

Assessing Nurse Interns' Preparedness for Clinical Practice during Internship Year

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Abstract

Background: Preparedness of nurse interns to provide safe, competent patient care is a significant concern because of increasing work demands and complexities in health care systems. **Aim of the Study:** This study aimed at assessing nurse interns' preparedness for clinical practice during internship year. **Design:** Descriptive research design was used. **Settings:** This study was conducted at El-Fayoum university hospitals. **Subjects:** The study subjects included all nurse interns (212) enrolled in the internship year (2020-2021) at El-Fayoum university hospitals. **Tool of data collection:** Data were collected by using a self-administered sheet, namely Nursing Practice Readiness Tool. **Results:** Two-third of nurse interns perceived a high level of total preparedness for clinical practice. Majority of nurse interns perceived a high level of preparedness for all dimensions except both dimensions of professional satisfaction and stress. The highest percentage of nurse interns perceived a high level of preparedness for dimension of communication followed by professionalism. There was statistically significant relation between level of nurse interns' total preparedness and their pre-university education. Grade of 4th year and faculty follow-up were positive predictors for nurse interns' total preparedness score meanwhile, income was a negative predictor. **Conclusion:** Majority of nurse interns perceived a high level of total preparedness because nursing faculty well performed most of its roles but some improvements are needed meanwhile, healthcare settings had high defects in their roles. **Recommendations:** healthcare settings should provide nurse interns with productive work environment, structured orientation program and preceptorship model. To better preparedness, nursing faculty should make improvements regarding clinical placement, evaluation system and screening process for nursing students.

Keywords: Nurse interns, Preparedness, Nursing faculty.

Introduction:

The movement from nursing student to nurse intern is challenging. One of the ways to help facilitate this transition is to determine how students were prepared to start work (Guner, 2014). Preparedness of nurse intern to provide safe, competent patient care is a significant concern because of increasing work demands and complexities in healthcare systems (Hatzenbuhler & Klein, 2019).

Work preparedness is the extent to which graduates think to possess the attributes that make them prepared or ready for success in the work environment (Welch et al., 2019). Nurse interns' preparedness for clinical practice is assessed through clinical knowledge, technical skills, critical thinking, communication skills, professionalism, organizing their direct patient

care and to be able to synthesize data for decision-making (Vichitragoonthavon et al., 2020).

Nurse interns well-prepared for clinical practice will contribute to an improvement of client safety through a reduction in adverse events and a decrease in nursing errors. Nurse interns well-prepared for clinical practice move into the nurse intern role smoothly and quickly (Hatzenbuhler & Klein, 2019). Nurse interns well-prepared will demonstrate enhanced communication and collaboration with inter-professional team members (Mirza et al., 2019). The preparedness of nurse interns for clinical practice has been associated with job and career satisfaction (Younos et al., 2021).

Success of nurse interns' preparedness for clinical practice remains complex and

multidimensional (Terry & Peck, 2020). To better preparedness, there are mutual roles among nursing faculties, hospitals and nursing students themselves (Yu et al., 2020). Therefore, there is need for closer collaboration between faculties and healthcare settings to plan more focused preparedness (Woo & Newman, 2020).

Nursing faculties prepare nursing curricula that assist students' learning of fundamental skills before entering on a clinical life (Stone, et al., 2020) and meet students' learning needs and the needs of the hospitals. Preparation of nursing curricula includes clinical knowledge, technical skills, communication, nursing management (AlThiga et al., 2017). The ability of faculties of nursing to provide students with current and state of the training tools and technologies, and apply new teaching strategies was necessary for promoting their professional growth and development (Nes et al., 2021).

Clinical teaching requires extensive preparation. Simulation based laboratories experiences make essential contributions to students' learning development (Jayasekara et al., 2018). Nursing faculties now substitute laboratories to learn essential nursing skills in the bachelor degree in nursing (Msosa et al., 2021). After preparing students in the nursing lab, the faculty of nursing should provide and select a suitable real clinical learning setting through clinical placements (Dudley, et al., 2020).

Hospitals are core components to provide nurse interns with support during clinical practice within preparation of work environment and hospital policy. This makes interns satisfied with the profession (Hatzenbuhler & Klein, 2019). Some healthcare settings implement nurse orientation programs, preceptorship and mentorship programs to facilitate a higher level of preparedness for practice and smooth transition (Kenny et al., 2021).

The internship program is the bridge between the academic study years and the practical life after graduation. Nurse interns integrate and apply all the skills they have learned during the study in real-life situations under supervision (Ayaz, Yaman-Sözbir & Bayrak-Kahraman, 2018). The nursing internship year is the final clinical year, where nurse interns are exposed to the direct

clinical experience of patient care. Clinical experiences include the rotation of interns through various clinical setting for 12 months (AlThiga et al., 2017).

Significance of the Study:

Since the turn of the 21st century, the healthcare system has become more complex with rapid changes that call for skilled, knowledgeable, and proficient nurse interns. With the ever-changing healthcare environment and complex patient needs, nurses must be well equipped to function safely and effectively in practice, even at the novice level (Wendy, 2016).

During the clinical round for nurse interns, the researcher noticed that nurse interns have some difficulties toward application of clinical nursing practices which were taught in faculty of nursing. Some of nurse interns suffering from increase of stress level in attempt to face new challenges. The researcher noticed that they have a lack of communication skill, management skills as well as clinical knowledge. Nurse interns' transitioning from student to clinical practice also experience challenges with learning unfamiliar tasks and responsibilities, for those causes, the researcher will assess nurse intern's preparedness for practice.

Aim of the Study:

The present study aims at assessing nurse interns' preparedness for clinical practice during internship year.

Research Question:

What is the level of nurse interns' preparedness for clinical practice during internship year?

Subjects and methods:

I. Technical Design:

The technical design for this study includes the research design, setting, subjects of the study and tools of data collection.

Research design:

A descriptive design was followed in carrying out this study.

Setting:

The study was conducted at El-Fayoum university hospitals where nurse interns have their internship training. The nurse interns have their training at units of hospitals as follows: surgical hospital (operating room, cardiac care unit, surgical intensive care unit, surgical department, neurological department and orthopedic department), medical hospital (hemodialysis unit, intensive care unit, tropical department and general medicine department) and pediatric hospital (neonate intensive care unit, pediatric intensive care unit, intermediate care unit and pediatric department).

Subjects:

The study subjects included all nurse interns (212) enrolled in the internship year (2020-2021) at the aforementioned setting during the data collection period. The subjects' distribution was as follows: surgical hospital (83 nurse interns), medical hospital (54 nurse interns) and pediatric hospital (75 nurse interns)

Sample technique:

The study was carried out using convenient sample technique.

Tool of data collection:

Data of this study were collected by using a self-administered questionnaire sheet, namely Nursing Practice Readiness Tool, constructed by the researcher based on the review of the current related literatures (Virkstis et al, 2009). The questionnaire aimed at assessing the nurse interns' preparedness level for clinical practice. It consisted of two parts.

Part I: It included data pertaining to the demographic characteristics of the respondents. This part was divided into three sections as follows: personal characteristics, academic and work characteristics, and

satisfaction with internship orientation and follow up.

Part II: It was aimed at assessing the nurse interns' preparedness level for clinical practice. It included 95 items; they were categorized into nine main dimensions as follows: clinical knowledge (12 items), technical skills (35 items), critical thinking (11 items), communication (9 items), professionalism (9 items), managing responsibilities (8 items), professional satisfaction (5 items), stress (3 items) and support (3 items).

Scoring system:

The subjects' responses ranged from "strongly agree" to "strongly disagree" were scored respectively from 5 to 1. The scores of the items for each dimension were summed up and the total divided by the number of the items, giving a mean score for each dimension. The maximum score was 475 scores and the minimum score was 95 scores. The score of each dimension and total score were converted into a percent score. The interns' preparedness level considered a low if percent of score was less than 60 % and a high if percent of score was 60 % or more than.

II: Operational design:

The operational design for this study was include preparatory phase, pilot study and field work.

Preparatory phase:

This phase lasted from beginning of June 2020 till ending of August 2020; it took four months. This phase was concerned with the preparation of the tool based on reviewing current and past local and international literatures, this review was conducted through using available textbooks, journals and internet search to be acquainted with the most recent and valid tool relevant to the study subject. Also, this phase was concerned with translation of the tool to Arabic format.

Tool validity:

Content and face validity of the constructed tool was judged by a jury group which consisted of nine experts. They were one professor and one assistant professor of nursing administration at the Faculty of Nursing/Ain Shams University, one professor and one assistant professor of administration at the Faculty of Nursing/ Cairo University, one assistant professor of nursing administration at the Faculty of Nursing/ Zigzag University, one assistant professor of nursing administration at the Faculty of Nursing Bani-Swief University and three assistant professor of nursing administration, medical-surgical nursing and obstetrics nursing at the Faculty of Nursing/El-Fayoum University. Their opinions were regarding the tool format, layout, and parts and scoring system. According to their opinions, the necessary modifications were.

Tool reliability:

This was done by assessing the internal consistency of the questionnaire by calculating their corresponding Cronbach's alpha coefficient. It was 0.98 for total scale of tool. Level of reliability was high for total scale of tool and most dimension scales.

Pilot Study:

A pilot study was conducted on (21) nurse interns selected randomly from different training areas in the three hospitals that represent (10%) of the total subjects. The aim of pilot study was to ensure the clarity, feasibility and applicability of tool, identify obstacles and problems that might be encountered during period of data collection, and estimate the time needed to fill out the questionnaire, which turned to be 15-20 minutes. This stage took approximately two weeks from the half of September 2020 to the ending of the month. No modification was done after analysis of answered sheet so pilot sample was included in the main study sample.

Field Work:

The data collection process took about one month from beginning of October 2020 to the ending of the month. After securing official permissions, the researcher visited the sitting and met the head nurse of each unit to

determine the appropriate time for data collection then the researcher met each nurse intern individually, explained to him/her the aim of the study and invited him/her to participate. Those who gave their oral consent were handed the sheet to fill it out. The filled forms were collected in the same setting then; the researcher checked the completeness of each filled sheet. The researcher visited each hospital five days per week. Data collection process was done in different shifts. In morning shift; the researcher went to hospital from 10:00 to 12:00 am, in afternoon shift from 5:00 to 7:00 pm, and in the night shift from 8:00 to 10:00 pm. Time to fulfill the sheets ranged from 15-20 minutes and the researcher had got 10-12 filled sheets per day.

III. Administrative Design:

Official letters requesting permission to conduct the study was directed from the Dean of the Faculty of Nursing/ Ain Shams University to the directors of El-Fayoum University hospitals requesting his approval and cooperation for data collection. These letters explained the aim of the study. Permissions to conduct the study were then obtained from the directors of hospitals (medical & nursing).

Ethical consideration:

The study proposal was approved by the Ethics Committee at the Faculty of Nursing/Ain Shams University. Official permission to conduct the study was secured. Oral informed consent was obtained from each participant after being instructed about the rights to refuse or withdraw from the study without giving reasons. They were reassured about the anonymity and confidentiality of information collected and that information would be used only for the purpose of scientific research.

IV. Statistical Design:

The collected data were coded and entered into the statistical package for the social science (SPSS V. 23). Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables also, in the form of

means, standard deviations and medians for quantitative variables. Chi-square test was used for comparison of two groups of study subjects for qualitative categorical variables. Cronbach alpha coefficient was calculated to assess the reliability of the developed tools through their internal consistency. Whenever the expected values in one or more of the cells in a 2x2 tables was less than 5,

Fisher exact test was used instead. Spearman rank test was used for assessment of the interrelationships among quantitative variables and ranked ones. To identify the independent predictors of preparedness, linear regression analysis was used and analysis of variance for regression model done. The differences were considered statistically significant for if p-value < 0.05.

Results:

Table (1A): Personal characteristics of nurse interns in study sample (n=212).

Personal characteristics	Frequency	Percent
Age:		
<24	155	73.1
24+	57	26.9
Range	20-26	
Mean ± SD	23.2±0.7	
Median	23.0	
Gender:		
Male	52	24.5
Female	160	75.5
Marital status:		
Unmarried	159	75.0
Married	53	25.0
Have relatives in nursing filed:		
No	155	73.1
Yes	57	26.9
Level of income:		
Low	5	2.4
Average/high	207	97.6

Table (1A) clarifies personal characteristics of nurse interns where their age ranged from 20 to 26 years old with an mean age (23.2 ±0.7 years) as well, the majority of nurse interns (75.5%) were female, unmarried (75.0%) besides, minority of the nurse interns (26.9%) had relatives in nursing filed. Regarding their level of income, 2.4% of them had low income.

Table (1B): Academic and work characteristics of nurse interns in study sample (n=212).

Academic and work characteristics	Frequency	Percent
Pre-university education:		
General	167	78.8
Technical nursing	45	21.2
Grade of 4th academic year:		
Pass/Good	10	4.7
Very good	77	36.3
Excellent	125	59.0
Functioned as a team leader during the study:		
No	167	78.8
Yes	45	21.2
Worked previously as a health care provider before internship program:		
No	137	64.6
Yes	75	35.4
Scheduled work pattern:		
6 hours	0	0
8 hours	0	0
12hours	212	100.0
Rotating 6-8-12 hours	0	0
Best internship round:		
Critical care units (ICU, CCU and SICU)	53	25.0
Pediatric care units (PICU and NICU)	60	28.3
Medical and surgical wards	29	13.7
Operations room	25	11.8
Dialysis unit	45	21.2

Table (1B) shows academic and work characteristics where majority of nurse interns (78.8%) got general secondary education before enrollment in the faculty while (21.2%) of them got technical institute also, the highest percentage of nurse interns (59.0%) achieved excellent grade in the 4th academic year as well, minority of nurse interns (21.2%) were functioned as a team leader during the study, (35.4%) of them worked as a health care provider before internship program also, all of them (100.0%) were working 12- hour shift as work pattern during internship year as well, the highest percentage of nurse interns (28.3%) were interested in working at pediatric care units.

Table (1C): Satisfaction with internship orientation and follow up as reported by nurse interns in sample study (n =212).

Satisfaction (average/high) with:	Frequency	Percent
Faculty orientation program	94	44.3
Hospital orientation program	70	33.0
Faculty follow-up in first month	118	55.7
Hospital follow-up in first month	101	47.6

Table (1C) illustrates that percentage of nurse interns who had average or high level of satisfaction with faculty orientation program (44.3%) meanwhile, percentage of nurse interns who had average or high level of satisfaction with hospital orientation program (33.0%) also, percentage of nurse interns who had average or high level of satisfaction with faculty follow-up (55.7%).

Figure (1): level of nurse interns' preparedness for technical skills required in different units as reported by study sample (n =212)

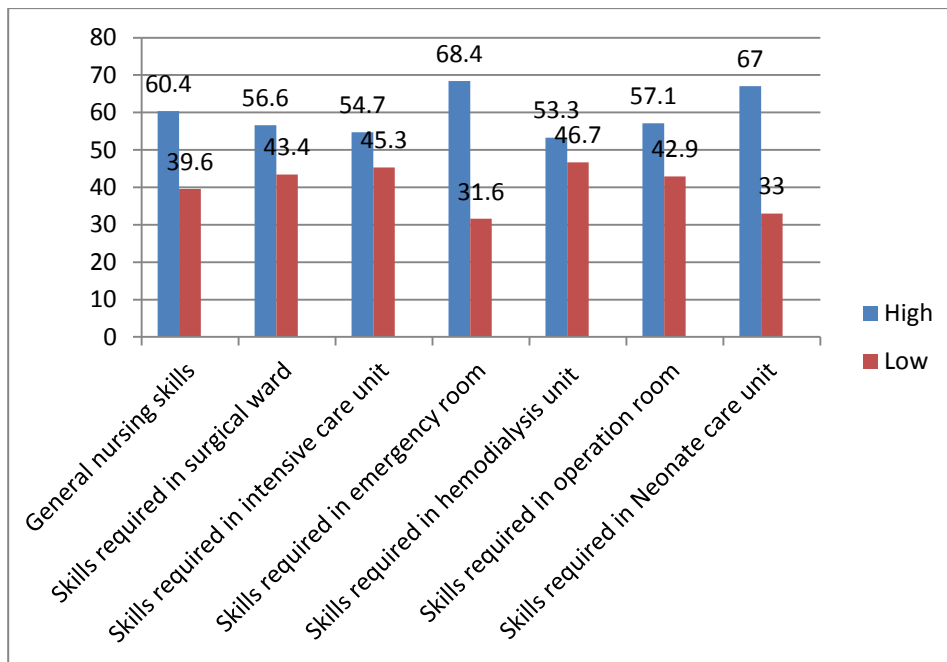


Figure (1) shows that percentages of nurse interns who perceived a high level of preparedness for technical skills required in different units ranged from (68.4%) for skills required in emergency room to (53.3%) for skills required in hemodialysis unit.

Figure (2): level of nurse interns' preparedness for different dimensions of clinical practice as reported by study sample (n =212).

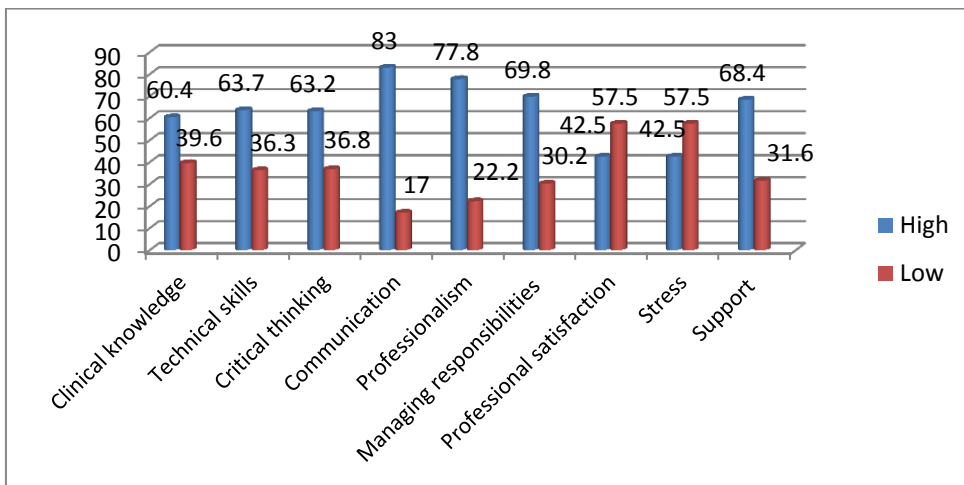


Figure (2) shows that percentages of nurse interns who perceived high level of preparedness for different dimensions of clinical practice were ranged from (83.0%) for dimension of communication to (42.5%) for both dimensions of professional satisfaction and stress.

Figure (3): Total preparedness level for clinical practice as reported by nurse interns in the study sample (n=212).

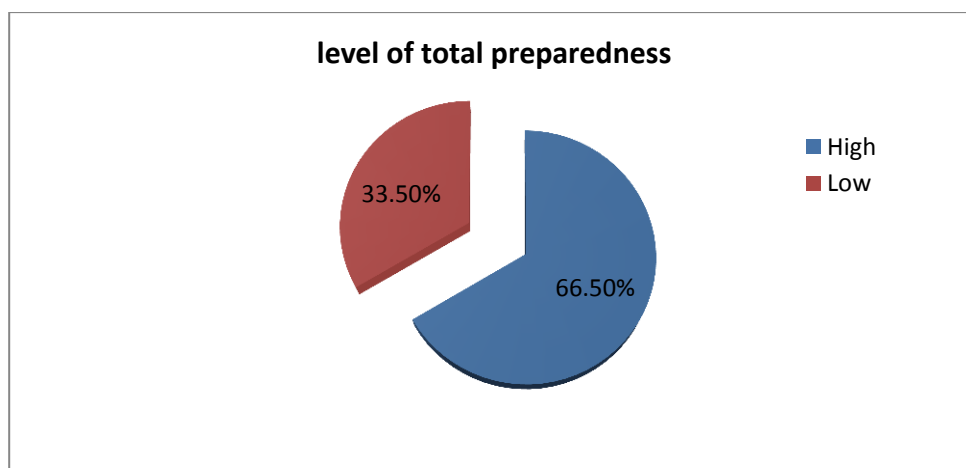


Figure (3) shows that two-third of nurse interns (66.5%) perceived a high level of total preparedness for clinical practice meanwhile, one-third of nurse interns (33.5%) perceived a low level of total preparedness.

Table (2): Relation between level of nurse interns' total preparedness for clinical practice and their demographic characteristics (n=212).

Demographic characteristics	Total preparedness				X ² test	p-value
	Low		High			
	No.	%	No.	%		
Age:						
<24	56	36.1	99	63.9	1.80	0.18
24+	15	26.3	42	73.7		
Gender:						
Male	16	30.8	36	69.2	0.23	0.63
Female	55	34.4	105	65.6		
Marital status:						
Unmarried	55	34.6	104	65.4	0.35	0.56
Married	16	30.2	37	69.8		
Have relatives in nursing field:						
No	50	32.3	105	67.7	0.39	0.53
Yes	21	36.8	36	63.2		
Level of income:						
Low	1	20.0	4	80.0	Fisher	0.67
Average/high	70	33.8	137	66.2		
Pre-university education:						
General	63	37.7	104	62.3	6.33	0.01*
Technical nursing	8	17.8	37	82.2		
Grade of 4th academic year:						
Pass/Good	5	50.0	5	50.0	2.05	0.36
Very good	28	36.4	49	63.6		
Excellent	38	30.4	87	69.6		

(*) Statistically significant at $p < 0.05$
result not valid

(--) Test

Table (2) demonstrates that there was only statistical significant relation between level of nurse interns' total preparedness for practice and their pre-university education ($p=0.01$) at p - value < 0.05 . As shown, interns who got technical institute had higher level of total preparedness than interns who got general secondary education.

Table (3): Correlation matrix among scores of nurse interns' preparedness dimensions

Dimensions	Spearman's rank correlation coefficient								
	1	2	3	4	5	6	7	8	9
1. Clinical knowledge	1.000								
2. Technical skills	.693**	1.000							
3. Critical thinking	.682**	.788**	1.000						
4. Communication	.533**	.559**	.591**	1.000					
5. Professionalism	.406**	.575**	.637**	.678**	1.000				
6. Management of responsibilities	.527**	.680**	.711**	.610**	.695**	1.000			
7. Professional satisfaction	.386**	.396**	.490**	.437**	.363**	.460**	1.000		
8. Stress	.222**	.201**	.257**	.149*	.221**	.160*	.284**	1.000	
9. Support	.415**	.461**	.493**	.423**	.389**	.451**	.418**	.410**	1.000

(*) Statistically significant at $p < 0.05$

(**) statistically significant at $p < 0.01$

(**) statistically significant at $p < 0.01$

Table (3) reveals that the dimensions of preparedness were interdependent on each other where there were statistically significant positive correlations among all preparedness dimensions scores at p - value < 0.05 . As shown, those correlations were strong, moderate and weak where there were strong correlations between score of preparedness for critical thinking and scores of preparedness for both technical skills ($r = 0.788$) and management of responsibilities ($r = 0.711$) also, there were weak correlations between score of preparedness for managing stress and other dimensions especially score of preparedness for managing responsibilities ($r = 0.160$).

Table (4): Best fitting multiple linear regression model for nurse interns' total preparedness score ($n=212$)

Model	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
Constant	61.74	8.61		7.172	< 0.001	44.77	78.71
Level of income:	-7.58	3.67	-0.14	-2.06	0.040	-14.81	-0.35
Grade of 4 th academic year:	3.72	1.45	0.17	2.572	0.011	0.87	6.57
Worked previously as a health care provider before internship program:	3.30	1.82	0.12	1.809	0.072	-0.30	6.89
Satisfied with faculty follow-up in first month:	5.44	1.75	0.21	3.117	0.002	2.00	8.89

R-square=0.08 & Model ANOVA: $F=5.65$, $p < 0.001$ & Variables entered and excluded: age, gender, marital status, pre-university education, relative in nursing, leadership, other satisfaction areas

Table (4) displays the expected change of nurse interns' total preparedness score resulted from effect of independent variables. It shows that model ANOVA had statistical significance ($F= 5.65$, $P < 0.001$) where grade of 4th year and level of satisfaction with faculty follow-up were positive independent predictors for interns' total preparedness score for clinical practice where their p-value (0.011 & 0.002 respectively) < 0.05 , meanwhile level of income was negative independent predictor where their p-value (0.040) < 0.05 . Also, the value of R-square indicated that independent predictors on the table explained 8% of variations of interns' total preparedness score.

Discussion:

Now, the nurse interns demand a comprehensive knowledge, technical and interpersonal skills, and proficiencies that will enable the delivery of complex patient care (**Nes et al., 2021**). Considering the increasing complexity of healthcare services, there is increased attention on effective and safe nursing practice with a high demand on nursing competency (**Chen et al., 2021**). Thus, the present study aims at assessing nurse interns' preparedness for clinical practice during internship year.

The result of this study demonstrated that two-third of studied nurse interns perceived a high level of total preparedness for clinical practice. This mean the roles were adequately performed but some improvements will be recommended. These findings could be due to good clinical placement during academic years, satisfactory nursing curricula, qualified nursing educators, academic environment second, pre-university education through technical nursing institute and the previous work of nurse interns as healthcare providers.

In the same line with previous findings, a study conducted by **Jamieson et al (2019)** in New Zealand, to explore senior student's views about their readiness to practice as a registered nurse and the findings revealed that they had prepared well for the profession. Another study conducted in Singapore, by **Woo & Newman (2020)** to investigate the experience of transition from nursing students to newly graduated nurses, the findings showed that most of graduated nurses expressed overall satisfaction with their preparedness and transition experience. Conversely, the previous findings were in disagreement with the findings of the study conducted by **Kavanagh & Szweda (2017)** in U.S.A, to assess entry-level competency and practice readiness of newly graduated nurses and

the findings showed that almost one quarter of subjects of the study demonstrate practice readiness.

The results of this study demonstrated that over three quarters of nurse interns perceived a high level of preparedness for communication. This means that highest percentage of agreement among nurse interns upon their preparedness was for dimension of communication. These findings could be because high priority given to teach communication skills through nursing curricula through some courses as ethnomethodology, ethics and communication skills where these courses were taught within four academic years.

The previous study findings go in the same line with the findings of the study conducted by **Fitzgerald (2019)** in U.S.A, to explore the perception of pre-licensure senior level undergraduate nursing students' progress towards readiness for professional practice, and the findings showed that majority of study subjects had high level communication skills. Conversely, the previous findings were in disagreement with the findings of the study carried out by **Hatzenbuhler & Klein (2019)** and the findings showed that they also perceived a lack of preparedness to communicate and interact as entry-level graduates.

The results of the study demonstrated that there was only statistically significant relation between level of nurse interns' total preparedness and their pre-university education. These findings denote that interns who got technical institute had higher level of total preparedness than interns who got general secondary education. These findings could be because technical institution equipped students before enrollment of nursing faculty with clinical experience, theoretical knowledge and skills. This improved level of preparedness second, most general secondary students didn't choose to be enrolled in the faculty on personal

desire. Other demographic characteristics didn't affected total preparedness because preparedness was more dependent on effect of nursing faculty than demographic factors.

The previous study findings go in the same line with the findings of the study conducted by **Fitzgerald (2019)** in U.S.A, and the findings showed that subjects' prior degree and readiness were statically related. This finding is consistent with **Ali & Amer (2018)** in Egypt, who showed that the new nurse's actual observed practice wasn't affected by any demographic characteristics except pre-university education. Conversely, the previous findings go in disagreement with the findings of the study conducted by **Ericson (2019)** one of the findings showed that there was not statistically significant relation between preparedness and pre-university education.

The results of the study demonstrated that there were statistically significant a positive correlation among all preparedness dimensions scores. Strong correlations were between preparedness for critical thinking and both technical skills and managing responsibilities while the weakest correlations were between preparedness for managing stress and other dimensions. These findings denote that the dimensions of preparedness were interdependent on each other. These results may be because preparedness for practice is multifaceted and dimensional when level of interns' preparedness for clinical knowledge will increase, this leads to increase level of other dimensions as technical skills and professionalism and vice versa.

The previous study findings go in the same line with the findings of the study conducted by **Yu et al. (2020)** in Taiwan, and the findings revealed that the domains

of preparedness (interpersonal skills, professionalism, management, knowledge, technical skills) were correlated with each other. Also, a study conducted by **Fitzgerald (2019)**, the findings showed that all items of dimensions of readiness were interdependent on each other where there were statistically significant positive correlations among all dimensions items.

The results revealed that grade of 4th year and satisfaction with faculty follow-up were positive independent predictors for interns' total preparedness score because of their effect on dimensions of support and managing responsibilities meanwhile, income was negative predictor because of its effect on technical skills. The value of R-square indicated that independent predictors didn't explain remarkable variations of interns' total preparedness score. This denotes that their effect was not distinctive while educational preparation and workplace environment may be the most important predictors.

The previous findings go in the same line with the study conducted by **Guner (2014)** and the findings showed that demographic characteristics as level of income, academic achievement and previous employment as a nurse were predictors but their effect was not remarkable. Adequacy of educational preparation and workplace environment were the most important predictors. In the same line, a study carried out by **Kaihlanen et al. (2017)** in Finland, and the finding revealed that quality of the supervision and follow-up were predictors for smooth transition. Conversely, the previous study findings go in disagreement with the findings of the study conducted in U.S.A, by **Reagor (2010)** and the findings showed that the demographic characteristics (income, and GPA) weren't independent predictors for total subjects' readiness score.

Conclusion:

In the light of the study findings, it was concluded that majority of studied nurse interns perceived a high level of preparedness for all dimensions except both dimensions professional satisfaction and stress. The highest percentage of nurse interns perceived a high level of preparedness for dimension of communication followed by dimension of professionalism. In general, two-third of studied nurse interns perceived a high level of total preparedness for clinical practice. This is because nursing faculty well performed most of its roles but some improvements are needed meanwhile, hospitals had high defects in their roles.

Recommendations:

In the light of the findings of the current study the following recommendations are suggested:

- Partnership between nursing faculty and health care settings are supported to seek solutions to promote level of preparedness.
- Healthcare setting should provide interns with productive work environment; structured orientation program, written job description and preceptorship model.
- Nursing faculty should make improvements regarding clinical placement in hemodialysis unit and ICU, evaluation system to improve critical thinking, and screening process for nursing students before enrollment of the faculty to select the students who have satisfaction with nursing profession. It should provide interns with well-structured satisfactory refresher program before enrollment in internship year.
- Further researches suggested as assessing factors affecting nurse interns' preparedness for clinical practice during internship year.

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Conflict interest:

The researcher declared that he has no conflict of interests.

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