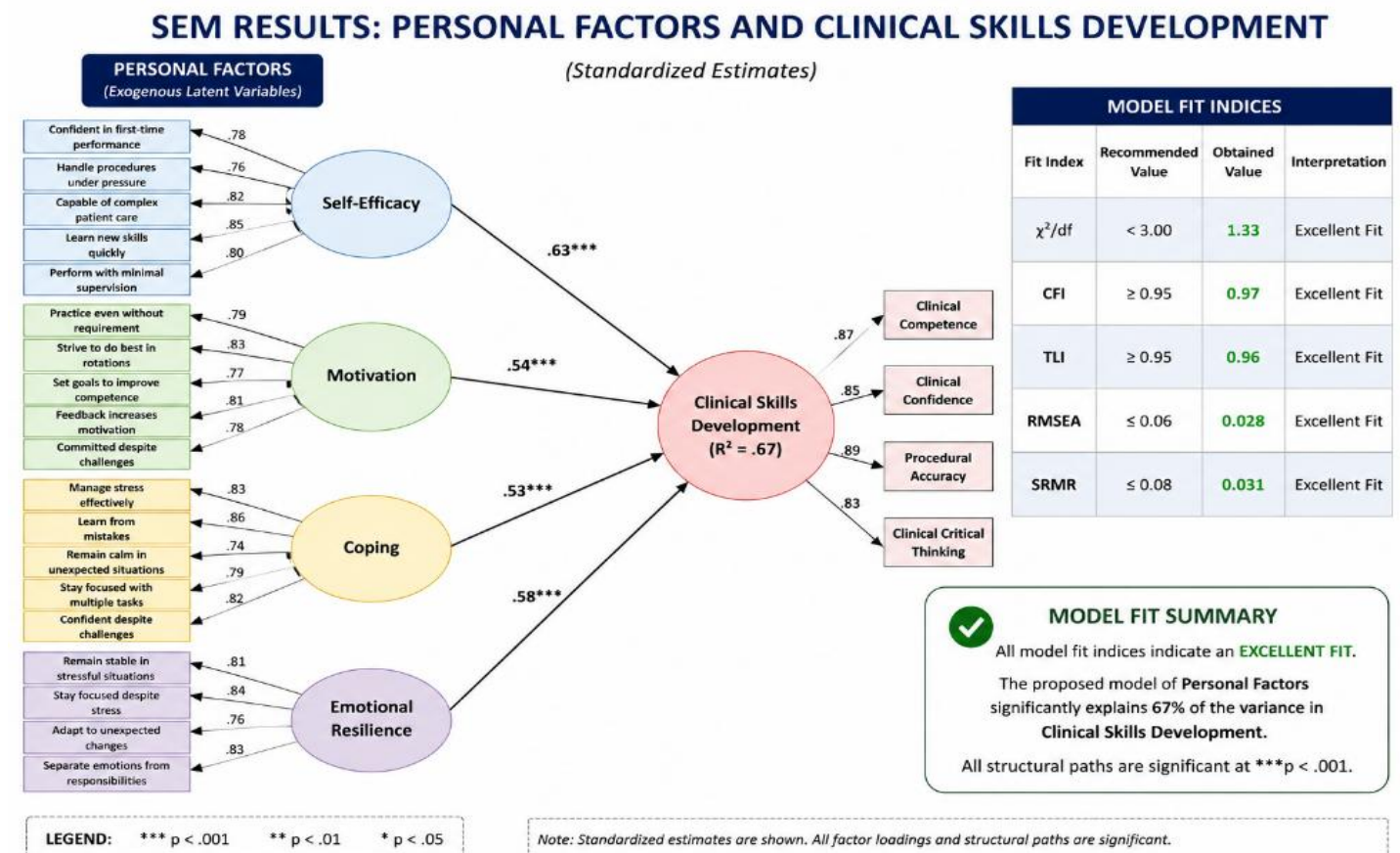
Table 8 Model Fit Indices of the Structural Equation Model for Personal Readiness and Clinical Skills Development

Model Fit Index	Recommended Value	Obtained Value	Interpretation
χ^2/df	< 3.00	1.33	Excellent Fit
CFI	≥ 0.95	0.97	Excellent Fit
TLI	≥ 0.95	0.96	Excellent Fit
RMSEA	≤ 0.06	0.028	Excellent Fit
SRMR	≤ 0.08	0.031	Excellent Fit

The structural equation model was a great fit for the data. The chi-square statistic ($\chi^2/df = 1.33$) was well below the 3.00 benchmark, suggesting there was essentially no difference between the model and the observed data. The CFI = 0.97 and TLI = 0.96 were also above the benchmark, meaning the model captured the latent variables adequately. The RMSEA = 0.028 and SRMR = 0.031 also showed good fit, being less than the benchmark with little error. Taken collectively, the data were a good fit for the proposed model.

In addition to fit statistics, the proposed model was an excellent fit for the data with a high level of validity. The personal readiness model suggested the dimensions of self-efficacy, self-preparation, coping, and emotional resiliency formed a complex and interrelated framework. Goodness-of-fit indices demonstrated that the relationships among latent variables, personal readiness and clinical skills, were reflected in observed data, and thus provided evidence for the validity of an integrated theoretical model that formed the basis of this research. Findings also parallel new methods of nursing education research with the application of Structural Equation Modeling to show the role that psychological factors and structures have on a nursing graduate's preparedness and psychological clinical readiness. The model also supports the use of psychological elements in a nursing education framework and the focus on positive nursing preparedness to encourage nursing graduates to have higher levels of clinical confidence and higher order skills and critical thinking when in a clinical setting.

Figure 1



The structural equation model showed personal readiness had a significant effect on the development of clinical skills. It validated the significance of the psychological factors in the mental preparedness of nursing students for clinical practices. The model accounted for 67% of the variances in the development of clinical skills ($R^2 = .67$). This is considered a big contribution and suggests that self-efficacy, motivation, coping, and emotional resilience are integral in the determination of students' clinical skills, confidence, and critical thinking. The results indicate that clinical confidence and competence is also dependent on the psychological readiness of the students, and is not only a product of the university's academic offerings and the students' exposure to clinical practice.

Among the factors, self-efficacy was the most significant predictor ($\beta = .47, p < .001$). This implied students who are confident in their clinical task execution are more likely to be competent. This finding provides strong evidence in support of Bandura's Social Cognitive Theory (1986), which states the level of a person's self-efficacy has an effect on the person's mastery of the task, perseverance in the task, and the outcome of the task. Students who have high self-efficacy are likely to be more involved during clinical practice, demonstrate confidence in the application of clinical theory, and improve their clinical practice proactively and retrospectively. Kim and Kim (2021), Albagawi et al. (2023), and Warshawski (2022), have documented similar findings and postulated self-efficacy to be one of the most significant factors in derivative clinical confidence and competence, and in the engagement and professionalism of nursing students.

Motivation positively impacted the advancement of clinical skills ($\beta = .29, p < .001$). This reinforces how imperative the students' drive to learn is in the quest for mastery of the profession. Self-Determination Theory (Deci & Ryan, 1985), states that students who are driven by intrinsic motivation will pursue a task with passion, and are less likely to be distracted as they hold a stronger interest in the task compared to extrinsically motivated students. Here, it may be interpreted that nursing students who possess the drive to learn, will actively participate in clinical practice and volunteer to engage in practice in order to enhance their skills. This assertion is in accord with Ryan and Deci (2020), who specified that self-driven students show a notable improvement in learning, and Li et al. (2024), who reported that motivation is an important predictor of clinical engagement and competency of undergraduate nursing students.

Further, emotional resilience was shown to have both a positive contribution on the growth of clinical skills ($\beta = .25, p < .001$). Learning in clinical practice will place students in real-life scenarios of various emotional challenges. Nursing students who have resilience are able to control their emotions, and bounce back when things do not go as planned, and are able to continue performing optimally when being challenged by stressful situations. This explains Richardson's Resilience Theory, which puts resilience into a positive adaptive response to challenges. More recent studies state that resilient nursing students who have emotional resilience are not burnt out, enjoy better mental health, and are highly skilled in nursing (Turner et al., 2022; Labrague, 2023).

Although Coping had the smallest standardized effect ($\beta = .18, p = .001$), it was still a significant predictor of the development of clinical skills. The importance of flexible coping was demonstrated in this study. Even when facing academic and clinical stress, nursing students were still able to meet the learning objectives. Based on Lazarus and Folkman's (1984) Transactional Theory of Stress and Coping, the findings suggest that students who are able to assess a stressor and respond with an appropriate coping strategy are able to keep focus and confidence and sustain their clinical ability and performance. Findings from Labrague et al. (2021) and Wang et al. (2023) support these findings in that flexible coping improves resilience, reduces stress, and positively affects clinical learning.

Overall, the SEM results suggest that the integrated psychological framework of personal readiness, coping and emotional resilience is that self-efficacy, motivation, serves as a foundation for nursing students personal readiness for clinical practice. The constructs related to personal readiness indicated a relatively high coefficient of determination ($R^2 = .67$) related to nursing students' development of clinical skills, which indicates the importance of nursing education that integrates the psychological aspects of education along with clinical and theoretical aspects, to prepare nursing students for practice.

The results will affect nursing education and global health in a broader sense. Nursing education should look for ways that intentional strategies, such as simulation-based learning, structured mentorship, reflective practice, resilience training, and clinical supportive supervision, can strengthen students' confidence, intrinsic motivation,

and resilience coupled with adaptive coping. The interventions suggested in this study will improve the educational process and strengthen the production of competent nurses who psychologically feel ready to deliver safe, evidence-based, and caring patient-nursing. Hence, the proposed interventions also positively address Sustainable Development Goal 3 by increasing the quality of healthcare through competent nursing and Sustainable Development Goal 4 by increasing the quality of holistic, competency-based nursing education, which enables the graduate to deal with the complexity of the healthcare system.

CONCLUSION

This study gives strong examples that personal readiness is a major factor influencing the development of clinical skills among undergraduate nursing students. Self-efficacy, motivation, coping, and emotional resilience all significantly related to clinical competence, confidence, procedural correctness, and clinical critical thinking. This demonstrates that learning in the clinical environment involves more than just the completion of the theory and the skills practice.

The personal readiness dimension model of self-efficacy demonstrated the best fit in the model and provided the greatest amount of help in explaining the development of clinical skills.

In the personal readiness dimension model, self-efficacy was the best predictor. This illustrates the importance of the student's confidence on the outcome of clinical tasks. Students possessed higher levels of motivation and coping and emotional resilience, which aided students in the demands of the clinical education setting and active participation in learning, as well as the translation of theoretical knowledge into the practice of nursing within a framework of safety and competence. This psychologic preparedness formed the basis of clinical competence.

This study builds on the body of literature in nursing education by providing a model that explains the key psychological factors and clinical competence. It also takes steps toward a model of nursing education that integrates the personal capacities for professional practice, as well as cognitive and psychomotor preparedness. Personal readiness is a cornerstone for developing practice-ready graduates.

Ultimately, deepening personal readiness fosters the accomplishment of Sustainable Development Goal 3 (Good Health and Well-being) by preparing skilled nurses who provide safe, high-quality, patient-oriented care and Sustainable Development Goal 4 (Quality Education) by delivering evidence-based, learner-centered, and competency-oriented nursing education. As the advancement of healthcare remains a constant, the cultivation of psychologically ready nursing graduates will still be imperative in fortifying the nursing profession and improving healthcare outcomes at the local and global levels.

RECOMMENDATIONS

In light of the results, nursing education institutions are encouraged to implement personal readiness programs in their curricula aimed at enriching learners' self-efficacy, intrinsic motivation, flexible coping, and emotional resilience, using high-fidelity simulations, mentoring, coaching, resilience-based interventions, and reflective practice. Clinical instructors and preceptors are encouraged to provide the learners with constructive, timely feedback, and supportive supervision in learning environments that are psychologically safe.

As for the curriculum designers, they are encouraged to integrate psychological preparedness as a core competency along with clinical and psychomotor skills, ensuring that the learners have the breadth and depth of personal attributes essential to competent and caring practice. Continuous evaluation of learners' personal readiness in the context of clinical education is encouraged to identify those in need of additional, focused, remedial support, either academic or psychosocial.

Research should be conducted to test the proposed structural model in various nursing schools, using longitudinal or multicenter studies to define cause and effect and improve the applicability of the model. Other variables such as emotional intelligence, mindfulness, and professional identity, as well as organizational support, should be included in the research in order to further advance understanding of the development of clinical skills and provide more refined nursing competence models.

If nursing schools incorporate personal readiness as a priority in nursing education, schools can help develop a workforce of nurses that is not only skilled and trained, but also very resilient, and able to meet the demands and challenges of the current healthcare environment and help advance health around the world.

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