

ORIGINAL RESEARCH

Assessing Nursing Students' Readiness for Clinical Practice: A Comprehensive Evaluation



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Abstract

Background: Nursing students' clinical readiness is important for a smooth transition into professional practice. However, existing studies provide only a partial understanding of preparedness, while evidence regarding the level of work readiness and its association with sociodemographic characteristics remains limited.

Purpose: This study aimed to assess the level of work readiness among fourth-year nursing students and to examine its association with selected sociodemographic variables.

Methods: A descriptive cross-sectional study was conducted across five purposively selected colleges of nursing in Iraq. The sample consisted of 550 final-year nursing students. Data were collected using a sociodemographic questionnaire and an 18-item work readiness scale. Descriptive and inferential statistics (Chi-square tests) were used for data analysis.

Results: Among the 550 nursing students, 62.7% were female, 94.5% were unmarried, and 48.2% perceived their socioeconomic status as middle. Work readiness was moderate in 57.3% of students, with a mean score of 52.43 (SD = 3.999). Significant associations were found between readiness and gender ($p = .001$), socioeconomic status ($p = .001$), educational level prior to college ($p = .001$), support system ($p = .001$), and interest in nursing ($p = .001$).

Conclusion: The study found that students are moderately to well prepared for their nursing careers. They demonstrate the ability to think critically and provide care in clinical contexts, as reflected in their problem-solving skills. These findings highlight the need for targeted educational and psychosocial support strategies to further enhance students' readiness for professional practice.

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1. Introduction

The transition from nursing education to clinical practice marks a critical juncture for nursing students, requiring them to demonstrate readiness and competence in various aspects of the profession. For many organizations, recruiting graduates, particularly in healthcare, forms a core component of human resource strategy (Carless, 2007; Slaughter et al., 2005). Selecting graduates with the skills and attributes needed for job success is crucial, especially in the demanding field of nursing. Traditionally, academic achievement has played a significant role in this selection process, as it is viewed as a predictor of intellectual capacity, learning potential, and goal-oriented motivation (Australian Government Department of Education, 2024; Roth & Bobko, 2000). However, in recent years, the expectations placed on nursing graduates have expanded beyond academic excellence to encompass a broader range of skills necessary for effective performance in clinical environments (Hager & Holland, 2006).

Work readiness, a concept that has gained increasing attention in the literature, is now considered a vital criterion for assessing a graduate's potential for success in their profession (Casner-Lotto & Barrington, 2006; Hart Research Associates, 2008). Work readiness refers to the extent to which graduates possess the attitudes, attributes, and skills necessary to succeed in the workplace (Caballero & Walker, 2010). It is seen as indicative not only of job performance but also of a graduate's potential for promotion and career advancement (Atlay & Harris, 2000;

Hambur et al., 2002). Despite its importance, the definition of work readiness remains somewhat ambiguous, and there is a lack of consensus on the specific skills and attributes that constitute it (Caballero & Walker, 2010). Particularly in nursing, there is growing concern among healthcare employers regarding the preparedness of new graduates for the demands of clinical practice. Many graduates are perceived to lack the relational and personal competencies needed to succeed in the workforce—skills that are not always directly addressed in academic curricula (Australian Government Department of Education, 2024; Caballero & Walker, 2010; Hart Research Associates, 2008). Several studies have highlighted the need for nursing students to develop these competencies in order to mitigate the stress and uncertainty they face when transitioning from university to the clinical setting (Järvinen et al., 2018).

Despite growing recognition of the importance of work readiness, concerns about nursing graduates' preparedness for clinical practice persist, given the direct impact on the quality of healthcare delivery. Research has consistently highlighted ongoing concerns about the work readiness of nursing graduates, with growing questions about their ability to meet the demands of registered nurse (RN) roles. It is essential to understand how final-year nursing students perceive their preparedness, as this helps identify areas that may not be adequately addressed in the curriculum and facilitates their transition into professional nursing practice (Bradley et al., 2023).

Research on students' preparedness for professional nursing practice has highlighted the challenges learners commonly face as they transition to the complex demands of registered nurse roles in the early post-graduation period (Andrew et al., 2023; Dai et al., 2023). These findings underscore the urgent need to strengthen practical skills and clinical competencies throughout undergraduate education to prepare a workforce capable of meeting real-world clinical challenges. Understanding the factors that contribute to nursing students' clinical readiness for employment can help both academic institutions and healthcare systems improve the preparedness of the future nursing workforce (AlMekkawai & Khalil, 2022).

Despite growing attention to the concept of work readiness, the literature remains fragmented, with most studies focusing on either academic performance or clinical skills and rarely integrating cognitive, personal, and contextual factors into a comprehensive framework. Moreover, few studies have investigated these factors in developing countries such as Iraq, where socioeconomic and institutional conditions may uniquely influence nursing students' preparedness for practice (Al-Yateem & Docherty, 2015; Fisher et al., 2001; Järvinen et al., 2018). There is therefore a pressing need to examine how personal characteristics (e.g., gender, socioeconomic status, support systems, and interest in nursing) are associated with perceived readiness in these settings. Accordingly, this study seeks to address these gaps by assessing the level of readiness to work among fourth-year nursing students in Iraq and examining its association with selected sociodemographic factors. The findings are expected to inform nursing education strategies and support systems that better prepare students for the transition into professional clinical practice.

2. Methods

2.1. Research design

A descriptive cross-sectional design was used to achieve the previously stated objective. Using a cross-sectional design, data were collected at a single point in time to assess nursing students' readiness to enter the workforce. This design is appropriate for assessing the study variable of readiness without alteration, thereby providing a comprehensive overview of participants' level of preparedness.

2.2. Setting and samples

The study was conducted in five nursing colleges selected from universities representing different areas of Iraq: Baghdad, Babylon, Kerbela, Kufa, and Kirkuk. These institutions were purposively selected to ensure representation of students from the northern, central, and southern regions of the country, thereby reflecting the diversity of educational and healthcare contexts across Iraq. Baghdad, the capital of Iraq, is the pivoting center of healthcare training and services. On the other hand, Babylon, Kerbela, and Kufa provide central and southern viewpoints, with different cultural and clinical norms such as strong family involvement in patient care and clinical conditions shaped by restricted medical resources and infrastructure, which may affect

nursing education. Kirkuk, in the north, offers insights into a more ethnically mixed setting. Such geographical and sociocultural diversity contributes to the study's potential to provide a nationally representative snapshot of students' readiness to nurse.

A total of 550 final-year nursing students participated in the study. The inclusion criteria were fourth-year nursing students who were officially enrolled at the time of data collection and who voluntarily agreed to participate by providing informed consent. The exclusion criteria included students in the 3rd, 2nd, and 1st years due to limited clinical experience, those who were absent during data collection, and those who declined participation.

The minimum required sample size was calculated using G*Power version 3.1, based on a 95% confidence level, 80% statistical power, and a medium effect size (Cohen's $d = 0.30$) appropriate for Chi-square analyses (Faul et al., 2007). The calculation indicated a minimum sample size of 384 participants. The final sample exceeded this requirement, thereby enhancing the robustness and reliability of the statistical outcomes.

A purposive online sampling strategy was employed, specifically targeting students in their final academic year. This group was selected for its relevance, as these individuals were on the verge of entering professional practice and were therefore well-positioned to provide meaningful insights into their readiness for clinical work. The use of online data collection was particularly suitable, allowing for a broader geographical reach, minimizing logistical barriers, and ensuring that the sample was representative of nursing students across diverse regions in Iraq. Official approval for data collection was obtained from the Students' Affairs Departments of the participating universities.

2.3. Measurement and data collection

The study was conducted between November 22, 2023, and April 1, 2024. Data were collected using an online questionnaire consisting of two sections. The first section included an informed consent form that explained the study's purpose and ensured students' voluntary participation. It also collected sociodemographic characteristics of the students, such as gender, marital status, perceived socioeconomic status, level of education before admission to college, support system, and interest in nursing. The second section consisted of the Readiness-to-Work Scale adapted from Dai et al. (2023). This scale comprises 18 items designed to assess four key dimensions of work readiness: Clinical Problem-Solving (items 1–7), Learning Techniques (items 8–9), Professional Identity (items 10–14), and Trials and Tribulations (items 15–18). Each item was rated on a four-point Likert scale, ranging from strongly disagree (1) to strongly agree (4). To account for negatively phrased items, those under the 'Trials and Tribulations' domain (items 15–18) were reverse-scored to ensure consistent interpretation across the scale. The total attainable score ranged from 18 to 72, with higher scores reflecting a greater level of perceived readiness for clinical practice.

To facilitate a clear interpretation of results, total scores were classified into three equal categories using a standard classification formula: $(\text{Maximum} - \text{Minimum}) \div 3$, yielding $(72 - 18) \div 3 = 18$. Accordingly, readiness levels were categorized as Low (18.00–33.33), Moderate (33.34–52.66), and High (52.67–72.00). This classification aligns with the original scoring framework established by the scale's developers and offers a structured approach for evaluating the distribution of readiness levels among participants.

Although the Readiness-to-Work Scale was designed by Dai et al. (2023), its content validity was reassessed to confirm its relevance within the Iraqi nursing education context. Five senior nurses on the faculty panel checked the translated instrument for content validity, cultural relevance, and alignment with the study objectives. Based on their recommendations, some linguistic adjustments were made to improve understanding and maintain the items' relevance to their original conceptual meanings. This adaptation process preserved the original scale's theoretical underpinnings while making it context-specific. Additionally, the content validity ratio of the original scale (> 0.7) was considered during this assessment.

To ensure translation validity, a forward–backward translation procedure was carried out. The original English instrument was independently translated into Arabic by two bilingual nursing experts with academic and professional experience. The two forward translations were reviewed and synthesized into a single preliminary Arabic version through consensus. Next, a separate pair of bilingual experts, who were blinded to the original instrument, independently back-translated the Arabic version into English. The back-translated version was then compared

with the original English instrument by the research team and the original translators to identify any discrepancies in meaning or interpretation. Necessary revisions were made to ensure that the Arabic version accurately reflected the original items while remaining culturally appropriate and easily understood by Iraqi nursing students. This process emphasized not only linguistic accuracy but also conceptual and cultural equivalence (Brislin, 2000), ensuring that the translated instrument preserved the intended meaning of each item within the local educational and clinical context. Construct validity was not reassessed in the present study because the instrument had previously undergone psychometric validation in its original English version. The primary objective of the current study was to ensure that the translated version retained adequate content and conceptual validity.

A pilot study was conducted with 60 students (excluded from the main study sample) to test the instrument, and its reliability was assessed using Cronbach's alpha. The overall scale showed excellent internal consistency ($\alpha = 0.90$). Additionally, internal consistency was evaluated for each of the four dimensions of the scale: Clinical Problem-Solving (7 items; $\alpha = 0.84$), Learning Techniques (2 items; $\alpha = 0.71$), Professional Identity (5 items; $\alpha = 0.78$), and Trials and Tribulations (4 items; $\alpha = 0.74$). These values indicate acceptable to high reliability across all dimensions, supporting the internal consistency of the instrument components.

2.4. Data analysis

Data were analyzed using the Statistical Program for Social Sciences (SPSS) version 26.0. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were applied to summarize participants' sociodemographic characteristics (gender, marital status, perceived socioeconomic status, education level before admission to college, support system, and interest in nursing) and describe the overall distribution of readiness scores. Associations between participants' sociodemographic variables and readiness levels were examined using the Chi-square test. Since no students scored within the 'Low' readiness category, this group was excluded from the inferential analysis to avoid zero-frequency cells. Consequently, the Chi-square test was conducted across two categories ('Moderate' and 'High') to ensure that the assumption of minimum expected cell frequencies was met. Statistical significance was established at $p < 0.05$.

2.5. Ethical considerations

This study was conducted in accordance with the ethical principles of the Declaration of Helsinki, including respect for confidentiality, informed consent, and the right to withdraw at any time without penalty. Moreover, the study ensured that participants' welfare was prioritized and that any risks were minimized. The study protocol was reviewed and approved by the Institutional Review Board (IRB) of the Faculty of Nursing, University of Baghdad, Iraq (Reference No. 23; November 30, 2023). Prior to data collection, all participants received an informed consent form explaining the study's purpose, their rights as participants, and the voluntary nature of participation. Written informed consent was obtained electronically before participants accessed the questionnaire.

3. Results

3.1. Characteristics of participants

More than half of the nursing students were female (62.7%) and unmarried (94.5%). Most students perceived their socioeconomic status as moderate (48.2%) or high (46.4%), and nearly all had completed secondary school (97.3%). Family was the primary source of support (89.1%), and a majority of students (60.9%) reported having an interest in nursing (Table 1).

3.2. Overall assessment of readiness to work

The evaluation of students' readiness to work showed that 57.3% had a moderate level of readiness, while 42.7% had a high level. No students were classified as having a low level of readiness (Table 2).

3.3. Sub-domains of readiness to work

The assessment of readiness-to-work subdomains among nursing students revealed varying levels of preparedness. For the Clinical Problem-Solving domain, the mean score was 21.91 (SD =

1.860), indicating a high level of readiness. In contrast, the Learning Techniques domain had a mean score of 5.88 (SD = 0.936), reflecting a moderate level of readiness. The Professional Identity and Trials and Tribulations domains both showed moderate levels of readiness, with mean scores of 14.05 (SD = 2.058) and 10.90 (SD = 1.724), respectively (Table 3).

Table 1. Distribution of students according to their sociodemographic characteristics (n=550)

Characteristics	Category	Frequency (f)	Percentage (%)
Gender	Male	205	37.3
	Female	345	62.7
Marital status	Unmarried	520	94.5
	Married	30	5.5
Perceived socioeconomic status	Low	30	5.5
	Moderate	265	48.2
	High	255	46.4
Educational level before admission to college	Secondary school	535	97.3
	Nursing diploma	15	2.7
Support System	Family	490	89.1
	Friends	15	2.7
	Relatives	45	8.2
Interest in nursing	No	215	39.1
	Yes	335	60.9

Table 2. Overall assessment of readiness to work among students (n=550)

Variables	M ± SD	Frequency (f)	Percentage (%)
Readiness to work	52.43 ± 3.999		
Low		0	0
Moderate		315	57.3
High		235	42.7

Table 3. Assessment of readiness to work sub-domains among nursing students (n=550)

Readiness to Work Sub-Domains	M± SD	Frequency (f)	Percentage (%)
Clinical Problem- Solving	21.91 ± 1.860		
Low = 7 – 14		0	0
Moderate = 14.1 – 21		65	59.1
High = 21.1 - 28		45	40.9
Learning Techniques	5.88 ± .936		
Low = 2 – 4		9	8.2
Moderate = 4.1 – 6		82	74.5
High = 6.1 - 8		19	17.3
Professional Identity	14.05 ± 2.058		
Low = 5 – 10		6	5.5
Moderate = 10.1 – 15		77	70.0
High = 15.1 - 20		27	24.5
Trials and Tribulations	10.90 ± 1.724		
Low= 4 – 8		12	10.9
Moderate = 8.1 – 12		85	77.3
High = 12.1 - 16		13	11.8

Note. Sub-domain scores were classified into Low, Moderate, and High using standard cut-off values.

3.4. Association between readiness and sociodemographic characteristics

Significant associations were found between readiness to work and the following variables: gender ($p = .001$), socioeconomic status ($p = .001$), educational level before college ($p = .001$),

support system ($p = .001$), and interest in nursing ($p = .001$). In contrast, marital status was not significantly associated with readiness ($p = .090$) (Table 4).

Table 4. Association between readiness to work among nursing students and their sociodemographic characteristics (n=550)

Characteristics	Category	Frequency (f)	Percentage (%)	χ^2	p
Gender	Male	205	37.3	64.886	.001
	Female	345	62.7		
Marital status	Unmarried	520	94.5	22.740	.090
	Married	30	5.5		
Perceived socioeconomic status	Low	30	5.5	117.177	.001
	Middle	265	48.2		
	High	255	46.4		
Educational level before admission to college	Secondary school	535	97.3	53.458	.001
	Nursing diploma	15	2.7		
Support System	Family	490	89.1	133.291	.001
	Friends	15	2.7		
	Relatives	45	8.2		
Interest in nursing	No	215	39.1	54.351	.001
	Yes	335	60.9		

Notes. χ^2 : Chi-square, p: Probability value.

4. Discussion

The purpose of this study was to assess the level of readiness to work in the nursing profession among fourth-year nursing students across several dimensions, including clinical problem-solving, learning techniques, professional identity, and trials and tribulations. The findings indicated that while students demonstrated moderate to high levels of clinical problem-solving and learning techniques, challenges remained in establishing a strong professional identity and in coping with the trials and tribulations of clinical practice. Factors such as institutional resources, regional healthcare infrastructure, and cultural expectations emerged as influential in shaping students' overall preparedness. These findings underscore the need for targeted curricular reforms, mentorship opportunities, and enhanced clinical training environments to strengthen nursing students' readiness for professional practice and ensure a workforce better equipped to meet the demands of the healthcare system.

This study also found that the overall work readiness of final-year nursing students in Iraq was moderate, with relative strengths in clinical problem-solving and learning techniques, but notable challenges in professional identity formation and in coping with the trials and tribulations of clinical practice. These results suggest that while students are developing critical-thinking and adaptive-learning skills, many still face difficulties transitioning into confident professional roles.

In the present study, a significant association was found between gender and readiness to work, with male students demonstrating higher readiness. This is consistent with previous findings that male nursing students might be more confident in making clinical decisions and more assertive, both of which contribute to preparedness (Andrew et al., 2023). These traits could reflect gendered socialization and role expectations in clinical work. However, the majority (74.4%) of participants were unmarried females, and marital status was not statistically associated with readiness for clinical practice. This suggests that personal responsibilities traditionally assumed to impact academic focus, such as family or caregiving roles, did not exert a measurable influence on students' perceived preparedness in this context. Therefore, although gender may shape self-efficacy or communication styles in clinical settings, marital status alone does not appear to determine readiness among this sample.

The findings showed that a higher proportion of students perceived their socioeconomic status as middle. Perceived middle socioeconomic status can influence nursing students' academic persistence and professional values (Zhao et al., 2023). A previous study has shown that nursing students' socioeconomic status is positively correlated with their professional identity (Umar, 2020). A study exploring student nurses' perceptions of socioeconomic, environmental, and psychological factors affecting their academic achievement at Usmanu Danfodiyo University

Teaching Hospital in Nigeria found that parents' socioeconomic status, basic school amenities, and stress can significantly affect nursing students' academic achievement ([Freed-Hardeman University, 2023](#)). These findings provide supporting evidence for the current study's finding related to students' socioeconomic status

The majority of students had graduated from secondary school before admission to college, and more reported that they were supported by their families and admitted to having an interest in the nursing profession. The support system provided by family is crucial for nursing students' success in their academic and professional development. In addition, effective collaboration and supportive professional environments have been shown to significantly enhance work readiness among nursing graduates ([Tahran et al., 2022](#)). Research and resources emphasize the importance of various forms of support, including emotional, physical, and financial, in helping nursing students manage their time, stress, and overall well-being ([Cilar et al., 2020](#); [Ridad et al., 2024](#)). A study examining perceived social support among students found that it promotes nursing students' psychological well-being, highlighting the positive impact of support systems on their overall mental health and professional development. Therefore, family support is seen as instrumental to nursing students' academic success, emotional well-being, and financial responsibilities ([Hunt et al., 2020](#)). This is consistent with and supports similar findings from the current study regarding the importance of social support structures in students' preparation for clinical practice.

In the present study, students who were sincere about nursing work and attracted to its career showed a higher degree of readiness than their counterparts. This highlights the importance of intrinsic motivation in determining students' readiness for clinical practice. Evidence suggests that students enter nursing for practical reasons, including job security, opportunities for career advancement, and clinical engagement ([Nurse Interest, 2023](#)). However, their interests vary according to their values and desired career paths. For example, [Dudley et al. \(2020\)](#) found that students' engagement was lowest in geriatric nursing topics and highest in pediatric competencies. These differences can influence not only students' career paths but also their motivation to learn during training, with implications for their preparation for professional practice. Thus, fostering and sustaining students' genuine interest in nursing throughout their education may be a key element in enhancing learning and preparing the future workforce.

The study revealed that more than half of the final-year nursing students demonstrated a moderate level of work readiness, indicating that there is still room for improvement. This is in line with previous research showing that although a large proportion of nursing students report feeling generally prepared for practice, important gaps remain in specific competencies required for autonomous performance, and readiness is influenced by clinical training experiences and support systems ([Malau-Aduli et al., 2022](#)). Likewise, [Gök Uğur et al. \(2020\)](#) noted that newly graduated nurses often struggle to translate theoretical education into real-world nursing practice, identifying a gap between academic preparation and professional practice. A number of studies have revealed that supportive clinical learning environments, effective feedback loops, and simulation-based education have played important roles in bridging this gap ([Abdou et al., 2021](#); [Tolentino & Banaticla, 2023](#)). The relatively low levels of readiness observed in this sample indicate broader issues and highlight the importance of explicit curricular adjustments to support the development of clinical competence and the transition to professional practice.

There was heterogeneity in nursing students' readiness across the sub-domains. Students showed a high level of confidence in clinical problem-solving and in their competence when facing clinical cases. Moderate readiness in the Learning Techniques domain suggests that some students may need more support in developing strong study habits and self-directed learning strategies. Similarly, the domains of Professional Identity and Trials and Tribulations reflected moderate readiness levels, indicating areas where further growth is needed to strengthen students' professional self-concept and resilience in the face of clinical challenges. Overall, while students excel in problem-solving, there is room for improvement in learning techniques and professional identity, indicating a need for targeted interventions to better prepare students for the clinical challenges they will face. Research indicates that nursing students exhibit a strong level of readiness in clinical problem-solving. A study evaluating readiness skills and factors influencing readiness among nursing students found that a significant proportion of students demonstrated high readiness for self-directed learning, closely linked to their ability to engage effectively in clinical problem-solving scenarios. This suggests that students feel confident in their

capacity to handle clinical situations, reflecting their preparedness in this critical area (Dia, Wang, & Ma, 2023; Visiers-Jiménez et al., 2022).

The findings of this study revealed several notable associations between nursing students' readiness and their sociodemographic characteristics. Males exhibited higher readiness scores compared to females, with a significant difference. This suggests that male students may feel more prepared or confident in their clinical roles compared to their female counterparts. A study by Dia et al. (2023) exploring whether there are significant differences in clinical readiness between male and female nursing students found that male nursing students scored significantly higher on readiness assessments, particularly in areas related to clinical problem-solving and self-efficacy (Gök Uğur, 2020). This finding is consistent with the current study's findings regarding the significant association between gender and readiness to work.

Students with moderate socioeconomic status had the highest readiness scores compared with those with low or high socioeconomic status. The significant difference indicates that moderate socioeconomic conditions might better support readiness, possibly due to balanced access to resources and opportunities. A study by Visiers-Jiménez et al. (2022), which examined the relationship between students' socioeconomic status and readiness to work, found that nursing students from moderate SES backgrounds reported higher levels of support and engagement in their educational programs, which positively influenced their clinical readiness scores, which provides supportive evidence for the current study's finding (Zaho et al., 2023).

Students who completed secondary school before college had higher readiness scores than those with a nursing diploma, with a significant difference. This suggests that a more traditional educational background might be associated with higher readiness levels, potentially due to a more comprehensive educational foundation before specialized training. A study by Gök Uğur et al. (2020), which compared readiness levels across various educational backgrounds, found that students with a secondary school background demonstrated stronger critical thinking, problem-solving, and adaptability in clinical settings than those with a nursing diploma (O'Shea, 2003). This finding is consistent with the current study's findings on a significant relationship with level of education among those with a secondary educational background. A study also highlighted the importance of interprofessional education in nursing, supporting the findings of the current study (Tuppai, 2025).

The finding that students supported by relatives had higher work-readiness scores than those supported by immediate family or friends highlights the potential significance of extended-family support in student development. In this study, support was defined as emotional, psychological, and financial support. According to social support theory, instrumental and emotional support from trusted individuals can enhance coping capacity, reduce academic stress, and increase self-efficacy—factors that are critical for professional readiness (House, 1981). In Middle Eastern cultures, including Iraq, extended family members such as uncles, aunts, or older cousins often play integral roles in young adults' lives by providing mentorship, financial resources, and moral encouragement (Al-Krenawi & Graham, 2000). In certain contexts, extended family members may provide more autonomy-supportive guidance than those within the nuclear family, particularly when close family dynamics are marked by tension or overprotectiveness. Such support from the extended family might explain the stronger positive relationship found in the current study between relatives' support and students' readiness for clinical practice. Acknowledging these cultural nuances is important when designing support activities for students, as these should reflect the regionally embedded social structures that shape nursing students' development.

The current study found that nursing students with a strong interest in the nursing profession had significantly higher readiness scores than those with weaker interests. This result clearly indicates the importance of intrinsic motivation in nursing students' readiness for clinical practice. A lack of genuine interest in nursing may lead to superficial engagement with academic content, reduced participation in clinical experiences, and passive acquisition of important skills, all of which detract from readiness for practice. Supporting this, O'Shea (2003) reported that nursing students who demonstrated higher intrinsic motivation and greater vocational passion achieved better academic achievement and engaged more actively in self-directed learning, which is important for clinical preparedness. These findings indicate that interest in nursing transcends personal preference and plays a crucial role as a key predictor of successful career transition. To capitalize on this, nursing education programs might consider implementing initiatives aimed at

cultivating and sustaining student interest, such as early exposure to clinical settings, structured mentorship opportunities, and reflective exercises that emphasize the significance and impact of the nursing role. Such strategies could not only foster ongoing engagement but also meaningfully enhance students' overall readiness for clinical practice.

5. Implications and limitations

In light of the findings, several targeted interventions are recommended to enhance nursing students' preparedness for clinical practice. For example, structured transition programs, including clinical immersion experiences and individualized career guidance, may provide final-year students with the support needed to transition into professional roles with greater confidence. Similarly, establishing and implementing national standards for clinical education, especially in critical thinking and problem-solving skills, would narrow the gap between academic training and the real-world context of clinical practice. It is also important to explore and address gender-specific issues in nursing education to ensure that targeted support structures are in place to enhance equity in preparedness across student groups. Finally, creating national mentorship schemes and peer support networks could offer continuous emotional, academic, and professional support, reinforcing students' self-confidence and competency as they enter the health workforce.

However, the present study had some limitations that should be acknowledged. First, the use of an online sampling method may have limited participation to students with internet access, potentially excluding those from less-connected or underserved schools. Second, although the study included nursing students from five Iraqi universities, providing regional representation, the findings may not be generalizable to other nursing colleges or geographical settings. Future studies should include a broader range of educational institutions and employ more diverse sampling strategies to improve the generalizability of the findings and provide a more comprehensive understanding of nursing students' readiness for professional practice.

6. Conclusion

This study found that fourth-year nursing students demonstrated moderate overall work readiness for professional nursing practice. Among the four dimensions of work readiness, students achieved a high level of readiness in clinical problem-solving, whereas readiness remained moderate in learning techniques, professional identity, and trials and tribulations. Furthermore, work readiness was significantly associated with gender, socioeconomic status, educational background, support systems, and interest in the nursing profession. These findings suggest that, while students have developed important clinical competencies, additional efforts are needed to strengthen their professional identity and preparedness for the transition into professional nursing roles.

Based on the findings, health policymakers and nursing managers should establish structured support mechanisms, including mentorship and career development opportunities, to strengthen students' professional identity and readiness for practice. Tailored interventions to address socioeconomic barriers to employability may also help reduce disparities in work readiness. Policymakers should invest in structured training programs and provide clinical placement opportunities that closely reflect real-world practice settings. Finally, nursing managers should create supportive work environments that facilitate new graduates' transition into the profession and enable them to apply their knowledge and skills in clinical settings confidently.

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Author Contribution

QQM conceptualized and designed the study, developed the research methodology, and provided supervision throughout the research process. QQ and TAF jointly conducted the data analysis, interpreted the results, and contributed to the writing of the manuscript. KRS critically reviewed and revised the final draft to enhance its accuracy, coherence, and clarity.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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Declaration of Use of AI in Scientific Writing

The authors declare that AI-assisted tools were used only for language editing and to improve the readability of the manuscript. All scientific content, analyses, interpretations, and conclusions were developed and verified by the authors.

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