

Clinical Learning Environment and Readiness for Practice Among Graduating Student Nurses in a Private College in Iloilo City

ABSTRACT

Graduating student nurses must adapt to the clinical learning environment while preparing for professional practice, yet their readiness is shaped by various academic and experiential factors. This study aimed to determine the relationship between the clinical learning environment and readiness for practice among graduating student nurses. A descriptive-correlational research design was utilized and conducted in a private college in Iloilo City, Philippines, during Academic Year 2025–2026. The participants consisted of 222 Level IV Bachelor of Science in Nursing students selected through simple random sampling from a total population of 518 students. Data were collected using two adopted self-report instruments: the Abbreviated Clinical Learning Environment Inventory (CLEI-19) and the Casey-Fink Readiness for Practice Survey. Descriptive statistics, including mean, standard deviation, and frequency, were used to determine the levels of clinical learning environment and readiness for practice. Normality testing using the Shapiro-Wilk test showed that the data were not normally distributed; therefore, Spearman's rho correlation was applied at a 0.05 level of significance. Results revealed a generally positive learning environment, a readiness for practice reflecting a high level of perceived preparedness. Spearman's rho analysis revealed a statistically significant positive relationship between the clinical learning environment and readiness for practice. These findings suggest that improving the clinical learning environment may enhance student nurses' readiness for professional practice and support the strengthening of clinical education programs..

Keywords: Clinical Learning Environment, Readiness for Practice, Student Nurses, Nursing Education

1. INTRODUCTION

Nursing education integrates both theory and practice. Clinical learning constitutes half of the nursing students' overall educational experience (Zhang et al., 2022). The clinical learning setting is called the clinical learning environment (CLE), which includes hospital institutions, clinics, and nursing skills laboratories. This quality environment helps hone students' professional development and emotional well-being while providing firsthand exposure to the realities of their profession (Falguera et al., 2025).

Consequently, readiness for practice became a crucial aspect of undergraduate nursing programs that foster competent nurses to deliver safe and quality nursing care (Lee et al., 2023). Multiple studies have determined that nursing students' practical readiness is influenced by various factors such as personal characteristics, cognitive aspects, psychological attributes, educational factors, social influences, nursing curriculum, and clinical environment (Hasanah et al., 2024).

Global studies have emphasized the importance of high-quality and effective CLE in enabling student nurses to develop competence and increase their confidence as independent nurses. The concept of readiness for practice has been discussed in recent years, but it is devoid of some ambiguity. This may be because clinical readiness for practice has not been thoroughly explored, and there is limited empirical evidence supporting its use among academics and clinicians (Konlan et al., 2024). The current education designed for the continuously changing healthcare systems is essential for student nurses to remain adaptable and align with societal and global demands (Mirzanezam et al., 2024). However, unclear curricula alignment and a lack of standardized and pedagogically grounded clinical placement structures often cause students to struggle in relating theoretical concepts to clinical practice. (Byrne et al., 2025).

Globally, several factors have been found to affect fourth-year nursing students' incomplete preparedness for actual practice. The unsatisfactory performance of clinical skills shows a lack of clinical readiness despite adequate pharmacological knowledge among these students (Maalouf & Zaatari, 2025). In the locale of the study, the students are not proficient in the standards and measures of clinical work, which limits their function in a health care setting (Dusaran et al., 2023). Moreover, the importance of the clinical learning environment and its influence on student nurses' readiness for actual clinical work have received limited focus. Insights gathered from fourth-year students and registered nurses emphasize the significance of exploring the readiness of practice of nurses. Feelings of anxiety were common due to the anticipated absence of the supervision of clinical instructors after graduation. Although clinical duty experiences before graduation were partly sufficient, they expressed the need for further development in terms of technical skills and specialized training. Some clinical placements limit hands-on experience, which prevents students from training

themselves in performing nursing procedures.

To address these gaps, students should be encouraged to openly communicate their learning needs and concerns with clinical instructors to foster a supportive, safe, and collaborative CLE. Clinical hours at the patient's bedside should be increased to allow students to properly assess their needs and problems, as learning and self-confidence are developed through constant practice. Faculty development must focus on active listening and communication, maintaining a consistent presence in the clinical area. It is essential to adopt a student-centered, participatory debriefing strategy, strengthen mentorship, provide constructive feedback, and foster supportive instructor-student relationships to improve both the CLE and students' readiness for practice. It is further proposed that clinical instructors have at least three (3) years of clinical experience and be assigned to their respective areas of specialization. Administrators should implement faculty development programs centered on effective clinical teaching strategies and supervision, alongside regular evaluation of the CLE and simulation-based training of skills to enhance the students' critical thinking and readiness for practice.

This study explored the relationship between Clinical Learning Environment (CLE) and the readiness for practice among graduating nursing students using a descriptive correlational design. The scope of this study focused on assessing the CLE according to how it was perceived by the nursing students in terms of physical space, organizational culture, communication aspects, and psychosocial factors. Additionally, exploring the readiness for practice among nursing students was included in the scope of the study. Nursing students' self-assessed readiness was measured, which pertained to their confidence and motivation in applying their knowledge safely and effectively in practice. The study directly assessed the two primary variables: CLE as the independent variable and readiness for practice as the dependent variable. Furthermore,

determining the statistical relationship between the two variables was encompassed within the scope of the study.

2. LITERATURE REVIEW

The clinical learning environment (CLE) plays a central role in shaping the competence and confidence of nursing students as they transition from classroom learning to actual practice. Nursing education integrates both theory and practice, with clinical learning constituting half of the overall educational experience (Zhang et al., 2022). A supportive CLE provides supervision, mentorship, and meaningful patient exposure, which are essential for developing professional skills and emotional resilience (Falguera et al., 2025). Conversely, unclear curricula alignment and lack of standardized clinical placement structures often cause students to struggle in connecting theoretical concepts to clinical practice (Byrne et al., 2025).

Readiness for practice has been identified as a crucial outcome of nursing education, reflecting the preparedness of students to assume professional roles with competence and confidence. Studies have shown that readiness is influenced by personal characteristics, educational factors, and the quality of clinical experiences (Hasanah et al., 2024). Novice nurses often face a noticeable gap between theory and practice, leading to anxiety and underreporting of errors (Najafi & Nasiri, 2024; Braiki et al., 2024). Globally, unsatisfactory performance in clinical skills despite adequate theoretical knowledge highlights the need for stronger clinical preparation (Maalouf & Zaatari, 2025). In the Philippine context, staff guidance, clinical instructor support, and student motivation have been shown to significantly affect performance and confidence in clinical settings (Canta et al., 2025). However, local studies also reveal that many students are not proficient in clinical standards and measures, limiting their function in healthcare settings (Dusaran et al., 2023).

3. THEORETICAL UNDERPINNING

This study is anchored on David Kolb's Experiential Learning Theory (1984), which emphasizes that learning occurs through a continuous cycle of experience, reflection, conceptualization, and experimentation. Kolb argued that knowledge is formed through the transformation of experience, making this framework highly relevant to nursing education, where students gain competence through direct patient care and clinical exposure (McLeod, 2025). Applied to this study, the theory highlights how the clinical learning environment provides experiences that, when reflected upon and conceptualized, enhance students' confidence and readiness for practice. Supportive mentorship and meaningful clinical activities strengthen each stage of the cycle, while inadequate supervision or limited opportunities may hinder preparedness (De Figueiredo et al., 2022).

4. OBJECTIVES OF THE STUDY

This study was conducted to determine the relationship between the clinical learning environment and readiness for practice among graduating student nurses in a private college in Iloilo City during Academic Year 2025-2026.

5. METHODOLOGY

5.1 Research Design

In this quantitative study, a descriptive-correlational design was utilized, which allowed the researchers to describe the levels of the clinical learning environment and readiness for practice, and to determine whether a significant association exists among these variables. A correlational design examined the relationships between two or more variables within a single group by determining how and why changes in one variable related to changes in another variable (Tan, 2023). The necessary data for this study were gathered from structured questionnaires adopted from related literature. The responses were quantified and statistically analyzed to determine the significance of the correlation between clinical learning

environment and readiness for practice among graduating student nurses.

5.2 Instrument

The study utilized two standardized questionnaires as the primary research instruments. The Abbreviated Clinical Learning Environment Inventory (CLEI-19) is a 19-item tool designed to measure students' perceptions of their clinical placements, specifically across the subscales of clinical facilitator support of learning and satisfaction with clinical placement. The second instrument was the Casey-Fink Readiness for Practice Survey, a 15-item tool assessing preparedness for transition into professional nursing roles through the subscales of clinical problem solving, learning activities, and practice readiness. Both instruments were structured on Likert scales appropriate to their design.

A pilot test was conducted among 30 students to establish reliability. The CLEI-19 obtained a Cronbach's alpha of 0.770, while the Readiness for Practice Survey yielded 0.925, both indicating high reliability and confirming their suitability for use in the main study.

5.3 Participants

The participants of this study were graduating Bachelor of Science in Nursing students enrolled in a private college in Iloilo City during Academic Year 2025–2026. Using simple random sampling, a total of 222 Level IV nursing students were selected from a population of 518. They were chosen as respondents because they had already engaged in clinical duties and were considered the most appropriate group to provide meaningful insights into the clinical learning environment and their readiness for practice.

5.4 Research Setting

The study was conducted in a private college in Iloilo City, where nursing students are exposed to diverse patient cases in both hospital and community health environments. This setting provided opportunities for students to

develop clinical skills and prepare for professional nursing practice.

5.5 Data Gathering Procedure

Following the necessary approvals and ethical clearance, data were gathered using validated standardized questionnaires. Consent forms were distributed and signed by participants who voluntarily agreed to take part in the study. During the administration of the instruments, the researchers assisted respondents, provided clarifications when needed, and ensured privacy while allowing sufficient time for completion.

5.6 Data Analysis

The data collected were organized and encoded in Google Sheets, then processed using Jamovi version 2.5. Descriptive statistics, specifically Mean and Standard Deviation, were employed to determine the levels of the clinical learning environment and readiness for practice. For inferential analysis, the Shapiro–Wilk Test was applied to assess normality. Since the variables did not meet the assumption of normality, Spearman's rho correlation was used to examine the relationship between the clinical learning environment and readiness for practice at a 0.05 level of significance.

6. RESULTS AND DISCUSSION

6.1 Quantitative Interpretation of the Results

6.1.1 Level of Clinical Learning Environment

Table 1 presents the mean responses to the specific items assessing the level of Clinical Learning Environment. The findings from this study revealed that the majority of the student nurses experienced a positive clinical learning environment, as evidenced by an overall mean of 3.83. Under the subscale of Clinical Facilitator Support of Learning, the respondents described the clinical learning environment as generally supportive, with a mean of 3.68 out of 5.

The student nurses found that the help they received from the clinical facilitators scored at (M = 4.19), and the way they helped them was scored at (M = 4.10). This indicated that clinical facilitators were supportive and willing to exert effort to enhance students' clinical learning experience. Additionally, students also scored highly on the clinical facilitator's ability to think of innovative (M = 4.08) and interesting activities (3.91). This indicated that facilitators not only helped students but also provided creative teachings to contribute to increased engagement. Despite the supportive environment, some areas needed improvement, specifically low scores in the areas of communication as students felt that facilitators talk more rather than listening to them (M = 2.62) and have the tendency to dominate briefing sessions (M = 2.74). This implied that students perceived limited opportunities to voice their insights, which may negatively affect their readiness for practice and hinder their clinical learning experience. The students also noted how seldom the clinical facilitator was present in the ward to talk to them, and this was scored (M = 3.40).

The satisfaction with clinical placement yields a significantly high mean score of 4.18 out of 5. This indicates that the graduating student nurses found the clinical placement professionally and emotionally rewarding. Respondents' sense of accomplishment (M = 4.24) reflects a CLE that focuses on learners' well-being. This is consistent with the high interest level reported by the students (M = 4.23), which suggests that affirmative encounters uplifted their drive to proceed in the nursing profession. The students' enjoyment of the clinical placement in general (M = 4.19) and in a specific ward or facility (M = 4.18) reflects a positive environment and a welcoming atmosphere.

Moreover, clinical hours were not perceived as a waste of time (M = 4.24), but as purposeful rather than boring (M = 4.11). Furthermore, the students' dissatisfaction with clinical experiences (M = 3.85) shows the lowest mean in this

domain. These challenges may have slightly affected their overall experience, despite their high level of interest and sense of satisfaction.

6.1.2 Level of Readiness for Practice

Table 2 presents the mean responses to the specific items assessing the level of Readiness for Practice. The findings from this study revealed that a significant number of student nurses demonstrated a greater perception of readiness for practice (M=3.22). In the subscale Clinical Problem Solving (M=3.17), respondents felt more capable when prioritizing patient care needs (M=3.32), indicating their ability to identify and organize patient concerns effectively. Conversely, the assessment of critical judgment skills (M=3.05) reveals that, despite foundational decision-making abilities, students' higher-level reasoning in complex situations continues to develop. Within the Learning Activities subscale (M=3.33), practicing skills or procedures in the learning laboratory (M=3.42) was the strongest contributor. This reinforces the role of simulation and structured practice in strengthening competence and reducing anxiety. In contrast, written reflections about clinical experiences (M=3.24) suggest that student nurses prioritize experiential and hands-on learning methods. In terms of Practice Readiness (M=3.17), respondents reported having sufficient skills for safe patient care (M=3.21), perceiving themselves as technically prepared for patient safety responsibilities. Meanwhile, preparedness for full professional nursing responsibilities (M=3.11) indicates that graduating students are still developing the confidence and preparedness required to fully assume the complex responsibilities of professional nursing practice.

6.1.3 Relationship between Clinical Learning Environment and Readiness for Practice

Table 3 presents Spearman's rho correlation analysis examining the relationship between the Clinical Learning Environment (CLE) and Readiness for

Practice (RFP) among graduating student nurses. Since the Shapiro-Wilk test indicated that the variables were not normally distributed, a nonparametric test was used. The results showed a weak but statistically significant positive relationship between overall CLE and RFP ($r = .159$, $p = .018$), leading to the rejection of the null hypothesis. In terms of specific components, Clinical Facilitator Support and Learning (CFSL) did not show a significant relationship with Critical Problem Solving (CPS) and Practice Readiness (PR), but it demonstrated a significant positive relationship with

Learning Activities (LA) ($r = .184$, $p = .006$). This indicates that stronger facilitator support is associated with greater student engagement in learning activities. Similarly, Satisfaction in Clinical Placement (SCP) was not significantly related to CPS and PR but showed a significant positive relationship with LA ($r = .198$, $p = .003$). Overall, the findings suggest that while the clinical learning environment has an influence on overall readiness for practice, its strongest impact is on enhancing students' engagement in learning activities.

Table 1.
Level of Clinical Learning Environment among graduating student nurses (n = 222)

Items	Mean	SD
Clinical Facilitator Support of Learning		
The clinical facilitator helped me if I was having trouble with the work.	4.19	0.69
The clinical facilitator went out of his/her way to help me.	4.10	0.67
The clinical facilitator thought up innovative activities for students	4.08	0.65
The clinical facilitator was considerate of my feelings.	3.98	0.65
The clinical facilitator often thought of interesting activities.	3.91	0.80
The clinical facilitator talked individually with me.	3.68	0.94
The clinical facilitator was unfriendly and inconsiderate towards me. *	4.15	0.80
The clinical facilitator was not interested in the issues that I raised. *	3.99	0.85
The clinical facilitator seldom got around to the ward/facility to talk to me. *	3.40	1.07
The clinical facilitator often got sidetracked instead of sticking to the point.*	2.98	1.13
The clinical facilitator dominated debriefing sessions. *	2.74	1.06
The clinical facilitator talked to, rather than listened to me. *	2.62	1.06
Mean Clinical Facilitator Support of Learning	3.68	0.42
Satisfaction with Clinical Placement		
After the shift, I had a sense of satisfaction.	4.24	0.51
This clinical placement was interesting.	4.23	0.63
I enjoyed going to my clinical placement.	4.19	0.65
I enjoyed coming to this ward/facility.	4.18	0.67
This clinical placement was a waste of time.*	4.24	0.90
This clinical placement was boring*	4.11	0.93
I was dissatisfied with my clinical experiences on the ward/facility. *	3.85	0.93
Mean Satisfaction with Clinical Placement	4.18	0.48
Overall Clinical Learning Environment Mean	3.83	0.98

*Reverse-Scoring

Table 2.
Level of Clinical Learning Environment among graduating student nurses (n = 222)

Items	Mean	SD
I am confident in prioritizing patient care needs.	3.32	0.52

I am confident in using evidence-based practices when making clinical decisions.	3.21	0.48
I am confident in identifying actual or potential safety risks that could harm my patients.	3.20	0.49
I am confident in taking action to solve patient problems.	3.13	0.48
I am confident in my ability to interpret assessment data.	3.08	0.52
I am confident in my critical thinking/clinical judgment skills.	3.05	0.56
Mean Clinical Problem Solving	3.17	0.40
Learning Activities		
Practicing skills/procedures in the learning lab helps me improve my critical thinking skills.	3.42	0.51
Simulations help me feel prepared for the realities of clinical practice.	3.37	0.55
Simulations help me feel prepared to recognize changes in a patient's condition.	3.37	0.57
Case studies help me apply theoretical knowledge to practice scenarios.	3.27	0.53
Written reflections about clinical experiences help me improve my critical thinking skills.	3.24	0.50
Mean Learning Activities	3.34	0.42
Practice Readiness		
I have acquired sufficient skills to provide safe care.	3.21	0.51
I feel ready for nursing practice in the current workplace environment.	3.18	0.56
I have the knowledge to successfully transition into a professional nursing role.	3.16	0.51
I feel ready for the responsibilities of the professional nursing role.	3.11	0.57
Mean Practice Readiness	3.17	0.47
Overall Readiness for Practice Mean	3.22	0.54

Table 3.
Spearman's Rho Results for the Relationship between Clinical Learning Environment and Readiness for Practice among Student Nurses

<i>n</i> = 222	Clinical Problem Solving	Learning Activities	Practice Readiness	Overall Readiness for Practice
Clinical Facilitator of Support Learning	<i>r</i> = .101 <i>p</i> = .133	<i>r</i> = .184 <i>p</i> = .006	<i>r</i> = .037 <i>p</i> = .582	<i>r</i> = .121 <i>p</i> = .071
Satisfaction with Clinical Placement	<i>r</i> = .114 <i>p</i> = .090	<i>r</i> = .198 <i>p</i> = .003	<i>r</i> = .072 <i>p</i> = .284	<i>r</i> = .150 <i>p</i> = .025
Overall Clinical Learning Environment	<i>r</i> = .132 <i>p</i> = .050	<i>r</i> = .214 <i>p</i> = .001	<i>r</i> = .061 <i>p</i> = .369	<i>r</i> = .159 <i>p</i> = .018

*Correlation is significant at the 0.05 level.

7. CONCLUSION

The study concludes that graduating student nurses perceive their clinical learning environment as generally favorable, characterized by high satisfaction with clinical placements and effective clinical facilitator support, particularly regarding innovative teaching and meaningful engagement. While students demonstrate high levels of readiness for practice in foundational skills and learning activities, a notable gap

remains in their confidence regarding clinical problem solving and assumption of full professional responsibilities. Inferential analysis reveals that while the clinical learning environment significantly influences engagement in learning activities, its impact on high-level clinical judgement and overall practice readiness is statistically weak. These results suggest that although a supportive environment is essential for technical skill acquisition, it may not be sufficient on its own to foster the advanced critical

reasoning required for professional
transition.

UNDER PEER REVIEW

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