

## Nursing Students` Practice Readiness and Self-Directed Learning: The Mediating Role of Self-Compassion

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### Abstract

**Background:** The first priority for nurse educators is getting new nursing graduates ready for the workforce so they may do so safely and independently. self-directed learning is essential in nursing academic institutions because it helps students develop their professional aspirations and clinical experience. Self-compassion enhances mental health as a beneficial factor in practice readiness. **Objective:** To design a structure equation model of practice readiness and self-directed learning: mediating effect of self-compassion. **Setting:** The study was carried out at the Faculty of Nursing, Damanhour University, Egypt. **Subjects:** comprised of 314 nursing students selected randomly in the first semester of the academic year 2022-2023. **Tools:** three tools were used to collect data. Tool I: Readiness for Practice Survey. Tool II: Self Rating Scale of Self-Directed Learning. Tool III: Self-Compassion Scale Short Form (SCS-SF). **Results:** This study revealed that, there was a highly statistical significance positive correlation between readiness for practice and self-compassion where  $p = 0.000$ . Also, there was a highly statistical significant positive correlation between readiness for practice and self-directed learning where  $p = 0.000$ . Additionally, it can be seen that there was a highly statistical significant positive correlation between self-compassion and self-directed learning where  $p = 0.029$ . **Conclusion:** this study explains that Self-Compassion acts as a partial mediating factor to boost the influence of readiness for practice on degree of self-directed learning. **Recommendation:** Incorporating problem-based learning strategies into the nursing curriculum to improve student practice through simulation of practice.

**Keywords:** Structure Equation Model, Readiness for practice, Self-Directed Learning, Self-Compassion.

### Introduction

For many years, nurse educators around the world have struggled with the issue of how to prepare new graduates to enter the workplace safely and independently (Al-Mekkawi & El-Khalil, 2021). In their first year after graduation, newly graduated nurses have numerous challenges executing their duties and meeting the requirements of their jobs as registered nurses (Wong et al., 2018). In clinical settings, nursing students need greater learning opportunities, more attentive supervision, assistance, and timely feedback. To feel prepared, secure, and capable of providing patients with competent care in a practicing setting, they need access to relevant, high-quality clinical education and clinical environments. (Amiri, Zabihi & Qalehsari, 2020).

Senior nursing students should be sufficiently equipped for professional practice in addition to receiving assistance from the workplace (Masso, Sim, Halcomb, 2022). Readiness for practice was defined as “entry-level clinical competency, knowledge, skills, adaptability, and balance that is required for such role performance with an emphasis on the ability to provide safe care” (Wolff et al., 2010; Casey et al., 2011). Clinical competence, cognitive capability, and professional capability are the three components that make up readiness for practice. Clinical capability consists of psychomotor skills, assessment, and care provision. Cognitive capability contains competence, clinical intellectual and decision, and situational awareness. Professional capability comprises of professional identity, self-esteem, self-worth, self-efficacy, and accountability (Mirza et al., 2019). On the other hand, the transition from students to

clinicians is influenced by a varied range of intrapersonal, interpersonal and organizational aspects, many of which are outside the control of new graduate nurses (Tieleman & Cable, 2021).

The 'receptivity' of the clinical environment to recently graduated nursing students appears to be a crucial factor in how smoothly they adjust and how they are prepared to take on the responsibilities of a registered nurse (Masso, Sim, Halcomb, 2022). Transition shock still occurs despite the best efforts of nurse educators and clinical professionals. Further research into the underlying factors causing feelings of unpreparedness is required in order to develop supportive interventions that are appropriate since the change to autonomous holistic practice keeps new nurses feeling anxious and overburdened. (Ho, Stenhouse, Snowden, 2021). One of these helpful measures is the elevation of Self-Directed Learning (SDL) as a vital strategy for evolving the competency of nursing students in clinical settings that emphasize critical thinking and problem-solving (Abdou, Sleem, EL-Wkeel, 2021). Successful integration of the SDL process into nursing curricula helps students prepare in providing the full patients care by increasing their knowledge and improving their clinical areas` skills that help them in developing their values professionally (Gagne, 2017).

In self-directed learning, the student assumes control over their education rather than an outside authority figure (teacher, etc.) (Boyer & Usinger, 2015; Grover, 2015). The success of the learning process depends heavily on the learner's capacity to guide and actively engage in it. Knowles (1975) was the first researcher who well-defined SDL as "the process by which persons take the initiative, with or without the assistance of others, in recognizing their learning requirements, setting learning goals, identifying human and material resources for learning, selecting and applying suitable learning strategies, and appraising the learning outcomes". SDL is the individual ability to create a plan and identify the approaches, resources, and tools essential for his/her learning (Caruso, 2018). SDL has five

core fundamentals namely: Awareness, learning strategies, learning activities, evaluation, and interpersonal skills (Williamson & Seewoodhary, 2017). SDL-associated behaviors are correlated to intrinsic motivation, veracity, conscientiousness, persistence, and diligence. These days, nursing faculties work to promote this strategy, which is crucial to nursing education and is linked to the academic success, communication, self-efficacy, and clinical abilities of nursing students (Nazarianpirdosti et al., 2021). In addition, it provides autonomous learning techniques, responsibility, accountability, and assertiveness. All of these are essential for a nursing career and enable nursing students to adjust to the changing clinical environment (Levett, 2005). Also, Noh & Kim (2019) mentioned that SDL Programs are a successful instructional strategy to increase nursing students' clinical practice satisfaction.

Nursing students have expressed anxiety about overcoming existing nursing practice problems when they enter the workplace. To overcome the challenges of working in demanding healthcare environments, studies have shown that self-compassion is a predictor of psychological well-being (Mathad & Pradham, 2017; Luo et al., 2019; Shin & Lim, 2019). Self-compassion is defined as the condition in which a person cares for themselves when they make mistakes, fail, or experience painful situations in life (Neff, 2003). Self-compassion has three main elements that combine and reciprocally cooperate to produce a self-compassionate: **Self-Kindness**, a sense of common humanity, and mindfulness; self-kindness is being caring and empathetic toward oneself in examples of pain or disappointment rather than being severely self-critical; **sense of common humanity** is perceiving one's experiences as part of the greater human experience rather than seeing them as separated and isolated, and **Mindfulness** which is to hold painful thoughts and feelings in well-adjusted mindfulness rather than over-identifying with them (Neff & Germer, 2017)

Self-compassion endorses psychological well-being as an element of readiness for

practice with a positive influence. Self-compassionate students are confident in their ability to cope with academic and clinical problems, are less likely to become depressed, have less fear of failure, and report higher satisfaction with the decisions to enter clinical work practice (Smeets, Neff, Alberts, 2014). It is suggested that developing self-compassion throughout the nursing curriculum will improve students' psychological health and their capacity to deliver persistent compassionate care (Walter, 2022). Nursing students that engage in self-directed learning are compassionate toward themselves. They see that their efforts can only be controlled by themselves and they are more self-confident in their ability, being better equipped and prepared to deal with challenges of clinical practice (De Souza & Hutz, 2016). Self-Directed Learning and self-compassion act as influential power that encourages action, skills, and development, thus increasing creativity and persistence and helping to be more open to learning as well as more prepared to engage in clinical practice (Ferguson, 2014). Based on scientific literature reviews, there is a gap in research studies related to investigating readiness for practice, self-compassion, and self-directed learning in nursing students.

Additionally, some academic nursing institutions might not be able to offer nursing students better learning strategies, including self-directed learning, more personal support, and prompt feedback in clinical settings. Students need access to pertinent, high-quality clinical education and clinical rotations in order to be prepared for clinical settings. Academic institutions should also acknowledge the value of students' self-compassion, which is often overlooked while playing an essential role in preparing them to shift from students to clinicians. Therefore, this study investigates the mediating effect of self-compassion on readiness for practice and self-directed learning among nursing students in the fourth year at the faculty of nursing, at Damanshour University, and to develop Structure Equation Model (SEM) between three variables.

## Aims of the Study

This study was directed to design a structure equation model of readiness for practice and self-directed learning: mediating effect of self-compassion.

### Research hypotheses

- H1. Readiness for practice is positively related to self-directed learning.
- H2. Readiness for practice is positively related to self-compassion.
- H3. Self-compassion is positively related to self-directed learning.
- H4. Self-compassion plays a mediating role between Readiness for practice and self-directed learning.

### Materials and Method

#### Materials

**Design:** A cross-sectional and correlational design was used to measure the research variables using validated measures based on the proposed framework.

**Settings:** This study was conducted at the Faculty of Nursing, Damanshour University, Egypt.

**Subjects:** The target population was undergraduate nursing students who were registered for the fourth year and gave their consent to participate in the study. In the first semester of the academic year, 2022-2023, a non-probability, convenient sample of 314 student nurses was selected randomly to participate in this study based on Epi-info calculated as follows: Total population of student nurses = 784; Acceptable error = 5%;  $\alpha = 0.05$ ; this test means that confidence coefficient with the sample size ( $n = 314$ ) is 95%, with the total population of student nurses being 784; acceptable error being 5%; and  $\alpha = 0.05$ . No student nurses who were identified via Epi-info dropped out of the trial, hence participation was 100%.

**Tools:** In this empirical study, three standardized questionnaires were utilized; namely, Casey-Fink Readiness for Practice

Survey, Self-Rating Scale for Self-Directed Learning, and Self-Compassion Scale Short Form (SCS-SF).

### **I- Casey-Fink Readiness for Practice**

**Survey:** it was developed by Casey (2011), to assess a nursing student's perception of their degree of readiness for practice. It consists of 20 items. The response was scored on a 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. The range of the overall score was 20 to 100. Low perception is defined as a mean percent score under 33.3%, moderate perception is defined as a mean percent score between 33.3% and 66.6%, and strong perception is defined as a mean percent score of more than 66.6% for student nurses.

### **II-Self-Rating Scale for Self-Directed**

**Learning:** it was developed by Williamson, (2007). It consists of 60 items classified into five dimensions; awareness (12 items), learning strategies (12 items), learning activities (12 items), evaluation (12 items), and interpersonal skills (12 items). The response was scored on a 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. The range of the overall score was 60 to 300. Low perception is defined as a mean percent score under 33.3%, moderate perception is defined as a mean percent score between 33.3% and 66.6%, and strong perception is defined as a mean percent score of more than 66.6% for student nurses.

### **III-Self-Compassion Scale Short Form**

**(SCS-SF):** it was developed by Raes et al., (2011) to measure the levels of self-compassion of nursing students. It consists of 12 items measuring student nurses' self-compassion. with three dimensions; Self-Kindness; Common Humanity and Mindfulness. Each dimension contains 4 items. The response was measured on a 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. The range of the overall score was 12 to 60. Low perception is defined as a mean percent score under 33.3%, moderate perception is defined as a mean percent score between 33.3% and 66.6%, and strong perception is defined as a mean percent score of more than 66.6% for student nurses.

In addition to the demographic details of the research participants, such as age and gender identity questionnaires.

### **Method**

The internal reliability of the research instruments was evaluated using Cronbach's alpha correlation coefficient. The findings demonstrated the validity of the three tools with correlational coefficients for readiness for practice, self-directed learning, and self-compassion of 0.831, 0.943, and 0.704, respectively. The statistical significance threshold was set at  $p < 0.05$ . A panel of five professionals from relevant fields, such as nursing administration and nursing education departments examined the tools' content validity as well as their Arabic fluency to make them suitable for Egyptian culture. As a result, certain elements were changed for greater clarity. Then, language specialists translated the tools back into English. To ensure accuracy and reduce any risks to the study's validity, the back-translations were reviewed by researchers and jury members. In addition, a pilot study was conducted on 32 student nurses (10%) who were not included from the research participants to assess the tools' readability and applicability and determine how long it would take them to complete the study questionnaires. According to the results of the pilot study, no changes happened in the final tools.

The relevant setting administrative authority gave written consent for the essential data collection. The researchers completed the questions using Google Forms before sending the links via email and social media to the student nurses who volunteered to participate in the study. Student nurses filled out surveys in about 30 minutes. After obtaining student nurses' approval to use the questionnaires, data was gathered from them over two months, from October to November 2022.

### **Ethical considerations:**

The Ethics Committee of the Damanhour University- Faculty of Nursing gave its approval. All participants were

informed of the research purpose by the researchers. Prior to data collection, participants' informed consent to participate in the study was obtained, maintaining the privacy and confidentiality of the data. Students who agreed to participate in the survey were provided with the questionnaire and informed consent forms through a sharing link, which was secured by end-to-end encryption. For participation in this study, both voluntariness and anonymity were permitted.

### Statistical Analysis

The data were investigated in SPSS and AMOS Ver. 23. The participants' demographics; readiness for practice, self-directed learning, and self-compassion were statistically examined using frequency, percentage, mean percent, and standard deviation (SD), where a mean percent score greater than 66.6% represents a high perception of student nurses, a mean percent score between 66.6% and 33.3% is considered to be moderate perception, and a mean percent score less than 33.3% is considered to be a low perception.

Additionally, Pearson's correlations were used to establish the relationships between self-directed learning, self-compassion, and readiness for practice. Cronbach's alpha was used to evaluate the reliability of the tools. AMOS Ver. 23 was used to analyze structural equation modeling (SEM) and establish the mediation effect. The model's suitability was determined by evaluating how well each latent variable structure matched the model.

The model fit indices comprised evaluation of chi-square values, the Root Mean Square Error of Approximation (RMSEA), the Normed Fit Index (NFI), the Comparative Fit Index (CFI), and Radio Frequency Interference (RFI) whether all the latent variables were adequately represented by the indicators. A significant chi-square result implies that the model and the data fit each other well. According to McDonald and Ho (2002), a fit is acceptable when the RMSEA value is less than 0.08 implies and the RFI, NFI, and CFI values are more than 0.90. (At the 0.05 level, the path

coefficients were considered significant.) (Hair et al., 2014).

## Results

### Participants Characteristics.

The student nurses had an average age of 21.95 0.70 years. Less than a third (27.1%) were male, and the majority (72.9%) were female. More than half of them were between the ages of 18 and 22.

**Table (1)** states that student nurses perceived a high mean percent score (75.18%) of readiness for practice that is reflected in a high mean percent of its components. Additionally, it claims that all measures reflect a high mean percent score (71.71%) of self-compassion among student nurses. Additionally, it shows that staff nurses gave their self-directed learning a high mean percent score (79.82%) that is supported by all of its dimensions.

**Table (2)** provides evidence that self-compassion and self-directed learning have a very statistically significant positive connection, with  $p = 0.000$ . Additionally, there was a highly significant positive link between readiness for practice and self-compassion ( $p = 0.000$ ). The link between readiness for practice and self-directed learning was highly statistically significant, with  $p = 0.068$ . Furthermore, a highly statistically significant positive association between the total self-directed learning dimensions with  $p = 0.000$ .

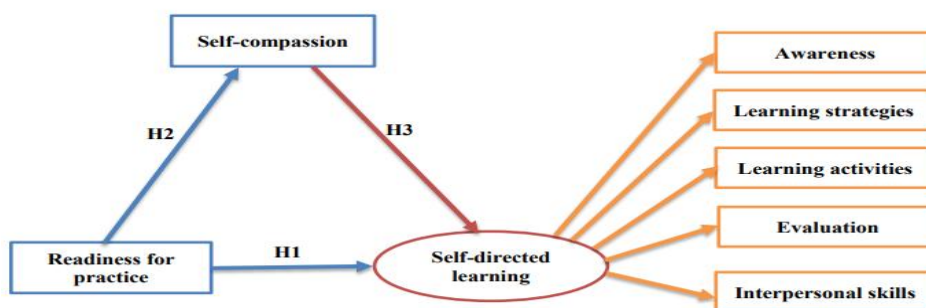
**Figure 2 and Table (3)** show the findings of the structural equation model after the mediating variable was added (self-compassion). They demonstrate how the mediating effect of self-compassion allowed the independent variable (readiness for practice) to predict an increase in the dependent variable (self-directed learning) by 0.391.

The R2 value shows that readiness for practice has a 34.3% impact on self-compassion variance with a p-value of (0.000), readiness for practice has a 53.7% impact on self-directed

learning variance with a p-value of (0.000), and self-compassion has a 44.9% impact on variance of self-directed learning variance with a p-value of (0.029). The importance of the mediator is indicated by the fact that this relation has the greatest coefficient of determination of all the previous values. The result indicates that there is an influence of independent variable on dependent variable through mediating variable since the p-value is extremely significant.

**Table (4)** displays hypothesis results. First, this research finds that readiness for practice has a strong positive impact on self-directed learning. Hence, H1 is accepted. Second, this research finds that readiness for practice has a strong positive impact on self-compassion. Hence, H2 is accepted. Third, this research finds that self-compassion is positively related to self-directed learning. Based on the previous findings, self-compassion was found to be a factor of partial mediation between readiness for practice and self-directed learning.

**Figure (1) Proposed conceptual framework**



**Table (1) Mean percent score of variables under consideration by levels (N=314)**

| Total                              | N. of items | Min- Max       | Mean ± SD           | Mean percent score |
|------------------------------------|-------------|----------------|---------------------|--------------------|
| Readiness for practice             | 20          | 42-100         | 75.18±7.76          | 75.18              |
| Self-Compassion                    | 12          | 31-60          | 43.03±5.19          | 71.71              |
| self-directed Awareness            | 12          | 29-60          | 47.87±4.34          | 79.79              |
| self-directed Learning Strategies  | 12          | 36-60          | 49.11±4.81          | 81.84              |
| self-directed Learning Activities  | 12          | 29-60          | 47.19±4.78          | 78.66              |
| self-directed Evaluation           | 12          | 35-60          | 47.58±4.89          | 79.30              |
| self-directed Interpersonal Skills | 12          | 30-60          | 47.71±5.43          | 79.52              |
| <b>Self-Directed Learning</b>      | <b>60</b>   | <b>170-300</b> | <b>239.46±20.51</b> | <b>79.82</b>       |

**Table (2) Correlation matrix of readiness for practice, self-directed learning and self-compassion.**

|                                    | Readiness for practice | Self-Compassion | Self-directed learning |
|------------------------------------|------------------------|-----------------|------------------------|
| Self-Compassion                    | 0.000                  | 0.000           | 0.000                  |
| Self-directed learning             | 0.068                  | 0.000           | 0.000                  |
| Self-directed Awareness            | 0.487                  | 0.077           | 0.000                  |
| Self-directed Learning Activities  | 0.609                  | 0.097           | 0.000                  |
| Self-directed Learning Strategies  | 0.603                  | 0.096           | 0.000                  |
| Self-directed Interpersonal Skills | 0.607                  | 0.097           | 0.000                  |
| Self-directed Evaluation           | 0.600                  | 0.095           | 0.000                  |

\*\*Correlation is highly significant at the 0.01 level (2-tailed). \* Correlation is significant at the 0.05 level (2-tailed).

Figure (2) Path analysis for direct and indirect effect of readiness for practice, self-directed learning mediated by self-compassion.

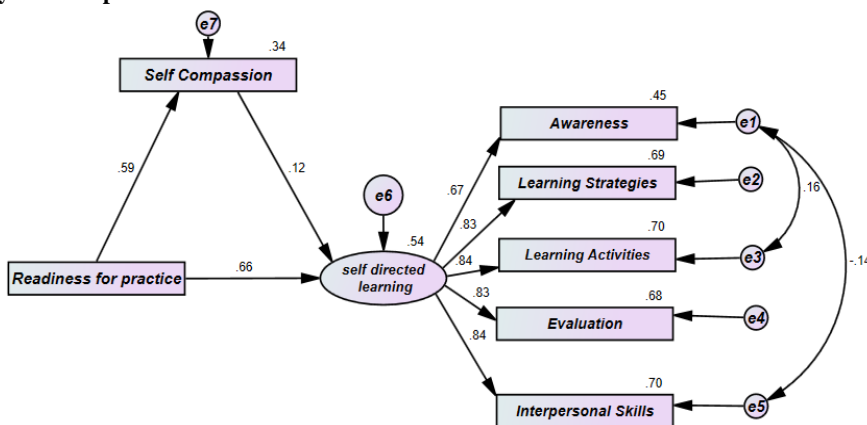


Table (3) Path analysis for direct and indirect effect of readiness for practice, self-directed learning mediated by self-compassion.

| Path model estimates               |                          | Estimate | R <sup>2</sup> | S.E.  | C.R.   | P    |
|------------------------------------|--------------------------|----------|----------------|-------|--------|------|
| Self-Compassion                    | ← Readiness for practice | 0.391    | 0.343          | 0.031 | 12.775 | ***  |
| Self-directed learning             | ← Readiness for practice | 0.247    | 0.537          | 0.025 | 9.702  | ***  |
| Self-directed learning             | ← Self-Compassion        | 0.065    | 0.449          | 0.030 | 2.183  | .029 |
| Self-directed Learning Strategies  | Self-directed learning   | 1.373    | 0.703          | 0.110 | 12.427 | ***  |
| Self-directed Learning Activities  | Self-directed learning   | 1.380    | 0.688          | 0.101 | 13.687 | ***  |
| Self-directed Evaluation           | Self-directed learning   | 1.389    | 0.698          | 0.112 | 12.387 | ***  |
| Self-directed Interpersonal Skills | Self-directed learning   | 1.560    | 0.682          | 0.131 | 11.948 | ***  |
| Self-directed Awareness            | Self-directed learning   | 1.000    |                |       |        |      |

Note. r = Pearson correlation; CFI = Comparative fit index; NFI = Normed fit index; RFI= Radio Frequency Interference and RMSEA = Root Mean Square Error of Approximation.

Model X<sup>2</sup>; significance 37.351; 0.000.

Model fit parameters CFI; NFI; RFI; RMSEA (0.980; 0.971; 0.946; 0.087).

Table (4) Hypothesis Results

| Hypotheses   | Decision |
|--|----------|
| H1 Readiness for practice is positively related to self-directed learning.                           | Accepted |
| H2 Readiness for practice is positively related to self-compassion.                                  | Accepted |
| H3 Self-compassion is positively related to self-directed learning.                                  | Accepted |
| H4 Self-compassion plays a mediating role between Readiness for practice and self-directed learning. | Accepted |

**Discussion**

In nursing institutions, gaining sufficient hands-on experience; working with actual patients in real clinical settings is the path that leads students to becoming true professionals. It is generally acknowledged that the transition of students from academic to practical settings can be difficult, demanding, and reality-shocking. Long-term employment depends on new nurses' successful transition to practice (Reebals, Wood, Markaki, 2021). Moreover, SDL has developed into a crucial basis for students in the

21st century, as well as multidimensional skills and traits are necessary for new nurses to practice safe and effective nursing in the field (Walker et al., 2013). Furthermore, self-compassion considers job encounters in challenging healthcare environments. Hence, this study investigates the mediating effect of self-compassion on readiness for practice and self-directed learning among nursing students, as well as developing SEM between three variables.

The research's hypotheses H1, H2, H3, and H4 were found to be verified when the results of the structural model's testing of the hypotheses were taken into account. It was shown that among nursing students, self-compassion and self-directed learning had a high, positive significant association with readiness for practice. This correlation was established by the path analysis of the structural equation modelling result, which also showed that self-compassion serves as a partial mediating factor, accounting for 44.9% of the variance of self-directed learning. In addition, readiness for practice has a 53.7% impact on the variance of SDL among students, and readiness for practice also has an impact of 34.3%.

The current study revealed that there is a highly significant moderate positive correlation between readiness for practice and self-compassion and self-directed learning among nursing students. This may be attributed to the focus of the Faculty of Nursing in Damnahour, which provides students with the ability to practice nursing along with an upgraded learning environment with a strong ability to discover and access necessary information. Additionally, it provided nursing students with a better level of knowledge of their future educational goals and the capacity to manage their learning and training requirements. Nursing students are willing to actively participate in their education rather than just listen to lectures. Also, they have a high level of self-esteem and preparedness for peer engagement.

These results are consistent with **Walter, (2022)** indicated that self-compassion and support systems positively influence perceived practice readiness. In the same line, **Moeini, Sarikhani-Khorrami, and Ghamarani (2019)** showed that a self-compassion training program significantly increased the total score of self-efficacy in clinical performance and its domains in nursing students, it also makes trainees feel more effective in the healthcare practice fields.

Similarly, **Hiçdurmaz & Aydin (2017)** stated that practicing self-compassion enables nurses to provide high-quality care for their patients. Additionally, **Gustin and Wagner**

**(2013)**, revealed that developing self-compassion may be vital for avoiding compassion fatigue and encouraging skilled compassion patient care. These results were confirmed by **Abd-El-Salam, Abdullah, Abu, and Anjanimer (2018)** who reported that self-directed learning has a favorable impact on students. In contrast to the existing findings **Kim & Park (2011)**, concluded that clinical practice satisfaction had no appreciable impact on self-directed learning and so as self-compassion.

The present research is consistent with **Reebals, Wood, Markaki, (2021)** who explained that long-term employment depends on new nurses' successful transition to practice. Moreover, **Walton et al., (2018)** stated that new nurses should be competent to meet the expectations of professional nursing when placed in the clinical setting. Regarding readiness for practice, the current finding showed that the researched student had a higher level of practice preparedness. These may result from an advanced nursing curriculum, ongoing training accompanied by close supervision from clinical instructors, and upgrading graduates' competency-based objectives in response to the needs of the nursing labor market. Furthermore, nursing students reported that they acquire the knowledge and skills required to carry out their duties as professional nurses in the clinical field through educational support from universities and clinical institutions.

This result goes in the same line with **Missen, McKenna, & Beauchamp, (2014), Cubit & Leeson, (2009), Evans, Boxer, & Sanber, (2008)**, who asserted that graduate nursing programs are specifically created to provide additional support for new nurses to help them make the transition to a professional role within a physically and mentally demanding, and frequently specialized clinical environment. Consistent with **Parker, Giles, Lantry, & McMillan (2014), Laschinger & Grau (2012), and Laschinger, Grau, Finegan, & Wilk (2010)**, it was found that the majority of nursing graduates had challenges and weaknesses in their preparedness for practice during their transition year. **Missen, McKenna, and Beauchamp's (2015)** argued that the



majority of nursing graduates lack a range of clinical skills, especially fundamental nursing abilities, such as taking vital signs and evaluating patients, and their lack of readiness for clinical practice jobs. Moreover, **Kaur, V., and D. V. Kaur (2020) and Casey et al. (2011) Hartigan, Murphy, Flynn, and Walshe (2010)** indicated that nursing graduates were excessively dependent on machines to make critical observations rather than being skilled in this area.

Regarding self-compassion, self-compassionate individuals are said to be open to their own thoughts and feelings, conscious of their own inadequacies, and confident enough to engage in essential activities (**Neff, 2003a**). As student nurses collectively reported a high level of self-compassion, which highlights the role of their leader, serving as an example, in enhancing altruistic attitudes among them, being open with them, outlining roles, expectations, priorities, and performance goals. As a result, nurses are aware of what is expected of them and consequently feel competent. In addition, modern curriculums support students, encourage their uniqueness, and their openness to novelties by considering the importance of personal characteristics in the training of future nurses.

In a similar vein, **Hiçdurmaz & Aydın (2017)** found that nursing students' overall level of self-compassion increased as much as their level of self-efficacy. Additionally, **Eraydn & Karagözü (2017)** came to the conclusion that all participating nursing students had moderate levels of self-compassion according to the scales, indicating that nurses who are trained to be more compassionate will have the courage to take more responsibility for the nursing profession.

In relation to SDL, the lifelong learning approach is basically an internally driven process and cannot be forced. The success of the implementation of SDL process depends on the individual learning preparation. The present study revealed that nursing students had a higher level of self-directed learning and its related dimensions; self-directed awareness,

self-directed activities, self-directed evaluation and self-directed interpersonal skills. This may be because nursing students face a variety of challenges during their clinical rotations and must increase their knowledge and abilities in order to be more independent and self-assured when making decisions.

The current study findings corroborate the results of **Yuan, Williams, Fang, and Pang's (2012)** who reported that 60% of Chinese baccalaureate nursing students have a high level of SDL. Moreover, **El Seesy, Sofar, Ali, and Al-Battawi (2017)** discovered that the overall level of SDL preparation among nursing students was very high. Additionally, **El-Gilany, & Abusaad (2013) and Klunklin, Viseskul, Sripusanapan, & Turale (2010)** revealed that nursing students had high levels of total SDL mean scores. In the same line, **Abdou, Sleem & EL-Wkeel (2021)** exposed that three-quarters of nursing students were highly ready for self-directed learning. On the other side, **Bomvana, Qamata, Lack, Bruce (2018)** revealed that less than a third of Pakistani nursing students scored above average on the SDL readiness test, compared to over half who scored just average.

## Conclusion

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It was concluded from this study that Self-compassion serves as a partial mediating factor to boost the influence of readiness for practice on the degree of self-directed learning. Also, there is a positive link between readiness for practice, self-directed learning, and self-compassion. Furthermore, it was found that there are high levels of self-directed learning, practice readiness, and self-compassion among nursing students. Consequently, this research supported H1, H2, H3 and H4

## Recommendations

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In line with the findings of the study, the following recommendations are made:

- Create a booklet with various healthcare problem situations, and give students the task of

practicing nursing care while keeping self-compassion and by looking for the right treatment.

- Create a plan for a training program on various self-learning techniques, identify the difficulties currently experienced by the recently graduated nursing students in the disaster world, and incorporate it into the nursing curriculum.

- Apply blended learning which combines online and offline approaches, as well as coaching for clinical practice, were properly used to nursing students' self-directed learning.

- Review the competencies required by the nursing workforce and include them in the curriculum for educating intern nurses.

- Incorporate problem-based learning strategies into the nursing curriculum to improve student practice through practice simulation.

- Conveying the experiences of elderly nurses can support students' psychological health and increase their capacity for compassion.

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