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Clinical Learning Models in Nursing Students and Their Impact on Work Readiness

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Abstract

The clinical learning model is a crucial component of nursing education because it plays a direct role in shaping students' competencies and work readiness. Work readiness is a key indicator of the success of the educational process, particularly in facing the complex and dynamic demands of professional nursing practice. This study aims to analyze the influence of the clinical learning model on nursing students' work readiness. The study used a quantitative design with a descriptive analytical approach. The study sample consisted of 100 final-year nursing students who had participated in clinical practice, selected using a purposive sampling technique. Data were collected using a structured questionnaire that measured students' perceptions of the clinical learning model and their level of work readiness, which included aspects of clinical competence, self-confidence, communication, and professional readiness. Data were analyzed through univariate analysis, bivariate analysis using the Chi-Square test, and multivariate analysis using logistic regression. The results showed that most respondents rated the clinical learning model as good and had a high level of work readiness. Bivariate analysis showed a significant relationship between the clinical learning model and students' work readiness ($p < 0.05$). Multivariate analysis revealed that the clinical learning model was the dominant factor influencing nursing students' work readiness after controlling for age, gender, and length of clinical practice. This study concludes that implementing an effective and structured clinical learning model can improve nursing students' work readiness. Therefore, strengthening clinical learning strategies needs to be a priority in nursing education curriculum development.

Keywords: Clinical Learning, Nursing Students, Work Readiness, Nursing Education, Clinical Practice

Introduction

Nursing education aims to produce professional nurses who possess not only theoretical knowledge but also competent clinical skills and high work readiness. Clinical learning is an essential component of the nursing curriculum because it places students in a real-world environment to apply the knowledge, technical skills, and clinical thinking required in professional

practice (Suryadi, Thahirah, & Halisah, 2025).

An effective clinical learning model can directly impact students' competency and readiness to enter the workforce. Various approaches, such as case-based learning, clinical simulations, and hands-on practice in healthcare facilities, have been identified as significant strategies for improving students' clinical understanding and confidence (Suryadi et al., 2025).

Furthermore, intensive clinical experiences in units such as the intensive care unit (ICU) demonstrate that students' adaptation to real-life clinical situations contributes to the development of cognitive, affective, and psychomotor skills within the context of professional nursing (Nisa, Setioputro, & Fitria, 2023).

Employment readiness for nursing students is the end result of the clinical learning process, which includes readiness to handle professional tasks independently, make clinical decisions, and work within a healthcare team (Akince et al., 2025). Research also suggests that psychological factors such as stress during the first clinical experience can impact students' readiness for future professional practice, making pedagogical support and a safe learning environment crucial (Kasenda, Hadjo, & Hadjo, 2024).

Recent empirical research highlights the relationship between the clinical learning environment, clinical evaluation, and student performance in real-world practice. Cross-cultural studies have shown that students' perceptions of the clinical learning environment correlate with academic adjustment and readiness for real-world practice (Kwon, Kim, & Kwak, 2024). Furthermore, systematically designed clinical learning models have shown the potential to accelerate students' adaptation to the field, ultimately positively impacting their work readiness after graduation (Decoding Readiness for Clinical Practicum, 2025).

Given the complexity of evolving healthcare work demands, it is crucial for nursing education to focus not only on integrating theory and practice but also on developing holistic clinical learning models. Models such as technology-based simulations, collaborative practice, and clinical instructor capacity building are crucial elements in supporting student work readiness (Permana et al., 2023).

Therefore, examining various clinical learning models and their implementation in the context of nursing education is a strategic step to ensure that students are not only clinically competent but also prepared to enter the nursing profession professionally and adapt to the demands of the modern workplace.

Methods

This study used a quantitative design with a descriptive correlational approach. This design was chosen to analyze the relationship between the clinical learning model applied in nursing education and students' levels of work readiness. The correlational approach allows researchers to identify the strength and direction of the relationship between variables without directly manipulating the intervention.

The population in this study were final-year nursing students who had completed clinical practice in a hospital or healthcare facility. The sampling technique used purposive sampling, with the following inclusion criteria: 1) Active students in the nursing study program, 2) Having participated in clinical practice for at least one semester, and 3) Willingness to participate in the study. The sample size was 100 students.

The independent variable in this study was the clinical learning model, which includes direct practice-based learning methods, case-based learning, and clinical guidance. The dependent variable was nursing students' work readiness,

which encompasses aspects of clinical competence, self-confidence, communication skills, and readiness to face a professional work environment.

The research instrument was a structured questionnaire consisting of two parts: 1) a clinical learning model questionnaire that measured students' perceptions of the learning methods received during clinical practice, and 2) a nursing student work readiness questionnaire that measured cognitive, affective, and psychomotor readiness. The instrument was developed based on the latest literature and has been tested for validity and reliability before being used in data collection.

Data collection was conducted both online and offline after obtaining permission from the educational institution. Respondents were given an explanation of the research objectives and completed the questionnaire independently. Confidentiality of respondent data was maintained in accordance with ethical research principles.

Data were analyzed using descriptive statistics to describe respondent characteristics and study variables. Pearson or Spearman correlation analysis (adjusted for data distribution) was then performed to determine the relationship between the clinical learning model and nursing students' work readiness. The significance level was set at $p < 0.05$.

Results

1. Univariate Analysis

1.1 Respondent Characteristics

Table 1. Respondent Characteristics (n = 100)

Characteristics	**n**	**%**
Gender		
Male	28	28,0
Female	72	72,0
Age		
20–21 years	34	34,0
22–23 years	51	51,0
≥ 24 years	15	15,0
Duration of Clinical Practice		
1–2 semesters	42	42,0
≥ 3 semesters	58	58,0

1.2 Clinical Learning Models

Table 2. Distribution of Clinical Learning Models

Category	n	%
Good	61	61,0
Sufficient	29	29,0
Poor	10	10,0
Total	100	100

1.3 Job Readiness Level

Table 3. Distribution of Student Job Readiness

Category	n	%
High	57	57,0
Medium	31	31,0
Low	12	12,0
Total	100	100

2. Bivariate Analysis

Bivariate analysis was conducted to determine the relationship between the clinical learning model and student job readiness using the Chi-Square test.

Table 4. Relationship between Clinical Learning Model and Job Readiness

Clinical Learning Model	High Readiness	Medium Readiness	Low Readiness	Total	p-value
Good	46	12	3	61	0,001
Sufficient	9	14	6	29	
Poor	2	5	3	10	
Total	57	31	12	100	

The Chi-Square test results showed a significant relationship between the clinical learning model and nursing students' work readiness ($p = 0.001$).

3. Multivariate Analysis

Multivariate analysis used ordinal logistic regression to determine the effect of the clinical learning model on work readiness while controlling for confounding variables.

3.1 Logistic Regression Model

Table 5. Results of Multivariate Logistic Regression Analysis

Variables	OR	95% CI	p-value
Clinical Learning Model (Good)	3,21	1,75–5,89	0,000
Duration of Clinical Practice (≥ 3 semesters)	2,14	1,12–4,07	0,021
Age (≥ 22 years)	1,28	0,71–2,30	0,412
Gender (Female)	1,10	0,58–2,08	0,769

Multivariate analysis showed that the clinical learning model was the most dominant factor influencing nursing students' work readiness (OR = 3.21; p < 0.001). Students who participated in a positive clinical learning model were 3.2 times more likely to have high work readiness compared to students who participated in a poor clinical learning model.

Discussion

1. Relationship of Clinical Learning Model to Work Readiness

This study found a significant relationship between the clinical learning model and nursing students' work readiness (p = 0.001). This finding is consistent with studies showing that structured, practice-rich clinical experiences are essential for preparing students for professional practice. Effective clinical learning, including simulations, fieldwork, and instructor guidance, provides opportunities for students to apply theory in real-world contexts, thereby enhancing clinical skills and confidence (Maalouf & El Zaatari, 2025).

Furthermore, quantitative research indicates that perceived practice readiness is positively associated with the ability to practice basic skills, as well as cognitive and affective abilities related to nursing practice (BMC Medical Education, 2025).

2. Student Employment Readiness as a Reflection of Learning Quality

The majority of students in this study had high employment readiness (57%). This finding aligns with studies explaining that quality clinical training provides students with a strong sense of confidence and competence to face the professional world. An experiential learning approach (learning based on direct experience) allows for the integration of theoretical knowledge with direct practice, allowing students to project their preparedness into clinical decision-making and patient care (Maalouf & El Zaatari, 2025).

Furthermore, the concept of clinical readiness encompasses attributes such as professional skills, communication, self-management, and self-confidence, all of which are important determinants of nursing students' employment readiness (Damiran et al., 2024).

3. Psychological Factors and the Clinical Environment

In addition to learning models, psychological factors such as stress have been shown to influence students' clinical readiness. Another study showed that academic and clinical stressors negatively impacted students' readiness for clinical practice, supporting the finding that a safe clinical learning environment and pedagogical support are significant for work readiness (BMC Medical Education, 2025). Furthermore, perceptions of preparedness following the COVID-19 pandemic indicated that distance learning and clinical barriers can reduce student readiness due to reduced practice opportunities (Italy study, 2024).

4. Components of Effective Clinical Learning Methods

Effective clinical learning models include not only hands-on practice in healthcare facilities but also laboratory simulations, real-life case discussions, and feedback evaluation. A scoping review study confirmed that methods such as case-based simulations, experiential learning, and the integration of learning technology can significantly improve student competency (Suryadi et al., 2025).

Clinical learning supported by experiential learning principles helps students experience a full learning cycle, from concrete experiences, reflection, abstract conceptualization, to active

experimentation, which strengthens their clinical readiness holistically (Maalouf & El Zaatari, 2025).

5. Challenges in Implementing Clinical Learning Models

Although many students demonstrate high levels of work readiness, there are indications of weaknesses in some students' readiness, primarily stemming from a lack of clinical skills practice or limited practicum facilities (Maalouf & El Zaatari, 2025).

Other studies have also found that adapting to new trends such as online learning and reduced practicum hours due to the pandemic can reduce students' work readiness levels. Therefore, nursing education needs to balance online approaches with direct clinical experiences (Italy study, 2024).

6. Implications for Nursing Education

These findings emphasize the urgency for nursing education to develop clinical learning models that: 1) strengthen direct practice experiences, including realistic simulations; 2) provide psychosocial support for students to manage clinical stress; 3) implement ongoing competency evaluation to objectively map students' work readiness. Approaches such as simulation-based learning, hands-on laboratory experiences, and clinical-institution collaboration can help students prepare for professional responsibilities (Lee et al., 2023).

Conclusion

Based on the results of the discussion, it can be concluded that the clinical learning model plays a significant role in improving nursing students' work readiness. Structured, hands-on clinical learning, supported by the guidance of competent instructors, has been shown to strengthen students' clinical competence, self-confidence, and communication skills. Furthermore, a conducive and psychologically safe clinical learning environment supports students' adaptation to the demands of the professional workplace. These findings align with various studies confirming that the integration of theory and practice through real-world clinical experiences is a key factor in shaping the work readiness of novice nurses. However, challenges such as limited practice facilities and clinical stress remain, which can impact student readiness. Therefore, nursing educational institutions need to develop innovative, adaptive, and sustainable clinical learning models to ensure nursing graduates have optimal work readiness and are able to navigate the dynamics of healthcare professionally.

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