Perceived Quality of Nursing Care and Clinical Performance among Nursing Students in a Higher Education Institution

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ABSTRACT

Purpose: The study aimed to determine the relationship between the perceived quality of nursing care and clinical performance among Level III nursing students at the University of Southern Philippines Foundation (USPF), based on eleven core nursing competency domains and their Related Learning Experience (RLE) grades.

Method: A quantitative descriptive-correlational research design was employed, involving 32 Level III nursing students. Data were collected using a validated self-assessment questionnaire measuring eleven core nursing competencies and the students' corresponding Related Learning Experience (RLE) grades. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to analyze the data, while Spearman's rho correlation was employed to determine the significance of the relationship between perceived quality of nursing care and clinical performance.

Results: The findings revealed that nursing students generally rated their perceived quality of nursing care as "Excellent" or "Very Good," particularly in ethico-moral responsibility, quality improvement, communication, and records management. Their clinical performance was generally classified as "Good." However, Spearman's rho analysis revealed no statistically significant relationship between perceived quality of nursing care and clinical performance, suggesting that students' self-perceived competencies may not necessarily reflect their actual clinical performance.

Conclusion: The study concluded that perceived quality of nursing care was not significantly associated with clinical performance among nursing students. These findings highlight the importance of objective clinical assessments, constructive feedback, and strengthened competencies in health education and evidence-based nursing practice to enhance clinical competence and professional readiness.

Keywords: Perceived Quality of Nursing Care, Clinical Performance, Nursing Students, Self-Perceived Clinical Competence, Quality of Care, Related Learning Experience (RLE)

INTRODUCTION

"The greatest danger to patient safety is not error but the misconception that there is no error." This statement underscores a critical issue in nursing education: the gap between perceived competence and actual performance. In clinical training environments, nursing students often assess their own quality of care in terms of safe practices, patient-centered communication, ethical responsibility, and teamwork. However, these self-assessments may not always align with the objective evaluations of clinical instructors during Related Learning Experience (RLE) exposures (Høegh-Larsen et al., 2023).

In actual clinical settings, particularly in hospital wards where nursing students are deployed, a noticeable pattern can be observed: students who demonstrate confidence in performing nursing procedures may still receive varying feedback from instructors regarding accuracy, efficiency, and adherence to standards of care. This situation is commonly influenced by workload pressures in clinical areas, limited supervision time, and variability in student exposure to hands-on procedures. Nursing education frameworks from the World Health Organization, along with theorists such as Jean Watson and Patricia Benner, emphasize that competency development requires not only technical skill acquisition but also reflective practice, ethical awareness, and patient-centered care. However, in real-world clinical learning environments, especially in resource-limited settings such as medical-surgical wards in the Philippines, challenges such as understaffing, high patient ratios, and limited mentoring opportunities may hinder consistent skill reinforcement and feedback (Mafumo & Maputle, 2025).

Recent studies further suggest that nursing students may sometimes overestimate their level of performance compared to external evaluations, particularly in domains such as communication, clinical judgment, and safety practices (Høegh-Larsen et al., 2023; Rahimi, 2024). While perceived competence is essential for confidence-building, an inaccurate self-assessment may lead to either overconfidence or underdeveloped self-efficacy, both of which can negatively affect patient safety and learning outcomes. Despite growing literature on nursing care quality perception and clinical performance, a significant research gap remains.

Most studies have examined perceived quality of nursing care and clinical performance as separate constructs. However, limited research has explored the degree of alignment or misalignment between nursing students' self-assessments and clinical instructors' evaluations, particularly in relation to measurable academic outcomes such as Related Learning Experience (RLE) grades (Forsman et al., 2019; Ayik et al., 2025). This gap is critical because inconsistencies between perceived and actual performance may affect students' readiness for professional practice and compromise the development of competent and safe future nurses.

This issue is directly aligned with the United Nations Sustainable Development Goals (SDGs), particularly SDG 3: Good Health and Well-Being, which emphasizes ensuring healthy lives and promoting well-being for all, and SDG 4: Quality Education, which highlights the need for inclusive and equitable quality education and the promotion of lifelong learning opportunities. Strengthening the accuracy of clinical self-assessment and improving performance evaluation systems in nursing education contributes to producing competent healthcare professionals who can ensure safe and quality patient care.

Therefore, this study aims to determine the relationship between the perceived quality of nursing care and the clinical performance of Level III nursing students at the University of Southern Philippines Foundation (USPF). Specifically, it examines the relationship between students' self-assessments across eleven domains of nursing care and their actual clinical performance as measured by Related Learning Experiences Grades.

METHOD

Participants

A total of 32 Level III nursing students from the University of Southern Philippines Foundation (USPF) participated in the study during Academic Year 2025–2026. Total enumeration sampling was employed to select eligible participants from a population of 46 regular nursing students. Participants were enrolled in NgCM 112 and NgCM 112L, had undergone face-to-face clinical exposure in medical-surgical wards during the first semester, and voluntarily consented to participate. Students without the required clinical exposure and the researchers themselves were excluded to minimize potential bias. Informed consent was obtained before data collection, ensuring voluntary participation, confidentiality, and protection of respondents' rights.

A quantitative approach employing a descriptive-correlational research design was utilized to examine the relationship between perceived quality of nursing care and clinical performance. Data were gathered using a self-assessment questionnaire adapted from the USPF College of Nursing evaluation form, while clinical performance was assessed through students' Related Learning Experience (RLE) grades.

Population

A total of forty- six (46) regular Level III nursing students enrolled in the Bachelor of Science in Nursing program at USPF during Academic Year 2025–2026. Complete enumeration was applied to eligible respondents, resulting in 32 participants. Students without medical-surgical ward clinical exposure and the researchers themselves were excluded to ensure the relevance of the collected data and minimize potential bias.

Measurement

Two distinct instruments were carefully designed and utilized to systematically gather quantitative data regarding the perceived quality of nursing care and actual clinical performance among Level III nursing students. The primary instrument for assessing subjective self-perceptions was a comprehensive self-evaluation questionnaire. This instrument was adapted directly from the University of Southern Philippines Foundation–College of Health Sciences, Department of Nursing standardized evaluation form for Medical and Surgical Nursing Competencies. It consisted of 39 specific performance indicators categorized under eleven key competency domains: safe and quality nursing care, management of resources and environment, health education, legal responsibility, ethico-moral responsibility, personal and professional development, quality improvement, research, records management, communication, and collaboration and teamwork. Participants evaluated their own clinical aptitude using a five-point rating scale ranging from 1 (Excellent) to 5 (Poor) to gauge their overall perceived quality of care during clinical rotations. To interpret the continuous composite scores derived from these eleven nursing domains, specific parameter limits were established: 8.21–10.00 indicated Excellent, 6.41–8.20 represented Very Good, 4.61–6.40 designated Good, 2.81–4.60 corresponded to Fair, and 1.00–2.80 reflected Poor performance. These clear numerical thresholds served as the structural foundation for categorizing and analyzing the respondents' perceived self-competencies.

The secondary instrument evaluated objective clinical outcomes by utilizing the students' official Related Learning Experience (RLE) grades in medical-surgical nursing. These academic records were directly retrieved from the respective clinical instructors following strict ethical protocols and explicit consent from all student participants. Student performance levels were objectively measured using five standardized parameter limits: 1.00–1.80 for Excellent, 1.81–2.60 for Very Good, 2.61–3.40 for Good, 3.41–4.20 for Fair, and 4.21–5.00 for Poor. This standardized grading framework offered a clear, consistent benchmark for assessing clinical competency and allowed researchers to evaluate the precise statistical relationship between student self-assessments and objective clinical evaluations.

Analysis

The quantitative data were analyzed using descriptive and inferential statistics. Frequency counts and percentages were utilized to determine the distribution of students' clinical performance grades, while the mean and standard deviation were used to describe their perceived quality of nursing care. Spearman's rank-order correlation coefficient (Spearman's rho) was employed to determine the strength, direction, and statistical significance of the relationship between perceived quality of nursing care and clinical performance. This nonparametric test was selected because the data were ordinal, with statistical significance evaluated at the 0.05 level.

RESULTS

The Perceived Quality of Nursing Care of the Nursing Students

This refers to nursing students' assessment of their own competencies in delivering quality nursing care across eleven core competency domains:

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Table 1 presents the nursing students' perceived quality of care in terms of Safe and Quality Nursing Care.

Indicators	MEAN	SD	INTERPRETATION
1. Obtains comprehensive client's information, family and significant others.	1.50	0.57	Excellent
2. Ensure safe transport of patients employing the principle of transporting clients	1.53	0.62	Excellent
3. Monitor client's vital signs	1.22	0.49	Excellent
4. Provides physical comfort utilizing comfort devices.	1.69	0.59	Excellent
5. Administers medication accurately as prescribed following the rights of drug administration.	1.31	0.69	Excellent
6. Maintains functionally of all contraptions such as IV infusion, indwelling Foley-catheter, chest tube drainage NGT and other attachments	1.59	0.80	Excellent
7. Prioritize the patient's needs.	1.34	0.65	Excellent
8. Formulates a nursing care plan appropriate to assess physiological, emotional and psychological needs of clients.	1.66	0.83	Excellent
9. Put into practice the prepared nursing care plan.	1.84	1.02	Very Good
10. Organizes and implements accurately necessary health modifications for health promotion and complication prevention.	1.91	0.73	Very Good
11. Monitor client's responses to rendered care.	1.47	0.67	Excellent
Average Mean	**1.55**		**Excellent**

Nursing students obtained an overall mean score of 1.55, interpreted as "Excellent," indicating a high level of self-perceived competence in providing safe and quality nursing care. Among the eleven indicators, monitoring vital signs received the highest rating (M = 1.22), followed by accurate medication administration (M = 1.31) and prioritizing patient needs (M = 1.34). Conversely, organizing health promotion interventions (M = 1.91) and implementing nursing care plans (M = 1.84) received the lowest ratings, both interpreted as "Very Good." These findings suggest that students were more confident in performing fundamental nursing procedures than in translating nursing care plans into clinical practice, highlighting areas requiring further skill development.

Table 2 presents the nursing students' perceived quality of care in terms of Management of Resources and Environment.

Indicators	MEAN	SD	INTERPRETATION
1. Prepares bed/equipment based on client's needs.	1.69	0.69	Excellent
2. Perform proper disposal of wastes.	1.31	0.54	Excellent
3. Uses supplies judiciously and shows resourcefulness.	1.72	0.73	Excellent

4. Reports malfunctioning of equipment to appropriate authority.	1.59	0.80	Excellent
Average Mean	**1.58**		Excellent

An overall mean score of 1.58, interpreted as "Excellent," indicated that nursing students perceived themselves as highly competent in managing resources and maintaining a safe clinical environment. Among the four indicators, proper waste disposal obtained the highest rating (M = 1.31), followed by reporting malfunctioning equipment (M = 1.59) and preparing beds and equipment (M = 1.69). Meanwhile, judicious use of supplies received the lowest rating (M = 1.72), although it remained within the "Excellent" category. These findings suggest that students demonstrated strong awareness of environmental safety, infection control practices, and resource utilization, while more complex resource management skills may benefit from continued clinical exposure.

Table 3 presents the nursing students' perceived quality of care in terms of Health Education.

Indicators	**MEAN**	**SD**	**INTERPRETATION**
1. Obtains comprehensive client's information, family and significant others.	1.66	0.79	Excellent
2. Conduct health teaching and ward class.	2.19	0.82	Very Good
3. Revises health education plan when necessary	2.13	1.01	Very Good
Average Mean	**1.99**		**Very Good**

Nursing students obtained an overall mean score of 1.99, interpreted as "Very Good," reflecting positive self-perceived competence in providing health education. Among the three indicators, assessing patients' learning needs through interviews and observations received the highest rating (M = 1.66), interpreted as "Excellent." Conversely, conducting health teaching and ward classes obtained the lowest rating (M = 2.19), followed by revising health education plans (M = 2.13), both interpreted as "Very Good." These findings suggest that students were more confident in identifying patients' educational needs than in delivering and modifying health teaching interventions, emphasizing the need for additional clinical teaching opportunities.

Table 4 presents the nursing students' perceived quality of care in terms of Legal Responsibility

Indicators	**MEAN**	**SD**	**INTERPRETATION**
1. Identifies client by asking (or nearest kind if minor or comatose) to state his/her name when giving medication	1.31	0.59	Excellent
2. Secure the waiver of responsibility for refusal to undergo treatment or procedure	1.81	0.90	Very Good

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3. Checks the completeness of informed consent and other legal documents contained in the chart.	1.81	1.03	Very Good
4. Documents in the chart accurately all matters related to the client.	1.63	0.98	Excellent
Average Mean	**1.64**		**Very Good**

An overall mean score of 1.64, interpreted as "Excellent," reflected nursing students' high self-perceived competence in fulfilling legal responsibilities. Correct patient identification before medication administration received the highest rating (M = 1.31), followed by accurate documentation of patient information (M = 1.63), both interpreted as "Excellent." Meanwhile, securing waivers for treatment refusal (M = 1.81) and verifying informed consent documents (M = 1.81) received the lowest ratings, both classified as "Very Good." These findings suggest that students were more confident in routine legal responsibilities but required further exposure to complex legal procedures involving patient autonomy, informed consent, and treatment refusal.

Table 5 presents the nursing students' perceived quality of care in terms of Ethico-Moral Responsibility

Indicators	**MEAN**	**SD**	**INTERPRETATION**
1. Respects client's religious affiliation and cultural belief.	1.03	0.18	Excellent
Average Mean	**1.64**		**Very Good**

Nursing students obtained an overall mean score of 1.03, interpreted as "Excellent," indicating a high level of self-perceived competence in ethico-moral responsibility. Respect for patients' religious affiliations and cultural beliefs received an excellent rating (M = 1.03), with a standard deviation of 0.18, indicating minimal variability among respondents. This suggests that students consistently perceived themselves as capable of respecting patients' cultural and religious differences during clinical practice. The findings highlight students' strong awareness of ethical principles, cultural sensitivity, and respect for patient dignity, which are essential components of holistic and patient-centered nursing care.

Table 6 presents the nursing students' perceived quality of care in terms of Management of Personal and Professional Development.

Indicators	**MEAN**	**SD**	**INTERPRETATION**
1. Project professional ethics and right conduct according to professional standards.	1.44	0.6	Excellent
2. Updates oneself with the latest trends on the medical - surgical procedures.	1.66	0.7	Excellent

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3. Acknowledges criticisms and recommendations.	1.44	0.8	Excellent
4. Demonstrates beginning skills in motivating clients and significant others.	1.47	0.6	Excellent
5. Accepts supervision within the rule of moral conduct instituted by the profession.	1.25	0.5	Excellent
6. Preserve appropriate attitude towards wearing prescribed uniforms.	1.19	0.4	Excellent
7. Reports regularly and submits requirements on time	1.34	0.5	Excellent
Average Mean	**1.64**		**Excellent**

Nursing students obtained an overall mean score of 1.40, interpreted as "Excellent," indicating strong self-perceived competence in personal and professional development. Among the seven indicators, maintaining professional appearance and adhering to uniform standards received the highest rating (M = 1.19), followed by accepting professional supervision (M = 1.25) and submitting requirements on time (M = 1.34). These findings suggest that students highly valued professional discipline, accountability, and adherence to institutional standards. On the other hand, staying updated with current medical-surgical procedures (M = 1.66) and motivating patients and their significant others (M = 1.47) received relatively lower ratings, although both remained within the "Excellent" category. This suggests that while students demonstrated strong self-perceived professionalism, further development in continuous learning and therapeutic communication may enhance their professional growth and clinical readiness.

Table 7 presents the nursing students' perceived quality of care in terms of Quality Improvement.

Indicators	**MEAN**	**SD**	**INTERPRETATION**
1. Assess efforts in seeking opportunities to learn more on the nursing responsibilities.	1.25	0.44	Excellent
2. Observe and participate in the medical surgical ward practices.	1.28	0.52	Excellent
Average Mean	**1.64**		**Very Good**

Nursing students obtained an overall mean score of 1.27, interpreted as "Excellent," indicating strong self-perceived competence in quality improvement. Among the two indicators, seeking opportunities to enhance knowledge of nursing responsibilities received the highest rating (M = 1.25), followed by observing and participating in medical-surgical ward practices (M = 1.28), both interpreted as "Excellent." These findings suggest that students demonstrated a strong commitment to continuous learning, professional growth, and active clinical participation. The minimal difference between the mean scores reflects consistently positive perceptions

of their competencies. This implies that students recognize the importance of lifelong learning and practical experience in improving nursing care quality. Continued clinical exposure and opportunities for self-directed learning may further strengthen their ability to contribute to quality improvement initiatives.

Table 8 presents the nursing students' perceived quality of care in terms of Research.

Indicators	MEAN	SD	INTERPRETATION
1. Identify and initiate researchable problems related to medical surgical nursing care.	0.96	2.099	Very Good
2. Participates as a member of a research team in the conduction of research study.	0.84	1.75	Excellent
Average Mean	**1.64**		**Very Good**

Nursing students obtained an overall mean score of 1.92, interpreted as "Very Good," indicating a favorable level of self-perceived competence in research-related activities. Among the two indicators, participation in research teams received the highest rating (M = 1.75), interpreted as "Excellent,". These findings suggest that students were more confident in collaborative research activities than in independently identifying research problems. This highlights the need to strengthen critical thinking, research skills, and independent inquiry through mentorship and increased research opportunities to enhance evidence-based nursing practice.

Table 9 presents the nursing students' perceived quality of care in terms of Records Management.

Indicators	MEAN	SD	INTERPRETATION
1. Accomplishes records and forms such as nurse's notes, medication sheet consent form fluid sheet I&O students' logbook and etc..	0.52	1.28	Excellent
2. Maintains and organizes a system of filing and keeping records in the medical surgical ward. .	0.50	1.41	Excellent
Average Mean	**1.64**		**Excellent**

Nursing students obtained an overall mean score of 1.35, interpreted as "Excellent," indicating strong self-perceived competence in records management. Among the two indicators, accurately accomplishing nursing records and forms received the highest rating (M = 1.28), both interpreted as "Excellent." These findings suggest that students demonstrated confidence in maintaining accurate documentation, ensuring proper record organization, and adhering to professional standards. The low standard deviations (0.50–0.52) indicated consistent responses among participants. This implies that students recognized the importance of accurate documentation in ensuring continuity of care, patient safety, and professional accountability. Continued clinical exposure and documentation practice may further strengthen their recordkeeping competencies.

Table 10 presents the nursing students' perceived quality of care in terms of Communication

Indicators	MEAN	SD	INTERPRETATION
1. Utilizes appropriately, all forms of communication, verbal nonverbal, and electronic establishing a rapport.	0.59	1.31	Excellent
3. Allows clients to express their concerns.	0.42	1.22	Excellent
Average Mean	**1.64**		**Excellent**

Nursing students obtained an overall mean score of 1.27, interpreted as "Excellent," indicating strong self-perceived competence in communication. Among the two indicators, allowing patients to express their concerns received the highest rating (M = 1.22), followed by utilizing verbal, nonverbal, and electronic communication to establish rapport (M = 1.31), both interpreted as "Excellent." These findings suggest that students demonstrated confidence in active listening, empathy, and establishing therapeutic relationships with patients. The low standard deviations (0.42–0.59) indicated consistent responses among participants. This implies that students recognized the importance of effective communication in promoting patient trust, safety, and quality nursing care. Continued clinical exposure and communication training may further strengthen their therapeutic communication skills and patient-centered care.

Table 11 presents the nursing students' perceived quality of care in terms of Collaboration and Teamwork

Indicators	MEAN	SD	INTERPRETATION
1. Functions effectively as a team leader	0.80	1.75	Excellent
2. Establishes a collaborative relationship with members of the health team and family members	0.72	1.47	Excellent
Average Mean	**1.64**		**Excellent**

Nursing students obtained an overall mean score of 1.61, interpreted as "Excellent," indicating strong self-perceived competence in collaboration and teamwork. Among the two indicators, establishing collaborative relationships with healthcare team members and patients' families received the highest rating (M = 1.47), followed by functioning effectively as a team leader (M = 1.75), both interpreted as "Excellent." These findings suggest that students demonstrated confidence in fostering teamwork, effective communication, and collaborative patient care. However, the relatively lower rating in team leadership indicates a need for further development of leadership competencies. This emphasizes the importance of continued clinical exposure, interprofessional collaboration, and leadership training to strengthen teamwork and promote safe, quality nursing care.

Clinical Performance of the Students in the Medical and Surgical Area

This refers to nursing students' Related Learning Experience (RLE) grades in the medical-surgical area. It reflects their clinical performance and learning outcomes during their exposure to medical-surgical nursing practice.

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Table 12 presents the Frequency Distribution of the Clinical Performance RLE- Grade of the Students

Indicator	Equivalent	Interpretation	Frequency	Percentage
1.0 - 1.2	100% - 93%	Excellent	0	0.00%
1.3 - 1.5	92% - 90%	Very Good	5	15.63%
1.6 - 2.5	89% - 80%	Good	27	84.37%
2.6 - 3.0	79% -75%	Fair	0	0.00%
3.1 - 5.0	Below 75%	Poor	0	0.00%
	Total		**32**	**100%**
		MEAN	**SD**	**Interpretation**
		1.56	**0.50**	**Good**

Nursing students demonstrated strong clinical performance in medical-surgical nursing, with an overall mean grade of 1.56 and a standard deviation of 0.50. Among the 32 respondents, 14 (43.75%) achieved an "Excellent" rating, while 18 (56.25%) were classified as "Very Good." None received ratings of "Good," "Fair," or "Poor," indicating consistently favorable clinical achievement. These findings suggest that students possessed a strong foundation in clinical knowledge and skills, reflecting their preparedness for professional nursing practice. This aligns with previous studies emphasizing the importance of academic preparation and clinical training in developing nursing competence and professional readiness (Bano et al., 2023; Karimi et al., 2024).

Relationship of Perceived Quality of Nursing Care and Clinical Performance

This refers to the relationship between nursing students' perceived quality of nursing care across different competency domains and their actual clinical performance, as measured by Related Learning Experience (RLE) grades.

Table 13 presents the test of significant relationship of Perceived Quality of Nursing Care of the Students and Clinical Performance

Test Variables	p-value	Decision
Perceived quality of nursing care of the student's		
Safe And Quality Nursing Care vs Clinical Performance Grade	0.406	Failed to Reject

Management Of Resources and Environment vs Clinical Performance Grade	1.000	Failed to Reject
Health Education vs Clinical Performance Grade	0.836	Failed to Reject
Legal Responsibility vs Clinical Performance Grade	0.910	Failed to Reject
Ethico-Moral Responsibility vs Academic Grade	0.264	Failed to Reject
Personal And Professional Development vs Clinical Performance Grade	0.678	Failed to Reject
Quality Improvement vs Clinical Performance Grade	0.856	Failed to Reject
Research vs Clinical Performance Grade	0.632	Failed to Reject
Records Management vs Clinical Performance Grade	0.609	Failed to Reject
Communication vs Clinical Performance Grade	0.555	Failed to Reject
Collaboration And Teamwork vs Clinical Performance Grade	0.129	Failed to Reject

Spearman's rho correlation analysis revealed no statistically significant relationship between nursing students' perceived quality of nursing care and their clinical performance across all eleven competency domains, with p-values ranging from 0.129 to 1.000, all exceeding the 0.05 significance level. Consequently, the null hypothesis was retained, indicating that students' self-perceived nursing competencies were not significantly associated with their Related Learning Experience (RLE) grades. These findings suggest that positive self-assessments do not necessarily correspond with higher clinical performance. This highlights the importance of integrating self-assessment with objective clinical evaluations, continuous supervision, and constructive feedback to ensure a comprehensive assessment of nursing competence and professional readiness.

DISCUSSION

The findings revealed that nursing students generally demonstrated positive self-perceptions of their competencies across the eleven domains of nursing care, with most areas receiving "Excellent" ratings. This suggests that students possessed confidence in their ability to deliver safe, ethical, and patient-centered nursing care. These findings are consistent with previous studies indicating that clinical exposure contributes to students' perceived competence, professional confidence, and development of essential nursing skills (McClunie-Trust et al., 2024; Badakhshan et al., 2025).

In terms of Safe and Quality Nursing Care (M = 1.55) and Management of Resources and Environment (M = 1.58), students demonstrated excellent self-perceived competence, reflecting confidence in fundamental nursing procedures, patient safety, resource utilization, and maintaining a therapeutic clinical environment. However, the findings suggest that further development is needed in applying theoretical knowledge to complex clinical

situations. This supports previous research emphasizing the importance of continuous clinical exposure and experiential learning in strengthening nursing competencies (Labrague et al., 2023; Tambunan, 2024).

Health Education (M = 1.99) received a "Very Good" rating, indicating that students perceived themselves as competent in providing patient education but recognized areas for improvement in teaching delivery and adapting educational interventions. This suggests the need for additional supervised teaching experiences to enhance students' confidence and effectiveness in promoting patient understanding and self-care (Gutiérrez-Puertas et al., 2020; Niekerk & Bell, 2023).

Legal Responsibility (M = 1.64), Ethico-Moral Responsibility (M = 1.03), and Personal and Professional Development (M = 1.40) were all interpreted as "Excellent." These findings reflect students' strong awareness of professional accountability, ethical conduct, cultural sensitivity, and continuous learning. Such competencies are essential in maintaining patient dignity, respecting individual values, and ensuring responsible nursing practice. The findings support the International Council of Nurses (2021), which emphasizes ethical responsibility and professional accountability as fundamental components of nursing care.

Similarly, Quality Improvement (M = 1.27), Records Management (M = 1.35), and Communication (M = 1.27) received "Excellent" ratings, indicating strong self-perceived competencies in continuous learning, clinical documentation, and therapeutic communication. These findings suggest that students recognized the importance of maintaining accurate patient records, promoting effective communication, and participating in activities that improve nursing care quality. Previous studies emphasize that these competencies contribute to patient safety, continuity of care, and professional development (Sherwood & Barnsteiner, 2022; Reierson et al., 2025).

In contrast, Research (M = 1.92) was interpreted as "Very Good," suggesting that students were more confident in collaborative research activities than in independently identifying researchable clinical problems. This highlights the need to strengthen critical thinking, research engagement, and evidence-based practice through structured research opportunities and mentorship (Grønvik & Aanes, 2022). Meanwhile, Collaboration and Teamwork (M = 1.61) received an "Excellent" rating, reflecting positive self-perceptions of students' ability to work effectively with healthcare professionals. Nevertheless, further leadership development remains important in preparing students for greater clinical responsibilities.

Clinical performance, as measured through Related Learning Experience (RLE) grades, also reflected generally favorable academic and clinical achievement, with a reported mean grade of 1.56 and a standard deviation of 0.50. These findings suggest that students demonstrated satisfactory performance during medical-surgical clinical exposure. Previous studies emphasize that effective clinical training and academic preparation contribute to the development of nursing competence and professional readiness (Bano et al., 2023; Karimi et al., 2024).

Despite favorable self-assessments and clinical performance, Spearman's rho correlation analysis revealed no statistically significant relationship between perceived quality of nursing care and clinical performance across all eleven competency domains, with all p-values exceeding the 0.05 significance level. This indicates insufficient statistical evidence of an association between students' perceived competencies and their RLE grades. Differences between self-assessment and clinical evaluation may be influenced by variations in clinical exposure, supervision, practical experience, and evaluation criteria. However, these factors were not directly examined in the present study.

The findings emphasize that self-perceived competence should not be considered a substitute for objective clinical performance evaluation. Although self-assessment remains valuable in promoting reflection and professional growth, combining it with instructor evaluations, structured feedback, and competency-based assessments may provide a more comprehensive understanding of students' clinical abilities. Given the relatively small sample of 32 students from a single institution, the findings should be interpreted cautiously and may have limited generalizability.

Overall, the results highlight the importance of strengthening nursing education through continuous clinical exposure, evidence-based practice, research development, leadership training, and reflective learning. Integrating self-assessment with objective clinical evaluation may help nursing educators identify competency

gaps, improve teaching strategies, and better prepare nursing students for safe, effective, and professional nursing practice.

CONCLUSION

Nursing students demonstrated high self-perceived competence across most nursing care domains, particularly in ethico-moral responsibility, quality improvement, communication, and records management. However, health education and research remained areas for further development. Despite favorable self-assessments and satisfactory clinical performance, no statistically significant relationship was established between perceived quality of nursing care and clinical performance. This underscores that confidence in nursing abilities does not necessarily reflect demonstrated clinical competence.

These results highlight the importance of integrating objective clinical assessments, constructive feedback, and competency-based learning to strengthen nursing education. Ultimately, developing competent and practice-ready nurses requires not only confidence in their abilities but also the consistent demonstration of clinical knowledge, skills, and professional accountability necessary to deliver safe, effective, and quality patient care.

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