



Transition Readiness Among Pre-licensure Nursing Students Entering Clinical Practice: A Systematic Review

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Abstract

The theory-practice gap frequently triggers transition shock among pre-licensure nursing students. This study aims to identify, evaluate, and synthesize recent literature regarding the readiness level of professional nursing students transitioning to clinical practice. This systematic review adhered to the PRISMA protocol and searched PubMed, ScienceDirect, and Google Scholar for studies published over the last five years. Selection followed the PICOS framework, and methodological quality was appraised using the Joanna Briggs Institute (JBI) Checklist. Twelve articles from eight countries were analyzed. Quantitative findings indicate that practice readiness levels range from moderate to high, with mean scores averaging 63.5% to 75.4% of maximum capacity. However, significant variations exist, heavily influenced by healthcare contexts and educational cultures. Results confirm that readiness is multidimensional, integrating clinical skills, intrapersonal factors, teamwork, and professionalism. Limitations include a reliance on self-reported measures and the absence of a singular standardized assessment tool. Ultimately, these findings can directly inform nursing curriculum redesigns and the establishment of robust hospital-university partnership models, highlighting the critical need for structured pre-clinical orientations and integrated nurse residency programs to mitigate transition shock.

Keywords

Clinical practice, Nursing student, Readiness, Transition to practice

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1. BACKGROUND

The availability of competent healthcare professionals is both a central pillar and an urgent challenge in realizing a high-quality global healthcare system. Currently, the medical field is projected to face a massive shortfall of up to 18 million healthcare workers by 2030 (Boniol et al.,

2022; Kemenkes RI, 2023). To respond to this situation, nursing education institutions bear a significant responsibility to produce graduates who are not only theoretically proficient but also prepared to face the realities of the clinical field. The fundamental goal of nursing education is to equip students

with robust cognitive, affective, and psychomotor skills so they can provide optimal care, think critically, and solve problems (Ozdemir et al., 2025).

However, theoretical learning alone is insufficient. Clinical practice, which accounts for at least half of nursing education, is the heart of professional competence development (Avşar et al., 2024; Serafin et al., 2022). In line with Benner's theory, this competence develops over time through experience (Ozdemir et al., 2025). When students complete their theoretical studies and transition to the clinical setting, such as in the Professional Nursing Program, they are required to possess "readiness to practice." This readiness encompasses theoretical mastery, technical skills, communication, professional behavior, and emotional maturity (Akince et al., 2025; Mirza et al., 2019). In today's healthcare environment, practice readiness is not merely a requirement for passing a clinical rotation but a primary predictive indicator of how successfully students can adapt and perform their roles safely and independently (Kim et al., 2025).

This transition phase from academia to the clinical world often reveals a significant gap between the theoretical idealism of the campus and the dynamic complexity of practice, leading to reality

shock or transition shock (Al-Marzouqi et al., 2025; Yaseen Fathi & Ibrahim, 2023). Students' lack of readiness to face this shock has measurable impacts on a broad scale. Based on a meta-analysis of 15 studies involving 9,202 nursing students, the stress experienced by students was high, with an average stress score of 3.70 (95% CI: 3.33–4.06) (Zheng et al., 2022). This high level of stress and transition shock creates a domino effect. At the individual level, feelings of confusion, doubt, and uncertainty regarding their new roles trigger emotional fatigue, decrease self-confidence (Ayed, Abu Ejheisheh, et al., 2024), cause a loss of motivation to learn, and ultimately lead to burnout (Kim et al., 2025; Lee, Damiran, et al., 2023). On a broader systemic scale, deploying students into clinical environments with low levels of readiness directly contributes to a decline in the quality of nursing care and potentially increases the risk of clinical errors that threaten patient safety (Hasanah et al., 2024; Kim et al., 2025).

Given the critical nature of these impacts, numerous primary studies worldwide have sought to measure nursing practice readiness. However, existing data indicate highly varied and fragmented findings. Some studies report adequate readiness levels in the technical skills domain, while others highlight a high level

of unreadiness, particularly in emotional intelligence and clinical judgment (Konlan et al., 2024; McGarity et al., 2023).

In addition to inconsistent results, there is a chronological gap in the literature. The majority of previous studies have predominantly focused on evaluating newly graduated nurses in developed countries who have already entered the workforce (Kim et al., 2025; Konlan et al., 2024). In reality, these novice nurses desperately need preparation and monitoring of their practice readiness from the academic phase onward, namely during the "Professional Nursing Students" (pre-licensure clinical stage). Furthermore, variation in the instruments used poses an additional obstacle; some measurements do not even use standardized guidelines, relying solely on researcher-developed tools with simple categorization (Hasanah et al., 2024). To date, the empirical data capturing the prevalence of readiness among these professional students remains scattered and has not been comprehensively summarized.

The variation in primary study results, the literature gap regarding the specific population of pre-licensure students, and the massive impact of transition shock demand a structured synthesis of scientific evidence. Therefore, this review addresses the gap by

synthesizing pre-licensure readiness evidence through the lens of Meleis's Transition Theory and Benner's Novice-to-Expert model, clarifying how academic preparation translates to clinical competence. By operationalizing these theoretical frameworks, this study highlights that the transition from academia to practice is not merely an administrative shift but a complex process that requires structured facilitation. Ultimately, this Systematic Review identifies, evaluates, and synthesizes recent literature on the readiness levels of Professional Nursing Program students entering clinical practice. Using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) approach, this systematic review aims to generate robust baseline data on the practice-readiness of professional nursing students in the clinical setting. This evidence-based conclusion is essential as a foundation for nursing higher education institutions and hospitals to evaluate the effectiveness of the academic curriculum while simultaneously designing matriculation or pre-clinical orientation programs that are truly relevant to students' actual psychological conditions and practical skills.

2. METHODS

This study is a systematic review that used the PRISMA protocol to select articles. The quality assessment of the articles was conducted using a Critical Appraisal Checklist to evaluate the risk of bias in the selected studies. A literature

search was performed across three databases (Google Scholar, ScienceDirect, and PubMed) using selected keywords derived from Medical Subject Headings (MeSH) and Boolean operators (detailed in Table 1 for full search strategy transparency).

Table 1. Search Strategy and Filtering Results across Databases

Database	Date of Search	Exact Search String / Query	Filters / Limits Applied	Initial Results (Hits)	Filtered Results
PubMed	June 18, 2026	("Nursing student" OR "Student nurse") AND ("Readiness" OR "Preparedness" OR "Work readiness") AND ("Clinical practice" OR "Transition to practice" OR "Clinical placement")	In the last 5 years, Free full text	51	14
ScienceDirect	June 18, 2026	("Nursing student" OR "Student nurse") AND ("Readiness" OR "Preparedness" OR "Work readiness") AND ("Clinical practice" OR "Transition to practice" OR "Clinical placement")	Years: 2022, 2023, 2024, 2025, 2026; Article type: Research articles	3.360	513
Google Scholar	June 18, 2026	("Nursing student" OR "Student nurse") AND ("Readiness" OR "Preparedness" OR "Work readiness") AND ("Clinical practice" OR "Transition to practice" OR "Clinical placement")	Since 2022	15.700	6.990
Total				19.111	7.517

The above keywords were then combined using Boolean operators to form: ("Nursing student" OR "Student nurse") AND ("Readiness" OR "Preparedness" OR "Work readiness") AND ("Clinical practice" OR "Transition to practice" OR

"Clinical placement"). To ensure the synthesized articles were highly relevant and met high-quality standards, the selection was based on the PICOS framework alongside publication quality parameters. The included population (P)

consisted of nursing students currently enrolled in the Professional Nursing Program or in pre-licensure clinical rotations, excluding graduated nurses, nurses already employed in hospitals, and vocational nursing students. The exposure or intervention (I) focused on the students' transition phase from theoretical academic education to the actual clinical practice environment. This study did not restrict the comparison group (C); therefore, studies with single observations and those comparing different academic levels were included.

Regarding the outcome (O), the articles were required to measure work readiness, and regarding the study design (S), accepted research comprised primary studies using quantitative or qualitative approaches. At the same time, literature reviews, expert opinions, and books were excluded. To ensure methodological rigor and reduce selection bias, two reviewers independently screened the titles and

abstracts of the retrieved articles (Cohen's $\kappa = 0.85$). Any disagreements were resolved through discussion or consultation with a third reviewer. Furthermore, a critical appraisal of the methodological quality and risk of bias for each selected article was conducted using the Joanna Briggs Institute (JBI) Critical Appraisal Checklists, applied strictly according to the respective study designs (e.g., the JBI Checklist for Cross-Sectional Studies or the JBI Checklist for Qualitative Research). Following the quality appraisal, data extraction was independently conducted by two reviewers using a standardized extraction form. To accommodate the heterogeneity of the readiness measurement scales across the included studies, the extracted outcomes were systematically categorized into shared conceptual domains to ensure comparability, with any discrepancies resolved through mutual consensus.

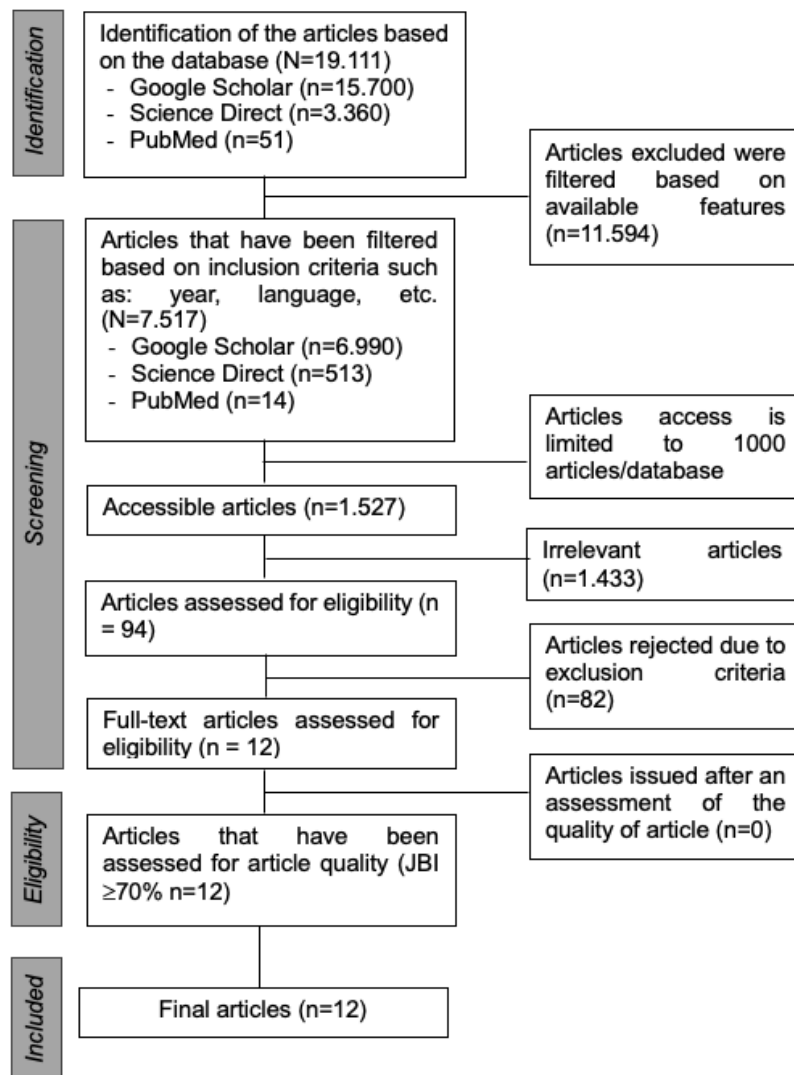


Figure 1. Prisma flow chart

3. RESULTS

Before detailing the extracted data, an overarching analysis of the 12 included studies reveals a critical, policy-relevant pattern regarding practice readiness. While the quantitative data generally indicate moderate to high readiness levels, there is a clear divergence based on educational structures. Students in programs that integrate structured interventions, such as comprehensive

licensure reviews, high clinical learning satisfaction, and Bachelor of Science in Nursing (BSN) pathways, consistently reported significantly higher readiness scores compared to their peers. Conversely, the qualitative data highlighted that sub-optimal readiness is heavily driven by inadequate laboratory exposure and theory-practice gaps. This pattern suggests that academic curricula must be tightly coupled with robust clinical and

simulation support to ensure genuine and their respective findings is presented in transition readiness. The detailed Table 2. extraction of these study characteristics

Table 2. Literature search results (*Continue to page 227*)

Author (Year) & Country	Study Design & Sample	Readiness Instrument	Key Findings
Öner et al., (2025) Turkey	Cross-sectional N = 733 final-year nursing students	Casey-Fink Readiness for Practice Scale (CFRPS)	High Readiness (Mean = 43.85; Range = 15–60). Approximately 73% of maximum capacity; the majority of students felt optimally prepared to implement competencies in clinical settings.
Berçe et al., (2025) Turkey	Cross-sectional N = 206 final-year nursing students	Nursing Professional Readiness Perception Scale (NPRPS)	High Readiness (Mean = 3.77; Range = 2.60–5.00). Represents 75.4% of the maximum score, indicating highly adequate readiness for clinical roles.
Nease et al., (2026) United States	Cross-sectional N = 251 final-year nursing students	Casey-Fink Readiness for Practice Survey 2024 (CFRP24)	Moderately High Readiness (Mean = 43.65). Educational program type influenced readiness; BSN students exhibited significantly higher readiness than associate degree students ($p < 0.01$).
Lee, Lee, et al., (2023) South Korea	Cross-sectional N = 838 final-year nursing students	Casey-Fink Readiness for Practice Survey (CFRPS)	Moderate Readiness (Mean = 2.86 ± 0.31). 86.8% felt ready for clinical practice. Learning techniques and professional identity scored highest, while "trials and tribulations" scored lowest.
Chen et al., (2024) China	Multicenter Cross-sectional N = 768 nursing students recruited for residency	Nursing Students' Work Readiness Scale (NSWRS)	Relatively High Readiness (Mean = 277.08 ± 44.39). Career development dimension had the highest score; personal work characteristics had the lowest.
Kim et al., (2025) South Korea	Cross-sectional N = 157 final-year nursing students	Casey-Fink Readiness for Practice Survey (Korean version / K-RPS)	Moderately High Readiness (Mean = 63.53 ± 8.30). Higher readiness was associated with high GPAs and learning satisfaction. The "trials and tribulations" domain remained the greatest challenge.
Alruwaili et al., (2024) Saudi Arabia	Mixed-Methods (Descriptive, Correlational, Qualitative) N = 135 intern nursing students	Nursing Practice Readiness Scale (NPRS)	Moderate Readiness (Mean = 106.5 ± 17.7). 60.7% of respondents fell into the moderate category. Clinical judgment and performance showed moderate readiness, while self-regulation showed high readiness.
Akince et al., (2025) Turkey	Cross-sectional N = 287 final-year undergraduate nursing students	Casey-Fink Readiness for Practice Scale (CFRPS)	Low Readiness (Mean = 45.61 ± 5.99). Interestingly, readiness was low despite students demonstrating high scores in humanistic practice ability (121.00 ± 15.45) and lifelong learning (118.14 ± 14.00).
Curtis et al., (2026) Australia	Cross-sectional survey N = 198 final-year nursing students	Survey based on Meleis' Transition Theory	Moderate Readiness (Mean = 6.9/10). High satisfaction with learning, but moderate self-confidence. 89% supported structured transition programs; only 54% planned to stay in the profession >10 years.

Author (Year) & Country	Study Design & Sample	Readiness Instrument	Key Findings
Innab et al., (2024) Saudi Arabia	Quasi-experimental N = 293 final-year nursing students	Work Readiness Scale-Graduate Nurse (WRS-GN)	High Readiness. Intervention comprising comprehensive licensure exam preparation and adaptive quizzes significantly improved students' clinical competence and self-efficacy.
Ang et al., (2024) Singapore	Qualitative N = 24 final-year undergraduate nursing students	Semi-structured interviews	Qualitative Themes: Identified three main transition needs: (1) Experiencing various concerns, (2) Needing a support network, and (3) Smoothing the transition to professional practice.
Maalouf & El Zaatari, (2025) UAE	Qualitative N = 13 nursing students	Semi-structured interviews & Document review	Sub-optimal Readiness. Major barriers included limited laboratory experience, inadequate practice facilities, high academic workload, and residual impacts of online learning.

4. DISCUSSION

A systematic review of 12 articles published between 2023 and 2026 found that nursing students' clinical practice readiness is a pressing global issue. Encompassing 3,903 respondents, ranging from final-year students to nursing interns across eight countries, this review indicates that professional practice readiness generally falls into the moderate to high range. However, when analyzed through the lenses of Meleis's Transition Theory and Benner's Novice-to-Expert model, this high readiness score is not a static finish line, but rather the beginning of a complex adaptation process. This complexity is evident in the striking contrasts among regions; countries with robust simulation facilities and structured curricula (Turkey, China, and Saudi Arabia) reported high readiness, whereas others reported more moderate levels

(Akince et al., 2025; Berşe et al., 2025; Chen et al., 2024; Innab et al., 2024).

To understand why this adaptation process is so complex, practice readiness must first be recognized as a multidimensional construct. This readiness extends beyond mere psychomotor clinical skills (Labrague, 2024); it encompasses an individual's confidence in integrating intrapersonal maturity, communication, teamwork, and professional attitudes (Casey et al., 2011; Dai et al., 2023; Harrison et al., 2020; Jamieson et al., 2019). However, an in-depth analysis of assessment tools such as the Casey-Fink Readiness for Practice Scale (CFRPS) reveals a contradictory reality. Students consistently reported excellent scores in professional identity and learning techniques, yet scored lowest in the "Trials and Tribulations" domain. This indicates that while students may

conceptually grasp professional and ethical values (Ayed, Ejheisheh, et al., 2024), their mental resilience remains highly vulnerable to heavy clinical workloads and role ambiguity in real-world settings. The high initial scores they report (Berşe et al., 2025) often reflect academic confidence rather than tested clinical resilience in the hospital environment.

The extent to which students can withstand these real-world pressures is ultimately shaped by the cultural and educational systems within their respective regions. Quantitatively, students educated in comprehensive academic environments, such as Bachelor of Science in Nursing (BSN) programs, or those highly satisfied with campus simulation facilities, demonstrated significantly greater resilience and readiness (Kim et al., 2025; Nease et al., 2026). Clinical practice experiences act as the critical bridge that transforms theoretical knowledge into workplace independence (Dai et al., 2023; Öner et al., 2025; Rafati et al., 2021). Conversely, students in environments hampered by inadequate clinical facilities, excessive academic workloads, or the lingering impacts of pandemic-era online learning experienced severe theory-practice gaps (Ang et al., 2024; Maalouf & El Zaatari, 2025). Feelings of isolation and a lack of

support from senior nurses in these settings further eroded their self-confidence upon entering the hospital.

Given this high psychological vulnerability and the impact of educational disparities, the findings of this review present urgent implications for both educational institutions and healthcare facilities. Professional readiness is a paramount asset for ensuring patient safety and operational effectiveness (Berşe et al., 2025; Mirza et al., 2019). Therefore, academic institutions must immediately strengthen their curricula by integrating comprehensive preparation for licensure exams and adaptive quizzes, which have proven effective in enhancing clinical competence (Innab et al., 2024). Furthermore, universities and hospitals must collaborate to design well-structured clinical orientations and nurse residency programs. This necessity is reinforced by a critical warning from an Australian study by Curtis et al. (2026): without supportive transition programs, only 54% of students intend to remain in the nursing profession long-term. Clinical mentorship and psychological support are no longer optional additions, they are mandatory strategies to prevent high attrition rates among newly graduated nurses.

Although the aforementioned strategic recommendations are drawn from

a robust global dataset, these findings must be interpreted in light of several methodological limitations. Methodologically, the current literature is heavily dominated by quantitative study designs (9 articles), with very limited exploratory support from qualitative or mixed-methods research. Furthermore, all readiness measurement tools (e.g., the CFRPS or similar questionnaires) rely solely on self-reported data. These tools capture only the students' subjective feelings and perceptions of their preparedness, which may not accurately reflect their objective clinical performance in practice. Therefore, future research must integrate preceptor evaluations or direct observational performance assessments to ensure that students' self-reported confidence truly aligns with actual patient safety and competency standards.

5. CONCLUSION

The clinical practice readiness of professional nursing students is a multidimensional construct that is highly context-dependent, varying significantly across regional healthcare systems and educational cultures. To accurately capture and compare these diverse readiness levels beyond subjective self-reports, there is an urgent need to develop and implement standardized, objective readiness

assessment tools that can be integrated into nursing accreditation standards. Ultimately, to bridge the theory-practice gap and ensure a safe transition into the workforce, educational institutions and healthcare facilities must collaboratively integrate structured pre-clinical orientations and comprehensive nurse residency programs.

AUTHOR CONTRIBUTIONS

SS was contributed to the execution of the research and the preparation of the article, which included conceptualization, formulation of the literature search methodology (PRISMA), data selection and extraction, article quality assessment, data synthesis and analysis, and drafting the initial manuscript. DW and AA was contributed to the supervision of the research, validation of the methodology and analytical findings, resolution of disputes or discrepancies during the study selection process, and the critical review and editing of the final manuscript. All authors have read and approved the final version of this manuscript.

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CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest in this research.

DATA AVAILABILITY STATEMENT

The data supporting the findings of this systematic review (including search identification records, article extraction lists, critical appraisal results, and selection instruments) are available from the corresponding author upon reasonable request.

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