

Assessment of Practice Preparedness among Novice Nurses in Private Hospitals: A Cross-sectional Study

Mickhail C. Pilay, Trisha Mae G. Antonio, Zakhary Cazter Z. Castro, Angel Jane V. Derla, Sophia Aisha Marie R. Fontanilla, Arianne M. Garcia, Precious Micah A. Jimenez, Gwen Alexa I. Macadangdang, Trisha Nicole C. Nayao, Mikka Diane T. Soriano and Cheryll M. Bandaay, PhD, RN

School of Nursing, Allied Health, and Biological Sciences, Saint Louis University, Baguio City, Philippines

ABSTRACT

Background. The crop of novice nurses who are currently employed is a product of flexible learning who had limited contact hours with actual patients, which is contrary to those who graduated from traditional learning modalities. Hence, it is essential to evaluate how the impact of flexible learning modality has affected the practice preparedness levels of novice nurses in the hospital setting.

Objective. This study aimed to determine the level of practice preparedness and its associated factors among novice nurses who work in private hospitals.

Methods. The study utilized a cross-sectional survey design. Data was gathered from a total enumeration of ninety-four novice staff nurses who graduated from the flexible learning curriculum and are currently employed in private hospitals in Baguio City and La Trinidad. The tool used was a questionnaire in two parts. Part 1 consisted of questions related to demographic information and factors related to practice preparedness, and part 2 included the Nursing Practice Readiness Scale, with validity and reliability scores of >0.924 and 0.90, respectively. The data was analyzed using the SPSS V27 trial version. The protocol was approved by the Saint Louis University Research Ethics Committee.

Results. Findings reveal that more novice nurses in private hospitals perceived themselves as well-prepared across all domains of practice preparedness: “Collaborative Interpersonal Relationship” (n = 94, 100%); “Patient Centeredness” (n = 92, 97.90%); “Self-regulation” (n = 90, 95.70%); “Clinical Judgment and Nursing Performance” (n = 78, 83.00%); and “Professional Attitudes” (n = 76, 80.90%). There is a significant association between practice preparedness and the following factors: “Attended more than one Training/Seminars per year” (p = 0.02), “Graduated from Private Schools” (p = 0.03), and “Assigned in Regular Wards” (p = 0.05). On the other hand, no significant association was found between practice preparedness and the following factors: “Sex” (p = 0.61) and “Membership in Professional Organizations” (p = 0.73).

Conclusion. In agreement with existing studies, practice preparedness is multifactorial. However, what this study contributes are new factors that are favorable in making novice nurses more confident in performing their roles and responsibilities. These include being a graduate of private schools, being assigned to regular wards, and attending professional training/seminars more than once annually. Advantageously, these factors that promote practice preparedness are modifiable.

Keywords: nurses, hospital nursing staff, private hospitals

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Corresponding author: Mickhail C. Pilay
School of Nursing, Allied Health, and Biological Sciences
Saint Louis University
Baguio City 2600, Philippines
Email: mhcpilay@gmail.com

INTRODUCTION

The nursing profession is one of the cornerstones of healthcare delivery, and the preparedness of novice nurses has a direct impact on patient outcomes and the overall quality of healthcare services. Novice nurses have been defined variously. Based on Benner's seminal work, some authors referred to novice nurses as nurses in their first three years of practice after registration,¹ with less than two years of experience,² and as newly licensed nurses and nurses who have less than a year of experience from receiving their degrees, either associate or bachelor's degree.³ In Benner's model, nurses are presumed to start from novice, advanced beginner, competent, proficient, and eventually to expert level. A novice nurse is someone without prior experience in a specific situation, necessitating explicit rules and guidance. This stage involves difficulty discerning relevant aspects and is typically associated with student nurses. However, Benner recognizes that even nurses at higher skill levels in one area may be classified as novices when placed in unfamiliar areas or situations, such as transitioning from general medical-surgical adult care to neonatal intensive care.⁴

Nurses, as essential contributors to healthcare, are pivotal in delivering holistic, competent care that addresses all patient needs and strives for optimal outcomes, known as quality care.⁵ To achieve this, education in nursing must establish a solid foundation to cultivate the attitudes, behavior, and capabilities essential for nursing professionals to carry out their practice effectively.⁶ In line with this, nursing schools are preparing for distinctive challenges associated with the future of care providers.⁷ Currently, Philippine nursing schools are utilizing the BSN curriculum based on CHED CMO. No. 15 series of 2017, mandating the learning paradigm shift to an outcomes-based approach. In outcomes-based education, clinical instructors act more as facilitators of learning rather than experts merely providing input. Through this approach, it encourages students to take an active role in constructing their understanding through experiences, discussions, reflections, and methods that enable critical and analytical thinking. As the students focus on attaining the competencies as outcomes, they are expected to graduate, achieving a specific level of knowledge, skills, values, application, and degree of independence.⁸ As this paradigm shift has taken place, it can be noted that the years of establishment of nursing education programs significantly impacted quality.⁹

As students begin their journey in the academe, cultivating nursing skills is essential in building core competencies in their education and performing their professional abilities. The traditional nursing skill education method involves instructors explaining the principles of each skill and demonstrating the steps with the assistance of a simulated patient. Students then practice the skill, followed by return demonstrations and skill testing performance to evaluate student learning outcomes.¹⁰ These skills are necessary for nursing care; hence, acquiring these skills is essential to

build the psychomotor skills of students. Furthermore, it encapsulates the combination of theory and psychomotor skills. Relying solely on theory is insufficient to develop their competencies; therefore, clinical competencies require the integration of theory and practice in real-life situations honed in the skills laboratory. The skills laboratory is a crucial preparatory environment for student nurses before clinical placements. It allows them to practice realistic scenarios and apply their learned nursing skills in the workplace, ensuring they are better prepared to handle real-life situations.¹¹

According to AlMekkawi and Khalil, readiness in practice includes having the necessary knowledge and competencies to care for patients safely and independently.¹² In this study, *practice preparedness* is defined as the confidence of the nurse's readiness to respond to the need for nursing care and accomplish the roles and responsibilities of a professional nurse in hospital settings, given real-life situations. Literature review shows that the practice preparedness of novice nurses is multifactorial. Key factors that were notable include flexible learning, integration of knowledge or theory-practice gap, adequate support or preceptorship, and perceived competence.

One of the major changes brought upon by the COVID-19 pandemic was the utilization of flexible learning. Compared to traditional learning methods, student nurses were exposed to online classes and had limited contact hours with actual hospital patient care. Flexible learning is an adaptable educational method, not solely reliant on technology. It includes diverse delivery methods like distance education, varying based on technology levels, device availability, internet access, and teaching approaches. This approach tailors program and course design to meet learners' unique needs regarding place, pace, process, and resulting learning products. It incorporates digital and non-digital technology, covering face-to-face, out-of-classroom, or a combination of delivery modes. Flexible learning ensures inclusive and accessible education during emergencies, emphasizing collaboration between learners and teachers to customize experiences based on the learning environment's realities. Its versatile design accommodates diverse student needs and learning styles.¹³

In nursing education, flexible learning has impacted student nurses, especially regarding their clinical exposure. A study revealed that the redesignation of courses in nursing schools was sufficiently met and would successfully graduate prepared to enter practice.¹⁴ These changes include virtual activities, such as vSIM, which replaced clinical experiences.¹⁵ For instance, high-quality simulations with scenario-based learning exercises are believed to relate to the ability of nurses to practice before starting their careers.^{16,17} Similarly, simulation-based education revealed a statistically significant improvement in nursing confidence, clinical skills, and judgment.¹⁸ Contrary to the positive effects, blended learning prompted concerns about preceptor support, guidance, teaching, and skill practice to mitigate issues as novice nurses transition to practice,¹⁹ and some consider withdrawing from school.²⁰

While numerous global studies exist on the effect of flexible learning on the practice preparedness of novice nurses, they have not gained enough scholarly attention in the Philippines. Only a study in Bicol, Philippines, determined the extent of nursing practice preparedness amid COVID-19; however, the respondents were graduating student nurses.²¹ Limited literature exists on practice preparedness among Filipino novice nurses impacted by the COVID-19 pandemic's effect on shifting traditional learning to flexible learning, such as online and virtual clinical teaching methods, prompting this study to explore novice nurses' level of practice preparedness in private hospitals.

Theory-practice gap also plays a role in the transition of novice nurses to practice. The theory-practice gap can be characterized as a deficiency in connecting the knowledge acquired in academics and research work with practice.²² A study revealed that novice nurses could not independently and comfortably apply theoretical knowledge from the academe into their clinical practice, needing at least months to almost more than a year to overcome the difficulties.²³ This can be reflected in a study revealing that knowledge of the fundamental subjects is the main factor influencing readiness.²⁴ A study in the Philippines agreed, revealing that ongoing learning was perceived as the most satisfying aspect of the working environment.²⁵

As revealed by studies, sufficient support from preceptors or colleagues enables novice nurses to become proficient, self-confident nurses, signifying that adequate support or preceptorship is one of the key determinants of practice preparedness among novice nurses. A previous study showed that preceptorship is the primary supportive resource for novice nurses in promoting a smooth learning process in the clinical area, enabling them to become more competent and confident nurses.²⁶ Furthermore, emotional support is notable in reducing transition stress.²⁷ Similar to studies outside the Philippines, a structured preceptorship or orientation program would help novice nurses upon employment.²⁸

Generally, a high self-perception of competence will result in better performance, leading to greater practice preparedness. A study in the Netherlands revealed that the lack of perceived competence is why novice nurses leave practice.² It can mean a deficiency in soft skills.²⁹ However, a study in the Philippines revealed that newly graduated nurses have a high level of competence in fundamental nursing skills and core competence. It showed that perceived competence does not relate to the years of experience, graduation year, specific area of assignment, gender, type of school attended, participation in continuing professional development (CPD), or the hospital's bed capacity.³⁰

Since the outcome is practice preparedness, potential exposures are the factors that would affect this outcome, as discussed accordingly. Nursing schools can influence practice preparedness because it is developed gradually by student nurses along a transition continuum, and achieving practice readiness depends on elements found in both the educational

and professional contexts.³⁰ An earlier study, however, such as that in the USA, revealed that it was insufficient to prepare them without learning from experience in the actual workforce.³¹ Sex may also be related to practice preparedness. The study by Cai showed that gender may influence work adaptability among newly graduated nurses.³² The area of practice also affects the appraisal of practice preparedness of novice nurses. A study from Korea revealed that being assigned to special areas, such as those in the OR, ICU, and ER, was stressful during the first few months.³³ A study in Poland agreed, highlighting the use of professional training to prepare them.³⁴ In line with this, training in different contexts can assist with novice nurses' practice preparedness. A study revealed that a structured orientation program with trained preceptors successfully prepares new graduate nurses.³⁵ Similarly, a high level of practice preparedness was also attributed to nurse residency programs.³⁶ In the Philippines, training and seminars are part of one's endeavor toward continuing professional development.

In the Philippine context of nursing practice, a nurse typically is assigned to 20 patients but can escalate to 50, contrary to the standard of 1:12 set by the Department of Health (DOH), leading to longer shifts, about 12 to 16 hours, excluding overtime pay.³⁷ The working conditions and job contracts experienced by Filipino nurses can then be described as highly challenging, reaching from suboptimal to exploitative.³⁸ For new graduate nurses entering the clinical field, significant difficulties they experienced were mainly related to role change expectations,³⁹ which can cause them to experience anxiety, emotional exhaustion, fear, and frustration.⁴⁰

The global demand for nurses is soaring, with a projected need for an additional 9 million nurses and midwives by 2030, impacting the achievement of health-related Sustainable Development Goal 3.⁴¹ The Philippines, a prominent source of nursing professionals globally, needs approximately 127,000 nurses,⁴² hindering optimal healthcare services,⁴³ while an estimated 200,000 to 250,000 nurses have exited the profession in the country.⁴⁴ Furthermore, the migration of nurses abroad places pressure on hospitals in the country to efficiently manage their limited resources.²⁵ As a result, novice nurses encounter increased demands as they are required to take on more responsibilities and functions.²⁹

All the studies mentioned have contributed to the comprehension of practice preparedness globally and in the Philippines, shedding light on the factors contributing to this state of preparedness. However, it is crucial to note that there are disparate findings across these studies, especially concerning the influence of flexible learning on nurses' preparedness. Notably, there is a need for more studies exploring the impact of the flexible learning modality during the pandemic on the practice preparedness of novice nurses, particularly within the Philippine setting, specifically in private hospitals of Baguio City and La Trinidad, Benguet.

Given these, the objectives of this study aimed to (1) determine the level of practice preparedness among novice nurses who work in private hospitals and (2) determine factors associated with practice preparedness among novice nurses.

MATERIALS AND METHODS

Study Design

The study employed a descriptive quantitative cross-sectional survey design. It uses statistical data to investigate variables of a phenomenon, and the relationship between the variables is evaluated by the statistical significance.⁴⁵

Locale and Population

This study was conducted in two private hospitals in Baguio City and one in La Trinidad, Benguet, denoted by the codes P1, P2, and P3, respectively. These hospitals provide various healthcare services and cater to patients from the immediate locality and neighboring northern Luzon provinces. The target population was novice nurses from the hospitals mentioned above. The hospitals only hold data on the year of hiring of the nurses. For verification, the researchers were granted permission to gather data on potentially eligible respondents—16 for P1, 83 for P2, and 61 for P3. However, only 94 were confirmed eligible, agreed to participate, and were included in the study—P1 with 3 novice nurses, P2 with 62, and P3 with 29 novice nurses.

The inclusion criteria comprised novice nurses working as staff nurses for no longer than three years. They were hired from 2021 to 2023, regardless of employment status (permanent or temporary), category (regular or probationary), and ward/unit assignment. They are referred to as novices, as this is when they enhance their competence in a professional setting.⁴ Furthermore, since practice preparedness is a measure of the confidence of the nurse, the best person to evaluate this is the novice nurse. The exclusion criteria are BSN graduates

from 2020 and earlier and those on leave during the study. BSN graduates from 2020 and earlier are excluded from this study as they have undergone a different experience, i.e., they have not experienced the changes in learning during the COVID-19 pandemic, impacting their preparedness to practice nursing. The profiles of novice nurses in each Baguio City and La Trinidad, Benguet hospitals were obtained below.

Table 1 shows the profile of novice nurses from three private hospitals. Of the 94 respondents, it shows that there are more females, 75.50% (n=71), graduates of private schools, 79.80% (n=75), assigned in the regular ward, 54.30% (n=51), attend more than one training/seminars per year, 68.10% (n=64), and member of at least one professional organization, 77.70% (n=73).

Data Gathering Tool

The data-gathering tool is a questionnaire in two parts. The initial section focused on gathering demographic information from the respondents. The second section consisted of questions adopted from the Nursing Readiness Practice Scale (NPRS), a tool formulated by Kim and Shin in 2022. The authors have permitted the use of the questionnaire through electronic mail. The Nursing Practice Readiness Scale (NPRS) serves as an evaluative instrument for measuring the practice readiness of nurses. It comprises a 35-item questionnaire with a 4-point Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree). The questionnaire is structured into five discernible domains: clinical judgment and nursing performance, professional attitudes, patient-centeredness, self-regulation, and collaborative interpersonal relationship. The participant's overall score is derived by summing all 35 items, resulting in a score range of 35 to 140, where higher scores denote a higher level of readiness. Mean scores are computed by dividing the total sum by 35. Likewise, individual mean subscale scores are determined by summing the scores of respective subscale items and dividing by the specific number of items within each subscale. The tool has a construct validity value of >0.924

Table 1. Frequency and Percentages of Factors Associated with Practice Preparedness in Private Hospitals (N=94)

Factors	Private Hospitals						Total		
	P1 (n=3)		P2 (n= 62)		P3 (n=29)		f	%	
	f	%	f	%	f	%			
Sex	Male	1	33.30	16	25.80	6	20.70	23	24.50
	Female	2	66.70	46	74.20	23	79.30	71	75.50
School Graduated from	Public	0	0.00	8	12.90	11	37.90	19	20.20
	Private	3	100	54	87.10	18	62.10	75	79.80
Current Area of Assignment	Special Area	0	0.00	27	43.50	16	55.20	43	45.70
	Regular Ward	3	100	35	56.50	13	44.80	51	54.30
Attendance to Training/ Seminars	At most 1 training/ seminar per year	1	33.30	15	24.20	14	48.30	30	31.90
	More than 1 training/ seminars per year	2	66.70	47	75.80	15	51.70	64	68.10
Membership in Professional Organizations	Non-member	2	66.70	17	27.40	2	6.90	21	22.30
	Member of at least 1	1	33.30	45	72.60	27	93.10	73	77.70

and a Cronbach's alpha coefficient of 0.90 for the entire tool, indicating excellent internal consistency and high reliability. Regarding the subscales, reliability coefficients ranged from 0.83 to 0.85.⁴⁶

Data Gathering Procedure

Data collection commenced after receiving ethics approval and explicit permission from the respective hospitals in Baguio City and La Trinidad, Benguet. Total enumeration was employed. The researchers personally entered the ward and inquired who among the nurses were hired from 2021 to 2023. Afterward, they were asked what year they graduated. Participants meeting the inclusion criteria were selected, and their consent was obtained independently, ensuring that the respondents understood the objectives of the study, the content of the informed consent form, and the procedure for completing the questionnaire. The researchers then administered questionnaires, which were retrieved and checked for completeness. In one institution, the researchers were initially not permitted to distribute the questionnaires personally, following the chief nurse's instructions. Instead, they collaborated with the nursing supervisor to disseminate the questionnaires. The nursing supervisor was provided with detailed verbal and written instructions, ensuring the process mirrored that of other institutions. However, upon collection, four questionnaires were incomplete due to the busy schedules of the respondents. The researchers requested that this issue be resolved by the individual who administered the questionnaire. Consequently, the researchers requested permission to continue to float the questionnaires personally. Upon receiving approval, the researchers conducted the data gathering process.

Statistical Treatment

Before undergoing statistical analysis, the researchers assigned for data curation performed a final check to see if all questionnaires were filled out and answered by the respondents; no questionnaires with missing data were incurred. The researchers utilized descriptive analysis techniques, specifically frequency and percentage distributions, and the chi-square test, an inferential statistical analysis technique. The descriptive analysis and inferential statistical analysis techniques allowed the researchers to manage their data to elicit meaning and facilitate insight, as well as to generalize the findings from the study to appropriate and accessible target populations.⁴⁷

To arrive at the frequencies and percentages, the mean scores of each participant were categorized into well-prepared, moderately prepared, and underprepared using the table of interpretation of scores shown in Table 2.

To answer the first question, the researchers used (1) percentage distribution to indicate the number of participants expressed in the percentage who fall into a specific category. This enabled the researchers to quantify and compare the data from the study. The researchers also used (2) frequency

Table 2. Interpretation of Scores

Mean Score	Interpretation	Description
1-1.99	Underprepared	Inadequate level of practice preparedness
2-2.99	Moderately Prepared	Adequate level of practice preparedness
3-4	Well-prepared	Proficient level of practice preparedness

distribution to describe the occurrence of the scores in the study. Given that the data in the second research question are nominal, the researchers used the chi-square test to compare differences in proportions, or the frequencies, of these nominal-level variables.⁴⁷

Ethical Consideration

Ethics approval, certificate number SLU 2023-075, was obtained from the Saint Louis University Research Ethics Committee. This has become a sufficient ethical approval for the three private hospitals as two out of the three private hospitals do not have a research ethics review board, which does not necessitate this study being subjected to another review. The respondents of this study were made aware that their involvement was voluntary, free from coercion or deception. The withdrawal criteria were also outlined to protect their rights, autonomy, and well-being, allowing them to freely choose their level of involvement and withdraw from the study without fear of repercussions. Anonymity and privacy were observed, with personal information and names of hospitals and schools replaced with unique codes. Confidentiality was implemented to protect the data collected. Non-maleficence was also observed when entering hospital premises by adhering to health and safety protocols.

RESULTS

Table 3 shows results from a population of 94 novice nurses from three private hospitals. Overall, there are more novice nurses who are "well-prepared," 88.30% (n=83), than "moderately prepared," 11.70% (n=11), and "underprepared" 0.00% (n=0). In all the domains of practice preparedness, there are more nurses who perceived themselves as "well-prepared," Collaborative Interpersonal Relationship (n=94, 100%); Patient Centeredness (n=92, 97.90%); Self-regulation (n=90, 95.70%); Clinical Judgment and Nursing Performance (n=78, 83.00%); Professional Attitudes (n=76, 80.90%).

Table 4 presents the association between practice preparedness and the different factors. Results reveal a significant association of practice preparedness in the factors "School Graduated from" (p=0.03), "Current Area of Assignment" (p=0.05), and "Attendance to Training/Seminars" (p=0.02). Specifically, novice nurses are more likely to be well-prepared if they graduate from private schools (n=69, 83.10%), work in regular wards (n=42, 50.60%), and

Table 3. Frequency and Percentage of Practice Preparedness by Domain (N=94)

Practice Preparedness Domains	Practice Preparedness			
	Well-prepared (n=83)		Moderately Prepared (n=11)	
	f	%	f	%
<i>Clinical Judgment and Nursing Performance</i>	78	83.00	16	17.00
<i>Professional Attitudes</i>	76	80.90	18	19.10
<i>Patient Centeredness</i>	92	97.90	2	2.10
<i>Self-regulation</i>	90	95.70	4	4.30
<i>Collaborative Interpersonal Relationship</i>	94	100	0	0
Overall Level	83	88.30	11	11.70

Well-prepared: Mean Scores of 3-4

Moderately Prepared: Mean Scores of 2-2.99

Underprepared: Mean Scores of 1-1.99

Table 4. Chi-square Analysis of Practice Preparedness of Novice Nurses by Factor (N=94)

Factors	Practice Preparedness				p-value	
	Well-Prepared (n=83)		Moderately Prepared (n=11)			
	f	%	f	%		
Sex	Male	21	25.30	2	18.20	0.61
	Female	62	74.70	9	81.80	
School Graduated from	Public	14	16.90	5	45.50	0.03*
	Private	69	83.10	6	54.50	
Current Area of Assignment	Special Area	41	49.40	2	18.20	0.05*
	Regular Ward	42	50.60	9	81.80	
Attendance to Training/ Seminars	At most 1 training/ seminar per year	23	27.70	7	63.60	0.02*
	More than 1 training/ seminars per year	60	72.30	4	36.40	
Membership in Professional Organizations	Non-member	19	22.90	2	18.20	0.73
	Member of at least 1	64	77.10	9	81.80	

*value significant at <0.05

attend more than one training/seminars (n=60, 72.30%). However, results also show no significant association between practice preparedness in terms of "Sex" (p=0.61) and "Membership in Professional Organizations" (p=0.73).

DISCUSSION

Practice preparedness, as described earlier, remains an essential topic of discussion within the nursing community. An integral part of nursing performance is how prepared the novice nurse is.⁴⁸ Therefore, this study focused on assessing practice preparedness based on the perception of novice nurses and determining the association between these variables. The results offered a clearer understanding of their perceptions of their preparedness for the professional nursing role.

The Collaborative Interpersonal Relationship domain pertains to the ability of the nurse to establish communication and collaboration in improving client health between professionals. This domain strongly influences the readiness of nurses to practice, particularly when achieving higher

levels.⁴⁹ A prior study revealed several factors facilitating a positive relationship between novice nurses' preparedness in this domain. This includes a sense of belonging and socialization within a supportive team, the staff being recognized as friendly and helpful, novice nurses feeling comfortable asking questions, and the presence of a preceptor.¹⁶ Therefore, a career started in a supportive environment that fosters positive relationships must be continuously made as it is crucial to developing novice nurses' preparedness for collaboration, as hostile work environments may hinder this.³⁰

One of the Filipino innate traits, *pakikisama*, may have contributed to the findings in the Collaborative Interpersonal Relationship domain. It is defined as the ability to get along with people. Generally, this trait is a Filipino principle of public relations or smooth interpersonal relationships,⁵⁰ bringing out *Bayanihan* or "team spirit."⁵¹ A study supports this, revealing that Filipinos frequently experience happiness due to positive co-worker relationships.⁵²

The Patient-centeredness domain involves respecting and acknowledging every patient's needs, values, and

preferences. It is a quality that makes a novice nurse practice-prepared.⁵³ This domain is attributed to the values of kind, caring, empathy, and diversity awareness.³⁰ Having empathic and interpersonal competencies are significant aspects of patient-centeredness.⁵⁴ While patient-centered nursing care is the central pillar of nursing education, as confirmed by novice nurses, it is crucial to note that failure to care for the patient's psychosocial needs, inability to integrate needs and experiences, and non-conferring care planning hinder novice nurses from providing this.⁵⁵ It suggests that as early as student nurses, they are taught the concept in school. Similarly, this may be done through simulation to improve patient-centered care and empathy.⁵⁶

Filipino innate traits of *malasakit* and *pagiging malambing* may explain the findings relating to patient-centeredness. *Malasakit* is the virtue that shows selfless concern for the well-being of others through caring, emotional involvement, compassion, and commitment with no demands in exchange.⁵⁷ This virtue is observed in the workplace through meaning-based care. It is a way to stay committed to the nurse-patient relationship and provide means for interactions. It also guides nurses to create meaningful interactions that address the patient's mind, body, and spirit needs. Furthermore, the nature of *pagiging malambing*, or the ability to charm patients, as a way for nurses to establish rapport with patients,⁵⁸ through speaking in a soft, cool tone,⁵⁹ making them feel valued and understood.⁵⁸

The Self-regulation domain pertains to organized behavior and the ability to behavioral control. A study revealed that self-regulation is attributed to novice nurses' successful transition to practice.¹⁶ Self-regulation, as a personal skill, is linked to feeling comfortable and passionate about what one does. It enables novice nurses to become influential team members by understanding others' needs and desires. Additionally, it involves emotional honesty towards oneself, co-workers, and those around them. However, workplace strain, whether from teamwork or patient interactions, is inevitable and can lead to disagreements among team members.⁶⁰ The results show that novice nurses know how to control their feelings and avoid being easily offended, limiting its effect on their practice preparedness.

The *Hiya* trait of Filipinos may have influenced the results under the Self-regulation domain. It is one of the Filipino virtues that emphasizes actively and consciously exerting self-control (inhibition) and making sacrifices for the well-being of others. This is in consideration of preventing challenging authority in a clinical setting. It can lead to withdrawal or hesitation in asking specific questions, even if they are crucial to the patient's health. To avoid the discomfort of *hiya*, nurses use euphemisms, which risk missing crucial information.⁵⁷

The Clinical Judgment and Nursing Performance domain is the ability to integrate nursing knowledge and perform nursing skills as part of their responsibilities as registered nurses. A recent study found that having broad

theoretical knowledge (knowing) and practical knowledge (doing) are requisites for novice nurses' capability to enter the workforce.⁶¹ As part of the nursing process, nurses must perform clinical assessments to perform their job, and it is among their responsibilities alongside physicians. With increasing exposure in the clinical area during nursing education as student nurses, and now that they are professionals, their experience also grows. This may reflect why novice nurses perceive a high level of their ability to integrate nursing knowledge and perform various nursing skills confidently. With this, nursing departments may consider senior staff to perform supervision, provide short courses, and add in-service teaching on clinical assessment to maintain and enhance the ability of novice nurses to perform their skills. It should also be noted that insufficient time, skill, confidence, dependence on doctors, and an unsupportive work atmosphere may hinder their confidence in this domain.⁶²

Derived from the word industrious, *Kasipagan* embodies one of the innate traits of Filipinos. *Kasipagan* is reflected through self-control, perseverance, patience, and hard work as individuals consistently and determinedly complete tasks successfully.⁵⁰ A study has found that Filipino nurses' role in caring for others requires patience and hard work, which is possible with dedication and diligent efforts.⁶³

The Professional Attitudes domain pertains to the attitude and management of nursing as a profession. A study supports this, revealing that personal attitude helps nurses manage themselves and their responsibilities in a challenging and unstable healthcare environment. Furthermore, it allows them to navigate the changes experienced during their transition and development as registered nurses, which is evident in the study. It means they have a positive attitude and the necessary psychosocial skills to adapt and collaborate effectively with others to provide a safe standard of care.³⁰ It may reflect a flexible scheduling system that balances novice nurses' work and personal lives. Furthermore, nurse managers and instructors at the undergraduate level must continue to prioritize the psychological well-being of novice nurses and student nurses, respectively. It highlights the importance of managing stress, as physical and psychological stress can lead to workplace adaptation struggles.⁶⁴

Resilience among Filipinos may have contributed to their professional attitudes. Resilience among Filipinos has always been driven by a sense of fulfillment when they successfully provide care and services to their patients. Furthermore, maintaining a positive mindset, managing time effectively, and being adaptable are crucial to surviving the unpredictable hospital work environment. On the other hand, stress eating and venting are counterproductive strategies for building resilience. Nevertheless, their passion for nursing and delivering good care helped them be loyal, especially when handling failures related to hospital and patient-related adversities.⁶⁵ In line with COVID-19, Filipino nurses deployed in these units showed resilience, seeing it as a significant predictor of work engagement despite the

challenges of the pandemic.⁶⁶ As novice nurses lengthen their experiences, their resilience also increases.⁶⁷

The data analysis demonstrated that all the domains of practice preparedness are interconnected. More novice nurses identify themselves as well-prepared in professional attitude and interpersonal relationships; therefore, their clinical judgment and nursing performance are positively affected. Furthermore, more novice nurses are also well-prepared in self-regulation, positively impacting their professional attitudes and patient-centeredness. In the context of the novice nurses affected by the pandemic, it contradicts the result of a study, revealing that novice nurses who learned during the pandemic had decreased practice preparedness.⁶⁸ Nonetheless, collaborative interpersonal relationship, where all novice nurses perceived themselves as well-prepared, align with an existing study, revealing that it is the main component influencing adaptation.⁶⁹

The School Graduated from is significantly associated with practice preparedness. While limited studies discussed the association of practice preparedness with novice nurses who attended private schools, studies reveal that the undergraduate experience^{17,32} and specific school attended⁷⁰ are correlated to practice preparedness. Novice nurses who were clinically placed in variations of patient acuity, intricacy, workload, and clinical environment helped them successfully transition from student nurses to new graduate nurses.⁴⁹ Furthermore, nursing faculty plays a role in the work adaptation of novice nurses.⁶⁹ While this study has not delved into whether the novice nurse came from a college or a university, only private or public, a study showed that entering a college or a university does not significantly differ in practice preparedness levels.⁷¹

The study focused on respondents whose education transitioned from traditional learning to more flexible learning due to the restrictions of COVID-19. The changes brought upon by the pandemic have limited student nurses' opportunities to engage in diverse clinical experiences and extensive group interactions, impacting their learning and contextualizing learning into clinical practice.⁷² Nonetheless, virtual clinical experiences positively impacted their transition, increasing patient safety and confidence, improving communication and leadership skills, and fostering workplace support.⁷³

Schools with comprehensive curricula, including practical clinical experience, simulation training, and healthcare exposure, are better prepared.⁷⁴ Several private schools offer programs equipped with advanced nursing facilities and cutting-edge technologies, allowing students to gain in-depth knowledge and skills in specific areas of nursing. In contrast, public schools typically provide more affordable education. Both educational pathways ensure that BSN graduates are ready to meet the demands of general nursing practice, although through different approaches and resources. Some private universities also have their hospitals, offering more accessible clinical placements and mentorship.

During their undergraduate education, novice nurses with the same work environment may also be advantageous as they are more confident and accustomed to the work process. Overall, the quality of education and the success of passing the Philippine Licensure Examination of the novice nurse may be attributed to the accreditation status of the university/college, school size, ownership type, establishment year, and faculty-student ratio.⁷⁵

The Current Area of Assignment significantly relates to practice preparedness. The results of this study contradict a study revealing that the area of assignment is not significantly associated with practice preparedness.⁷¹ Transition shock, for this study, has been operationalized as feelings of unpreparedness of novice nurses in a new area or environment, which may explain the association. It is inversely proportional to practice preparedness and core competence.⁷⁶ As the findings suggest, well-prepared novice nurses may have experienced reduced transition shock by performing well in all the domains of practice preparedness, ultimately allowing them to adapt successfully in the current area of assignment. Self-embodiment and self-awareness, navigating social constructs, and increasing consciousness among novice nurses are primary strategies to promote their adaptation to ward cultures and intricate clinical environments.⁷⁷ However, complex factors in special wards, such as the Emergency Room, may also explain the association why more novice nurses are well-prepared when assigned to regular wards.⁷⁸

Novice nurses may be assigned to the various areas/units of the hospital. Usually, a nurse shadowing or orientation period is implemented. This allows novice nurses to gain awareness of how nursing practice is done in the ward where they are assigned. However, this is not done throughout the other wards/units in the hospital. Generally, nurses in the hospital are rotated every six months, but they can choose to stay in their initially assigned ward. Similarly, student nurses are also mandated to complete a certain number of hours of Related Learning Experience (RLE) on different wards of the hospitals, depending on the course, allowing them to interact with patients as early as their sophomore years.⁸ However, inadequate clinical exposure in special wards like the Intensive Care Unit (ICU) hinders their critical care nurse training.⁷⁹ Therefore, undergraduate preparation in the special wards is also a key component to practice preparedness. Novice nurses who have not experienced or limited undergraduate placement in special wards become disadvantaged when employed as registered professionals.

The Attendance to training/seminars is significantly associated with practice preparedness. A Delphi study revealed that a practice-prepared nurse is attributed to being a life-long learner.⁵³ Attending training programs can improve their core competencies⁸⁰ and patient care standards.⁸¹ However, factors that affect novice nurses to optimize the effect of these include self-motivation, relevance to work, preference for workplace education, organizational support, and a workplace fostering a positive culture. This calls for nurse managers and

educators to understand these factors to increase the impact of training and seminars.⁸²

Philippine literature revealed that the choice to participate in training/seminars may be due to positive factors, including the Professional Identification Card (PIC) renewal requirement, the knowledge that it can improve work skills, and sponsorship by the company where they work. In contrast, the main negative factors included unavailability to all staff, time-consuming, and lack of assurance of a better career.⁸³ The association of practice preparedness with “attendance to training/seminars” may be attributed to the Republic Act No. 10912, also known as the Continuing Professional Development Act of 2016. Under Resolution No. 10, s. 2017, of the Professional Regulatory Board of Nursing, nurses are required to earn 45 CPD units for PIC renewal.⁸⁴ However, newly registered nurses are exempted from the first renewal of their Professional Identification Card (PIC) within four years of obtaining their license.⁸⁵ Despite being exempted from the first renewal cycle, novice nurses can still attend training/seminars or any CPD-related activities to help them prepare for their practice.

The study results showed that Sex is not significantly associated with the practice preparedness of novice nurses. Similar to a study by Kim, no significant difference has been found in the level of practice preparedness and sex.⁷¹ This means that the nurses’ gender does not significantly determine their ability to effectively carry out their job responsibilities.⁸⁶ However, one study noted that the female sex may influence work adaptability.⁷⁰ Since educational experiences and clinical exposure are essential for professional readiness, the need for equal training opportunities across genders in nursing education is highlighted.⁸⁶

The absence of a significant association between practice preparedness and biological sex among novice nurses challenges traditional assumptions about gender disparities in nursing competency. Nevertheless, the Bachelor of Science in Nursing (BSN) curriculum is structured and designed to enable all student learners to attain a specified level of proficiency. Therefore, despite the gender differences, similar concepts, competencies, and experiences are provided and exposed to both genders during their undergraduate education, which manifested during practice that showed no differences regarding their preparedness.

The Membership in Professional Organizations showed no significant association with practice preparedness. While a source reveals that being a member of professional organizations helps to maintain up-to-date knowledge on changes in the career field and creates networking opportunities, networking with peers, and enhancing collegiality for both novice and senior nurses,⁸⁷ a study shows that nurses typically adopt a “formal” approach to membership, seeing it mainly as a certification requirement. This indicates that their interest differs from their associations’ declared goals and mission, regardless of the specific organization.⁸⁸

The Code of Ethics for Nurses requires membership in accredited professional organizations like the Philippine Nurses Association (PNA).⁸⁹ Similarly, one university within Baguio City requires its graduates to be members of the PNA after passing the Philippine Nursing Licensure Examination. However, novice nurses’ membership in an organization is not an assurance of their active participation, which is also influenced by the lack of current practice standards that may potentially contribute to their continuous knowledge and improvement. Accordingly, novice nurses should examine their options for joining professional organizations and demonstrate their commitment through active participation.⁸⁷ Therefore, attending training/seminars, despite being a member or non-member, enables novice nurses to gain benefits, thus affecting their practice preparedness.

Limitations

This study has limitations, including the refusal of hospital administrators to grant permission for data gathering in government hospitals, resulting in a small population and the non-representation of novice nurses who work in government hospitals.

CONCLUSION AND RECOMMENDATIONS

This study showed the practice preparedness of novice nurses in the Philippine context affected by the COVID-19 pandemic and the relationship between factors associated with practice preparedness. In agreement with existing studies, practice preparedness is multifactorial. However, what this study contributes are new factors that are favorable in making novice nurses more confident in performing their roles and responsibilities. These include being a graduate of private schools, being assigned to regular wards, and attending professional training/seminars more than once annually. It reflects the excellent preparation of novice nurses in their undergraduate education, acquiring the unique nursing practices from their wards, and being knowledgeable of the latest knowledge about the nursing profession through active participation in training and seminars. Consequently, a practice-prepared nurse adapts smoothly to the workplace, and it will benefit the patients as novice nurses are confident in the dimensions of their profession, mainly in providing safe and holistic quality care to patients and in their dynamics in the work environment with the healthcare team members. Similarly, the findings of the study can be generalized to the novice nurses population working in private hospitals.

Novice nurses, having the same academic background, may differ in their preparedness to practice in relation to the educational institution they attended. Hence, the study suggests that private nursing schools must continue adhering to the nursing program curriculum and consider learning modalities and experiential backgrounds. Public schools may also be recommended to benchmark with private institutions. Nursing schools should maintain and regularly review

educational standards through continuous accreditation processes to ensure consistency and quality. These can better prepare future novice nurses to meet the demands of the nursing profession, ensuring high-quality care delivery regardless of their educational background.

Furthermore, the study encourages novice nurses to participate in interdisciplinary training sessions to provide broader insights and practical skills to prepare them for a more holistic approach to patient care. Concerning this, training/seminar providers should consider the latest topics on best practices and cover the challenges of novice nurses in transitioning to practice. Offering relevant and practical educational resources, seminars, and workshops motivates nurses to participate, thus learning continuously and improving their knowledge and abilities.

In line with a stable nursing workforce, the study recommends that hospitals continue screening and hiring competent nurses to benefit the patients. By meticulously evaluating potential candidates, hospitals can identify individuals with the requisite knowledge and technical skills, and the critical thinking, interpersonal skills, and emotional intelligence necessary to navigate the complexities of patient care effectively. Additionally, novice nurses' readiness for practice depends on their specific areas of assignments and prior clinical experience. Nurse managers and leaders should support nurses by attending more than one training/seminars annually for professional development and consider assigning them to regular wards for a better transition.

Lastly, the researchers suggest further studies to (a) include public/government-run hospitals and expand the vicinity of locale, such as performing similar studies in various geographical areas to broaden the research scope, (b) prompt future researchers to include a larger population, specifically other hospital institutions inside and outside Baguio City and La Trinidad, Benguet, and (c) consider the duration of practice, language proficiency, and cultural background as variables to assess its relation to novice nurses' practice preparedness. All the above recommendations aim to hone a well-prepared workforce for the real-life challenges of nurses in the workplace.

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