

Perceptions of Readiness for Practice Among Final-Year Nursing Students in Vietnam: A Cross-Sectional Study

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Abstract

Background: Nurses' readiness for practice is a crucial aspect of nursing education, influencing the transition from student to registered nurse. Understanding the self-perceived readiness of students can help educators refine curricula and develop effective support strategies.

Objectives: To examine the perceptions of senior nursing students regarding their readiness for practice.

Methods: This cross-sectional study included 138 final-year nursing students from a medical university in Vietnam. The Casey-Fink Readiness for Practice Survey was used to assess readiness for practice. Data were analyzed using descriptive statistics.

Results: Only 55.8% of the students felt ready for professional practice. Although students were confident in communication and clinical problem-solving, many students lacked confidence in managing multiple patients and performing complex procedures. Key challenges included patient assessment (63.8%), ethical decision-making (59.4%), prioritization (56.5%), and end-of-life care (45.7%). Students were motivated by both altruism and job stability, suggesting that extended clinical exposure is critical for enhancing readiness.

Conclusions: Addressing gaps in complex skills, ethical practice, and clinical readiness through enhanced training and mentorship is essential to support the transition of nursing students to professional roles.

Keywords: Cross-sectional study, Nursing education, Nursing students, Readiness for practice

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Introduction

The modern world is changing rapidly, and best practices in education are constantly evolving. This dynamic environment places increasing pressure on higher education educators to adapt their teaching practices to ensure graduates are well-prepared to enter the workforce.¹ Employers, in turn, expect graduates to possess essential workplace skills and competencies that enable them to transition seamlessly into their new roles.² Nursing students need to integrate their body of knowledge into practice because nursing

sciences is a practice discipline. In nursing, readiness for practice is a matter of employability and a key determinant of overall healthcare workforce preparedness and patient safety. Inadequate readiness among new graduates may contribute to adverse events, ineffective teamwork, and early turnover, all of which place additional strain on health systems. Therefore, educational strategies that foster a strong sense of readiness are essential for ensuring competence, confidence, and safe practice.

Readiness for practice is essential for nursing students' transition into professional roles and a core objective of health professions education. Reagor³ defines it as "the ability as a graduate nurse to assume the roles of provider, coordinator, and member of the nursing profession". This multifaceted concept encompasses professional competence, communication, self-management, and confidence, requiring the integration of knowledge and skills in complex clinical environments.⁴ For educators, understanding this concept is vital for preparing students for safe and effective patient care.

Senior students' perceptions of readiness serve as key indicators of their ability to integrate knowledge, behaviors, and skills into professional practice.⁴⁻⁶ While these perceptions may not always reflect actual competence, they strongly influence students' approach to the transition.⁷ Educational opportunities to apply practical skills significantly shape these perceptions and are linked to reduced anxiety and smoother adaptation during the transition to practice.^{8,9}

Transitioning from a student to a registered nurse is a developmental process that progresses from novice to expert, with confidence playing a pivotal role.¹⁰ This progression aligns with Benner's^{11,12} "Novice to Expert" theory, which suggests that nurses' knowledge, skills, and clinical reasoning evolve with experience. Final-year students typically operate as "advanced beginners", with limited clinical experience and heavy reliance on rules and guidelines. This makes real-world practice particularly challenging and underscores the need for structured support to facilitate confidence and growth.¹³ Despite a longstanding awareness of these issues, the transition to professional practice remains difficult and is often characterized by stress, uncertainty, and perceived unpreparedness.¹⁴ Kramer's¹⁵ seminal concept of "reality shock" captures the disorientation experienced by many new nurses upon entering the workforce. These challenges frequently persist during clinical placements and the early months of practice, when new graduates struggle to adapt to professional responsibilities, contributing to heightened anxiety and doubts about their readiness.^{7,16,17}

Nursing programs must ensure that upon registration, graduates are equipped to translate theoretical knowledge into clinical competence in practice.¹⁸ However, the persistent "theory-practice gap" — driven by factors such as limited training opportunities, faculty shortages, and insufficient clinical exposure — continues to undermine readiness.¹⁹ This gap contributes to challenges in managing complex care, communicating with physicians, and end-of-life care.²⁰⁻²³ These deficits can lead to burnout and attrition, compounding workforce shortages.²⁴ Therefore, understanding students' perceived readiness and late-stage anxieties is critical for developing interventions that enhance preparedness and support retention.^{25,26}

Senior students' perceptions of readiness provide important insight into how well educational programs prepare them to assume professional roles.⁴⁻⁶ However, these perceptions are shaped not only by clinical training and learning opportunities but also by students' motivations for choosing nursing as a career and the types of support they receive during their programs. In this study, "choosing nursing" refers to

the motivations that influenced students' decision to enroll in a nursing program. Although international studies have examined practice readiness, the theory-practice gap, and transition challenges,¹⁸⁻²⁰ little is known about how final-year nursing students in Vietnam perceive their readiness, why they chose nursing, and what strategies they believe would help them feel more prepared. Addressing this gap is important for informing curriculum development, strengthening clinical training models, and supporting nursing workforce recruitment and retention.

Therefore, this study aimed to investigate the perceptions of senior nursing students regarding their readiness for professional practice and to identify specific clinical strengths and weaknesses. The primary research question guiding this study was as follows: How do senior Vietnamese nursing students perceive their readiness to practice as registered nurses?

Methods

Study Design and Setting

This descriptive, cross-sectional study was conducted to examine the readiness for practice among senior Vietnamese nursing students.

This study was conducted at a public medical university in Vietnam with over 60 years of history, recognized for its role in training healthcare professionals in the Central and Highland regions of Vietnam. The university offers a range of programs, including nursing, medicine, pharmacy, rehabilitation, dentistry, and laboratory science. Its nursing department provides 2 tracks: a 4-year bachelor's program and a specialized program. Clinical training in the bachelor's program begins in the second year and extends through the fourth year, encompassing 570 hours of practice supported by eight skill laboratories and 5 simulation rooms.

Participants

A census sampling approach was employed given the relatively small size of the target population. The sample size was determined by including the entire population of final-year nursing students who met the inclusion and exclusion criteria. Specifically, students were eligible if they had completed all required third-year coursework and clinical placements and were officially enrolled in the final-year of the nursing program, whereas those who had not completed the required coursework or clinical training were excluded. Finally, 138 final-year nursing students who met the recruitment criteria were enrolled in the study.

Study Measurements

The 2008 revised version of the Casey-Fink Readiness for Practice Survey (CFRPS), developed by Casey et al,²⁷ was used to assess the readiness of nursing students for practice. This is a standardized instrument comprising 5 distinct sections, all of which were retained to ensure structural integrity. The first section included 3 questions on social demographic data such as age, gender, and cumulative grade point average (CGPA).

The second section of the survey assessed the perceived discomfort of students with 18 specific nursing skills and procedures. Students identified the top 3 skills they felt least confident in performing from an adapted list relevant to their training program, with the option to add additional items.

The third section assessed the confidence of students in managing multiple patient assignments, specifically caring for 2, 3, and 4 patients. It comprised 3 items, each rated on a 5-point Likert scale (1 = not confident to 5 = very confident).

The fourth section evaluated the overall readiness of students for professional nursing practice. It comprised 20 items across 4 domains: clinical problem-solving (7 items), learning techniques (2 items), professional identity (5 items), and trials and tribulations (6 items). Responses were measured using a 4-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). Four items were negatively worded: "I have difficulty recognizing a significant change in my patient's condition", "I feel overwhelmed by ethical issues in my patient care responsibilities", "I have difficulty prioritizing patient care needs", and "I have difficulty documenting care in the electronic medical record". These 4 items were reverse-scored as follows: 1 = strongly agree, 2 = agree, 3 = disagree, and 4 = strongly disagree. For this section of the CFRPS, we calculated the distribution of responses for each item and reported the proportions of students who agreed or strongly agreed versus those who disagreed or strongly disagreed within each domain.

The fifth section included 2 open-ended questions designed to gather supplementary descriptive information regarding the background motivations and perceived preparation needs of the students. Participants were asked to: 1) share the main reasons for choosing nursing, and 2) suggest measures to help them better prepare for a career in the profession.

The CFRPS has been approved by its developer and translated into Vietnamese using the standard forward-backward translation process of Cha et al.²⁸ The Vietnamese version of the scale was then sent to 5 experts including 3 nursing educators and 2 clinical nurses to assess the content validity. The CFRPS's scale-level content validity index/average (S-CVI/Ave) was 0.98. A survey was conducted with 10 randomly selected senior students to ensure the face validity of the Vietnamese scale. No changes were made. In this study, the reliability of the Vietnamese scale was assessed using a sample of 20 participants. The Vietnamese version demonstrated high internal consistency with a Cronbach α of 0.84. In the final analysis of the total sample ($n = 138$), the scale maintained high reliability with a Cronbach α of 0.81.

Data Collection

Data collection was initiated according to established selection criteria. Data were collected from May to June, 2024. The research team visited each class to provide the participants with a comprehensive overview of the study, including its purpose, objectives, methodology, and participants' rights to participate and withdraw.

After obtaining informed consent through signed consent forms, the researchers distributed the questionnaires and allowed participants to complete them independently. The completed questionnaires were collected and securely stored in sealed envelopes for subsequent analysis. The average completion time ranged from 15 to 20 minutes.

Statistical Analysis

Quantitative data were entered and analyzed using SPSS version 22.0 (IBM Corp). Categorical variables, such as gender and item responses, were summarized using frequencies and percentages. Continuous variables, such as age and CGPA, were summarized using the mean (SD) and ranges. Responses to the 2 open-ended questions were reviewed and grouped into categories based on similarity of content. The frequencies and percentages were then calculated for these categories to provide supplementary descriptive context.

Results

Participant Demographics

All 138 nursing students participated in this study. Their average (range) age was 22.5 (22-24) years, and 93.5% were female. The mean (SD) CGPA was 2.93 (0.23), with a maximum of 3.66 and a minimum of 2.35.

Student's Perception of Readiness for Practice

Skills/Procedure Performance:

A total of 18 of 138 students (13.0%) considered themselves independent in all skills. The top 10 most uncomfortable performing independently are listed (Table 1).

Confidence to Manage Multiple Patient Care Assignments

Of the 37.7% who felt very confident managing 2 patients, only 10.9% and 5.1% felt similarly confident managing 3 and 4 patients, respectively.

Students' Perception of Their Readiness for Professional Nursing Practice

Clinical Problem Solving: Most participants (87.7%-92.8%) agreed that they felt comfortable communicating and coordinating care with interdisciplinary team members, taking action to solve problems, and using current evidence to make clinical decisions. However, 54.3% of the participants agreed that they felt comfortable managing care for dying patients.

Learning Techniques: Most participants (89.9%) agreed that simulations helped them prepare for clinical practice, and writing reflective journals or logs provided valuable insights into their clinical decision-making skills (86.2%).

Professional Identity: A significant majority of the participants (96.4%) felt comfortable communicating with patients and their families. However, just over half of the participants felt prepared for professional nursing practice (55.8%) and satisfied with their choice of nursing as a career (63.0%).

Trials and Tribulations: Most participants agreed that they had had opportunities to practice skills and procedures more than once (96.4%) and felt comfortable delegating tasks to the nursing assistant (87.7%). In contrast, more than half of the participants had difficulty documenting care in the electronic medical record (42.0%), prioritizing patient care needs (56.5%), and feeling overwhelmed by ethical issues in patient care responsibilities (59.4%).

Overall, the data indicate that students perceive themselves as most prepared in core communication and reasoning skills but least prepared for managing complex procedures, rapid patient changes, ethical issues, and higher workloads. A detailed distribution of students' readiness for professional nursing practice is demonstrated (Table 2).

Contextual and Descriptive Findings

Self-Reported Motivations for Selecting Nursing: Of the 138 respondents, 29.0% did not provide a specific reason. Academic considerations (eg, admission scores matching nursing requirements) were the most frequently cited factor (20.3%), followed by altruistic motives, such as wanting to help patients (15.9%). A strong interest in healthcare was mentioned by 13.8% of the students. Family influence and job stability were cited by 10.9% and 10.1% of the participants, respectively.

Suggestions for Preparation: Only 49 students (35.5%) provided qualitative feedback regarding strategies to enhance readiness. Response frequencies indicated that personal development was the primary concern, with 34 students emphasizing the need for clinical skills and continuous learning and self-improvement. Institutional factors were also highlighted; specifically, 32 students recommended increasing clinical practice hours and diversifying placement sites. A smaller number of responses indicated the need for more supportive instructors and upgraded simulation facilities.

Table 1. Top 10 Skills/Procedures That Cause Discomfort in Senior Nursing Students

Skill/Procedure	No. (%)
1) Assisting doctors with intubation/tracheotomy and providing care	66 (47.8)
2) Responding to an emergency or changes in the patient's condition	65 (47.1)
3) Care of central venous catheter	31 (22.5)
4) Insertion of nasogastric tube	32 (21.7)
5) Insertion of bladder catheter	28 (20.3)
6) Chest tube care	18 (13.0)
7) Bladder catheter irrigation	10 (7.2)
8) Medical record documentation	7 (5.1)
9) Assessment of the patient's condition	7 (5.1)
10) Giving verbal reports	66 (47.8)

Figure 1. Level of Confidence in Managing Assignments of Multiple Patients

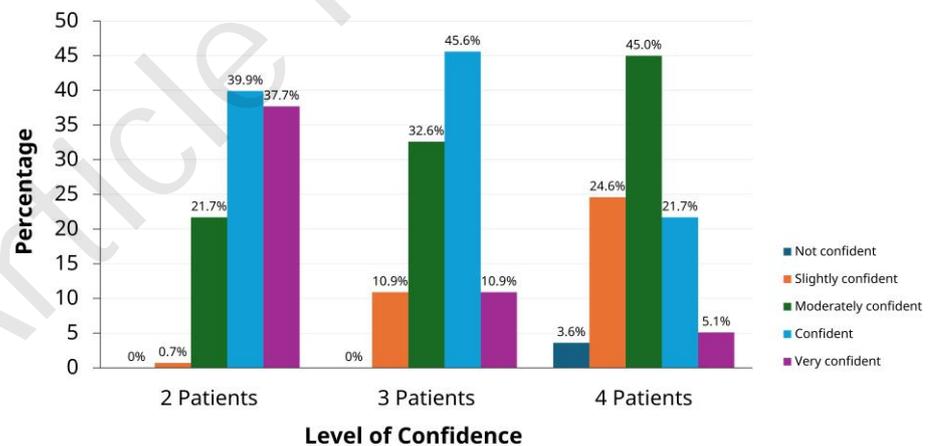


Table 2. Distribution of Students' Perception of Their Readiness for Professional Nursing Practice

Item	No. (%)	
	Strongly Agree/Agree	Strongly Disagree/Disagree
Clinical Problem Solving (7 items)		
I am comfortable communicating and coordinating care with interdisciplinary team members	128 (92.8)	10 (7.2)
I feel comfortable taking action to solve problems	122 (88.4)	16 (11.6)
I use current evidence to make clinical decisions	121 (87.7)	17 (12.3)
I am confident in my problem-solving ability	110 (79.7)	28 (20.3)
I feel confident in identifying the actual or potential safety risks to my patients	110 (79.7)	28 (20.3)
I feel confident in communicating with physicians	105 (76.1)	33 (23.9)
I feel comfortable knowing what to do for a dying patient	75 (54.3)	63 (45.7)
Learning Techniques (2 items)		
Simulations have helped me prepare for clinical practice	124 (89.9)	14 (10.1)
Reflective journals/logs provided insights into my own clinical decision-making skills	119 (86.2)	19 (13.8)
Professional Identity (5 items)		
I feel comfortable communicating with patients and their families	133 (96.4)	5 (3.6)
My clinical instructor provided feedback about my readiness to assume the role of registered nurse	117 (84.8)	21 (15.2)
I am comfortable asking for help	105 (76.1)	33 (23.9)
I am satisfied with nursing as a career choice	87 (63.0)	51 (37.0)
I feel ready for the profession of nursing	77 (55.8)	61 (44.2)
Trials and Tribulations (6 items)		
I have had more than one opportunity to practice skills and procedures	133 (96.4)	5 (3.6)
I am comfortable delegating tasks to the nursing assistant	121 (87.7)	17 (12.3)
I have difficulty recognizing a significant change in the condition of my patient	88 (63.8)	50 (36.2)
I feel overwhelmed by ethical issues in my responsibilities in patient care	82 (59.4)	56 (40.6)
I have difficulty in prioritizing patient care needs	78 (56.5)	60 (43.5)
I have difficulty documenting care in the electronic medical record	58 (42.0)	80 (58.0)

Discussion

This study explored the perceived readiness for practice among senior nursing students in Vietnam. Overall, many students lacked confidence in performing complex and invasive skills, such as assisting with intubation, responding to emergencies or changes in a patient's condition, and performing various catheterizations. These findings are consistent with evidence showing that such high-risk procedures remain challenging for both senior students and new nursing graduates.^{21-23, 27} These procedures, which require advanced technical proficiency, critical thinking, and the ability to remain composed under pressure, demand precise technique and carry significant risks, including the potential for infection and other complications, if performed incorrectly. Students may experience anxiety when performing these skills independently, particularly when they feel unprepared.²⁹

Furthermore, students expressed limited confidence in managing more than 2 patients simultaneously, highlighting a persistent gap between theoretical preparation

and real-world clinical demands.^{21, 23} Clinical training often focuses on individual patient care or small caseloads, potentially failing to adequately prepare students for managing multiple patients in high-pressure environments. This lack of preparedness can contribute to heightened stress, increased risk of error, and burnout among new graduates.³⁰ Taken together, these findings indicate that foundational gaps in technical and workload-management skills may hinder a smooth transition into professional practice.

In the clinical problem-solving domain, most students reported high levels of confidence in communication, problem-solving, evidence-based practice, and identifying patient safety risks. This confidence likely stems from the undergraduate program structure, which emphasizes these competencies from the first year, with progressive opportunities to apply them through simulations and clinical placements. In Vietnam, unlike some countries with legal restrictions, students engage in supervised practice with real patients, providing valuable hands-on experience. However, many students reported difficulties with end-of-life care, indicating the need for greater exposure and training in this area.

Students reported that simulations and reflective journaling effectively enhanced their clinical decision-making and confidence in clinical practice. Simulations provide practical experience, while reflective journaling allows nursing students to process and learn from that experience.³¹ Journaling reinforces learning from the simulation and helps students internalize the lesson learned.³¹ The combined use of simulations and reflective journaling appears particularly effective, likely contributes significantly to the perceived enhancement of clinical decision-making and confidence in clinical practice among students, fostering the development of critical thinking and clinical reasoning skills necessary for safe and confident practice during clinical training.³²

Findings related to professional identity were mixed. Most students reported confidence in communicating with patients and their families and felt comfortable seeking support when needed. Many received feedback from clinical instructors affirming their readiness for professional roles. However, just over half of the respondents expressed satisfaction with their career choice or felt ready for professional practice. Some students indicated that nursing was not their first-choice field and that they entered the program because of academic constraints or external influences. Previous studies have shown that career choice satisfaction is strongly associated with work readiness and subsequent job outcomes among new graduate nurses.^{33, 34} These findings highlight the importance of addressing both professional identity formation and motivational factors that can shape engagement with clinical learning.

Senior nursing students reported difficulties in several key areas, particularly in recognizing changes in patient status and prioritizing care — challenges echoed in prior research. These difficulties likely reflect the complexity and unpredictability of clinical environments, which demand advanced judgment, experience, and critical thinking.³⁵ Students also felt overwhelmed by ethical dilemmas, a common concern among both senior students and novice nurses, underscoring the need for stronger ethics education and mentorship. These findings point to a gap between theoretical instruction and practical application, suggesting the need for enhanced clinical training strategies. Nurse educators and administrators should prioritize initiatives that strengthen clinical judgment, critical thinking, and ethical reasoning, alongside supportive learning environments to ensure a smooth transition into professional practice.

The practice gaps identified in this study may be partially contextualized by the self-reported motivations found in the supplementary descriptive data. A notable proportion of students indicated that nursing was not their preferred field of study, citing academic constraints or family influence rather than intrinsic interest. The literature suggests that such extrinsic motivation can hinder the development of a strong professional identity and reduce students' engagement in clinical skill-building, potentially contributing to lower readiness and heightened anxiety observed in this study.^{34, 36} This connection highlights the importance of early career counseling and motivational support to improve student engagement.

Regarding preparation needs, the open-ended responses reinforced the quantitative findings regarding clinical deficits. The students' frequent suggestions for personal development and increased clinical hours directly mirror their reported lack of confidence in managing complex caseloads and procedures. While the survey showed high confidence in basic communication, the descriptive feedback emphasized a desire for more rigorous physical and mental preparation to handle the realities of the profession.^{37, 38} Furthermore, the call for more supportive faculty and diverse placement sites suggests that students perceive a gap between their current training environment and real-world demands, reflecting a desire for a more supportive transition experience.³⁹

Taken together, the gaps in students' readiness for practice have implications that extend beyond individual performance to affect the preparedness and patient safety of the healthcare workforce. When new graduates lack confidence or competence in managing emergencies, recognizing deterioration, prioritizing care, or performing high-risk procedures, the burden shifts to already strained clinical teams, increasing supervisory demands, lengthening orientation periods, and contributing to workforce inefficiencies and turnover. From a patient safety perspective, clinical judgment, documentation, and technical skills deficits increase the risk of missed care, adverse events, and compromised quality of care. Thus, strengthening readiness at the undergraduate level is not simply an educational necessity but a system-level imperative to ensure a safe, competent, and sustainable nursing workforce capable of meeting the demands of contemporary healthcare. These findings align with Benner's^{11, 12} "Novice to Expert" theory, which suggests that students at the "novice" stage lack situational experience and rely heavily on objective rules. The identified gaps in readiness highlight the challenge of transitioning toward clinical competence without sufficient experiential learning and support.¹¹

This study has several limitations. First, this study's findings are limited by its focus on nursing students from a single Vietnamese program, although the national curriculum framework suggests broader applicability within Vietnam. The modified survey instrument also lacks psychometric validation for this population. Finally, the supplementary open-ended questions provided descriptive context but could not capture the full depth of the students' experiences. Future research should employ rigorous qualitative methodologies, such as in-depth interviews, is recommended to comprehensively explore the nuances of students' readiness, motivations, and support needs.

Addressing gaps in student readiness requires a multifaceted approach. A national survey is essential for assessing perceived readiness across the country. Curriculum development should prioritize the enhancement of clinical skills, particularly by increasing clinical hours in diverse and simulated environments. Robust mentorship programs with dedicated preceptors and peer support are crucial for a successful transition into nursing practice.

Conclusions

This study found that many senior nursing students lacked confidence in their readiness for practice, particularly in managing multiple patients and performing complex invasive procedures. While strong in clinical problem-solving and communication, challenges emerged in end-of-life care, patient assessment, documentation, and ethical decision-making. Supplementary descriptive findings suggest that extrinsic motivations and a perceived lack of clinical exposure may further impact student preparedness. These findings highlight the need for nursing programs to strengthen simulation-based training, expand diverse clinical placements, and reinforce mentorship structures to better support students' transition into practice.

Additional Information

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Ethics Approval: The study was approved by the Research and Ethics Committee at Da Nang University of Medical Technology and Pharmacy (No. 4/CT-HDDD on 3 February 2023), and was conducted in accordance with the Declaration of Helsinki. Participation was voluntary, and students were informed that their decision to participate or not would have no effect on their grades or academic standing. All participants provided written informed consent before data collection.

Clinical Trial Consideration: This study does not report on a clinical trial.

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