

Research Article

Determination of Dominant Factors of Community Nursing Practice Readiness of Final Year Nursing Students and Their Implications for Learning

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Abstract. Community nursing practice readiness is an important outcome of nursing education because it determines the ability of final-year nursing students to enter professional roles. This study aims to determine the dominant factors associated with practice readiness and explain their implications for learning. The study used a quantitative analytical design with a cross-sectional approach on final-year nursing students who had participated in community practice. Data were collected using a Likert-scale questionnaire measuring self-efficacy, practice experience, preceptor support, and practice readiness. Analysis was conducted using descriptive statistics, simple linear regression, and multiple linear regression. Separately, self-efficacy, practice experience, and preceptor support were positively and significantly related to practice readiness, with R^2 of 0.712, 0.669, and 0.794, respectively. In the simultaneous model, self-efficacy was the dominant factor with a beta of 0.63 and $p < 0.001$. Preceptor support remained significant at the borderline significance, while practice experience was no longer significant. The final model explained 81% of the variation in practice readiness. This study concludes that students' self-efficacy is a key element of practice readiness. The novelty of the study lies in the simultaneous examination of three factors in the context of community nursing. Its contribution is to help institutions establish learning priorities based on factors that remain robust after all variables are analyzed statistically together. These findings provide an empirical basis for strengthening learning through simulation, reflection, decision-making, and targeted preceptor mentoring.

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1. Introduction

Nursing education aims to produce competent graduates who are ready to undertake professional roles. For final-year students, practice readiness is a crucial outcome as they begin the transition from academic learning to professional practice. This transition requires the ability to apply knowledge, skills, and attitudes in an integrated manner. This readiness is supported by the ability to make decisions, carry out roles independently, and obtain adequate learning experiences and support (Akçoban et al., 2026; Curtis et al., 2026). Practice demands are increasingly complex in community nursing because students face diverse health problems. Students also need to communicate effectively and adapt their actions to the sociocultural conditions of the community. Involvement in community service can strengthen competency while benefiting public health (Kuok et al., 2026). Therefore, practice readiness is a crucial element in facing the professional world and is related to student self-efficacy.

Readiness for practice is not solely determined by mastery of material and technical skills. This readiness is also influenced by students' confidence in their ability to carry out practical tasks. When self-confidence is low, students tend to hesitate when facing field situations. This hesitation can hinder decision-making and the application of appropriate skills, while strong self-efficacy supports clinical decision-making (Toqan et al., 2026). Confidence in one's own abilities is also related to students' readiness to enter professional practice (Ersoy & Alkaya, 2024). The better the self-efficacy, the more positive the students' attitudes toward clinical practice (Dündar et al., 2026). This role is increasingly important in community nursing because students face diverse health issues and community characteristics, so students with similar academic achievements may demonstrate varying levels of preparedness. Therefore, while self-efficacy needs to be examined as a key factor, actual preparedness also needs to be assessed through the practical experiences students gain.

In addition to personal factors such as self-efficacy, student readiness is also related to practical experiences during education. These experiences help students connect academic learning with the demands of professional work (Maher et al., 2026). However, the number of practical activities does not always reflect the quality of the learning experience. The benefits of practical work depend heavily on the quality of the experience, the opportunities for action, and the student's involvement in real-world situations (Atay et al., 2026). Undirected practical work can limit independence, reflection, and problem-solving skills. Directed reflection helps students understand experiences, improve decisions, and build greater readiness (Bowers et al., 2025). Consequently, field experience may not necessarily result in optimal practical readiness. Because its contribution can change when analyzed alongside personal factors, practical work needs to be assessed in a model that also considers preceptor support.

Practical experience does not work alone in shaping student readiness. This process is also influenced by self-efficacy and support within the learning environment. Self-efficacy reflects students' confidence in their ability to perform practical tasks. Field experience provides space to apply theory to real-life situations. This application becomes more focused when preceptors provide guidance, feedback, and a sense of security during the practicum (Mbabazi et al., 2026). Effective mentoring also strengthens student learning engagement and readiness for practical tasks (Sood et al., 2026). Preceptor competence and the quality of the learning environment are also related to student self-efficacy (Şen et al., 2026). This relationship suggests that these three factors can be mutually reinforcing or interdependent, so previous findings need to be reviewed before testing them simultaneously to determine the most powerful factor.

Previous research has identified self-efficacy as a factor related to students' attitudes toward clinical practice (Dündar et al., 2026). Another study demonstrated that self-efficacy plays a role in the relationship between initial practice experiences and student responses during clinical learning (Turan & Cengiz, 2025). In students participating in final practicum, readiness is also associated with clinical experience and preceptor support (Nease et al., 2026). A different study included informatics competency, self-efficacy, and persistence as predictors of practice readiness (Kim et al., 2025). Strengthening the preceptor role through academic and clinical collaboration has also been reported to increase support during practice (Liaw et al., 2023). These variations in variables, contexts, and approaches confirm that practice readiness is multidimensional. However, evidence regarding the relative contributions of self-efficacy, practice experience, and preceptor support when examined simultaneously is limited.

Although research on practice readiness continues to grow, most research still focuses on clinical services in hospitals. Evidence regarding student readiness in the context of community nursing remains relatively limited. Previous research has identified various factors related to nursing students' practice readiness (Nease et al., 2026). Other studies have primarily assessed self-efficacy and academic support as predictors of readiness (Gagalang, 2024). Meanwhile, the role of preceptors is often studied in specific clinical practice contexts, not specifically in community nursing (Vellem & Jooste, 2025). Research examining self-efficacy, practice experience, and preceptor support simultaneously is also limited. Therefore, an integrated analysis is needed to determine the dominant factors as a basis for more targeted learning reinforcement.

This study specifically aims to determine the dominant factors associated with readiness for community nursing practice in final-year nursing students and explain their implications for learning. The factors analyzed include self-efficacy, practice experience, and preceptor support. These three factors were tested both separately and simultaneously on students' practice readiness. The novelty of the study lies in assessing the relative contribution of each factor within a single regression model. This approach allows for identification of factors that

remain the strongest contributors after other variables are controlled. The results are expected to serve as a basis for determining priorities for strengthening community nursing learning. Practically, the research findings can help institutions design more focused and evidence-based learning strategies, field practice, and mentoring systems.

2. Research Methods

This study used a quantitative analytical design with a cross-sectional approach. This design was chosen to analyze the relationship between self-efficacy, practice experience, and preceptor support with community nursing practice readiness at the same measurement time. This approach was also used to assess the contribution of each factor and determine the most dominant factor in explaining student practice readiness. The study was conducted at the nursing education institution that served as the research location. The research subjects were final-year nursing students who had participated in community nursing practice. Inclusion criteria included active final-year students, having completed community practice, being willing to be respondents, and completing the questionnaire completely. Students who were unwilling to participate or did not complete all answers were excluded from the analysis. Sampling was carried out using a total sampling technique on all students who met the research criteria.

The dependent variable in this study is readiness for community nursing practice. The independent variables consist of self-efficacy, practice experience, and preceptor support. Self-efficacy reflects students' confidence in their ability to perform practice tasks. Practice experience reflects students' opportunities to apply knowledge and skills in field situations. Preceptor support includes guidance, feedback, reinforcement, and mentoring during the practice process. Readiness for practice reflects students' ability to apply knowledge, skills, communication, decision-making, and professional attitudes in community nursing services.

Data were collected using a structured questionnaire with a Likert scale of 1–5. The instrument consisted of nine self-efficacy items, five practice experience items, five preceptor support items, and nineteen practice readiness items. The score for each variable was obtained by summing the responses to all items within the same variable group. Prior to use, the instrument was tested for validity and reliability to ensure measurement accuracy and inter-item consistency. Data collection was conducted online via Google Forms. Each response was checked for completeness, coded, and compiled into a dataset before analysis. Respondent participation was voluntary after receiving an explanation of the research objectives. Respondent identities were not disclosed, and all data was kept confidential.

Data analysis was performed using statistical software. Descriptive analysis was used to describe the characteristics of respondents and the distribution of scores for each variable. The results are presented in the form of frequencies, percentages, means, and standard deviations according to the data type. Simple linear regression was used to analyze the relationship between each independent variable and practice readiness. The results of the analysis were reported through the B coefficient, standard error, standardized beta, t-value, p-value, and R^2 . Furthermore, multiple linear regression was used to simultaneously test self-efficacy, practice experience, and preceptor support. The dominant factor was determined based on the largest standardized beta value with a p-value ≤ 0.05 . Model strength was assessed through R^2 , R^2 , adjusted R^2 , F-test, and the model's p-value. Multicollinearity was evaluated using the tolerance value and variance inflation factor. All tests used a 5% significance level. Because the study used a cross-sectional design, the results were interpreted as statistical associations and contributions, not direct causal relationships.

3. Results and Discussion

Research findings based on Table 1, the results of simple linear regression show a relationship between self-efficacy and students' readiness to practice. The unstandardized regression coefficient (B) was obtained at 0.499. This coefficient indicates a positive relationship. An increase in self-efficacy scores was followed by an increase in readiness to practice scores. The standard error value was recorded at 0.047. The standardized beta coefficient was obtained at 0.844. The test results produced a t-value of 10.663. The p-value obtained was less than 0.001. This value is below the 0.05 level of significance. Thus, the relationship between self-efficacy and readiness to practice was declared statistically significant. The coefficient of determination or R^2 was obtained at 0.712. The simple regression model explained 71.2% of the variation in students' readiness to practice.

Table 1. Simple Regression Results of Self-efficacy on Practice Readiness.

Variables	B	Std. Er	Beta	t	P-value	R ²	Information
Self-efficacy → Readiness to practice	0.499	0.047	0.844	10,663	0,000	0.712	Significant positive

A simple linear regression analysis was conducted to examine the relationship between practical experience and students' practical readiness. The analysis yielded an unstandardized regression coefficient (B) of 0.871. This coefficient has a positive direction. Each increase in the practical experience score was followed by an increase in the practical readiness score. The standard error value was recorded at 0.090. The standardized beta coefficient was obtained at 0.818. The regression coefficient test yielded a t-value of 9.635. The p-value obtained was less than 0.001, which is smaller than the 0.05 significance level. The relationship between practical experience and practical readiness was declared positive and statistically significant. The R² value of 0.669 indicates that the model explains 66.9% of the variation in practical readiness. Details of the simple regression results are presented in Table 2.

Table 2. Simple Regression Results of Practical Experience on Practical Readiness.

Variables	B	Std. Error	Beta	t	P-value	R ²	Information
Practical experience → Practical readiness	0.871	0.090	0.818	9,635	0,000	0.669	Significant positive

The relationship between preceptor support and practice readiness was analyzed using simple linear regression. The test results showed an unstandardized regression coefficient (B) of 0.852. This value indicates a positive relationship. An increase in the preceptor support score was followed by an increase in the practice readiness score. The standard error value obtained was 0.064. The standardized beta coefficient was recorded at 0.890. Statistical testing produced a t-value of 13.35. The p-value obtained was less than 0.001. This value is smaller than the 0.05 level of significance. Thus, the relationship between preceptor support and practice readiness was declared statistically significant. The coefficient of determination of 0.794 indicates that the model explains 79.4% of the variation in practice readiness. Details of the results of the simple regression analysis are presented in Table 3.

Table 3. Simple Regression Results of Preceptor Support for Practice Readiness.

Variables	B	Std. Error	Beta	t	P-value	R ²	Information
Preceptor support → Practice readiness	0.852	0.064	0.89	13.35	0,000	0.794	significant

Based on Table 4, multiple linear regression was used to assess the contribution of the three variables to practice readiness. Self-efficacy obtained a B coefficient of 0.605 and a standard error of 0.151. Its standardized beta value was 0.63, with a t-value of 4.00 and a p-value <0.001. These results indicate that self-efficacy is significantly related to practice readiness. This variable also has the largest beta, making it the dominant factor in the model. Practice experience obtained a B coefficient of 0.018 and a standard error of 0.161. Its standardized beta value was 0.01, with a t-value of 0.113 and a p-value of 0.911. Thus, practice experience did not show a significant relationship in the multiple regression model. Preceptor support obtained a B coefficient of 0.166 and a standard error of 0.083. Its standardized beta value was 0.28, with a t-value of 2.012 and a p-value of 0.050. The tolerance values for self-efficacy, practical experience, and preceptor support were 0.168, 0.185, and 0.216, respectively. The VIF values for these three variables were reported as 5.9, 5.4, and 1.10. Overall, self-efficacy was recorded as the variable with the largest standardized beta value in the multiple regression model.

Table 4. Multiple Linear Regression Results of self-efficacy, practice experience, and perceiver support for Practice Readiness.

Independent Variables	B	Std. Error	Beta	t	P-value	Tolerance	VIF	Information
Self-efficacy	0.605	0.151	0.63	4.00	0,000	0.168	5.9	Significant dominance
Practical experience	0.018	0.161	0.01	0.113	0.911	0.185	5.4	Not Significant
Preceptor support	0.166	0.083	0.28	2,012	0.050	0.216	1.10	significant

Table 5 presents a summary of the results of multiple linear regression on student practical readiness. The multiple correlation coefficient (R) value was obtained at 0.90. The coefficient of determination (R^2) was recorded at 0.81. The regression model explained 81% of the variation in student practical readiness. The remaining 19% of the variation was outside the research model. The adjusted R^2 value was obtained at 0.80. This value indicates the proportion of variation that has been adjusted for the number of variables in the model. Simultaneous testing produced an F value of 64.57. A p-value of less than 0.001 indicates that the multiple regression model is statistically significant.

Table 5. Multiple Regression Model Summary.

R	R^2	Adjusted R^2	F	p-value Model
0.90	0.81	0.80	64.57	0,000

Overall, the analysis results showed different patterns between the simple and simultaneous tests. In separate tests, self-efficacy, practice experience, and preceptor support were each positively related to practice readiness. This pattern changed when all three variables were included in a single model. Self-efficacy continued to show the strongest contribution to practice readiness. Preceptor support also continued to show a contribution in the multiple model. Conversely, practice experience no longer showed a significant contribution when analyzed with other variables. This difference indicates that the strength of the relationship between each factor can change in simultaneous analysis. The overall regression model was found to be significant. This set of results provides a basis for discussing the dominant factors and their implications for community nursing learning.

The results of the study indicate that self-efficacy has a very strong and significant influence on the practice readiness of community nursing students. This is reflected in the high β value ($\beta = 0.844$) and the large R^2 value ($R^2 = 0.712$), which indicates that most of the variation in practice readiness can be explained by self-efficacy. This finding confirms that self-efficacy is not merely a supporting variable, but is a major factor in shaping students' practice readiness. Significance of the findings: Substantively, these results indicate that students' practice readiness is strongly influenced by self-confidence in their abilities. Students with high self-efficacy tend to be better prepared to face practice situations because they have the confidence to make decisions, adapt to the practice environment, and manage emerging challenges. Thus, practice readiness depends not only on experience or exposure to practice, but also on how students interpret and believe in their own abilities.

These findings align with previous research in nursing education, which places self-efficacy as a strong predictor of clinical readiness. Previous studies have shown that students with high self-efficacy tend to have better practice performance, are more active in learning, and are more confident in interacting with patients and the healthcare team. Self-efficacy is an important factor related to the practice readiness of final-year nursing students, especially in the context of community nursing. Students with high self-efficacy tend to be better prepared for practice due to their confidence, clinical decision-making skills, and readiness to face field situations. Findings Kim (2025) indicate that clinical practice self-efficacy is positively related to nursing students' practice readiness. This is reinforced by Dündar et al. (2026), who explain that self-efficacy is related to students' attitudes toward clinical practice.

Within the framework of social cognitive theory, self-efficacy influences how students think, act, and manage the challenges of practice. A study by Wille et al. (2025) confirmed that strengthening self-efficacy is crucial in building nursing students' competency and resilience. Thus, self-efficacy can be understood as a key internal factor that strengthens community nursing students' practice readiness.

The results of the study indicate that practical experience has a positive and strong relationship with the readiness to practice of community nursing students. This is evident from the β value = 0.818 and $p = 0.000$, which indicates that practical experience is significantly related to practical readiness. The R^2 value = 0.669 also indicates that practical experience is able to explain 66.9% of the variation in students' practical readiness. This means that the better the practical experience obtained by students, the higher their readiness to face community nursing practice. This finding is in line with previous studies that confirmed that direct practical experience plays an important role in shaping students' competence, confidence, and readiness to enter professional practice. Practical experience has a positive and strong relationship with the readiness to practice of community nursing students. In the results of this study, practical experience showed a value of $\beta = 0.818$ and $R^2 = 0.669$, which means practical experience contributes significantly in explaining students' practical readiness. Substantively, this finding indicates that students who obtain better practical experience tend to have higher readiness to face real situations in the community. Practical experience provides students with the opportunity to apply theory, identify public health issues, communicate with target groups, and understand the social conditions that influence nursing services.

The results of this study align with previous studies that confirmed that community-based clinical experiences help students connect theoretical knowledge with real-world practice, including understanding the social determinants of health and developing evidence-based interventions (Choshi, 2025; Sabo et al., 2026). A study by Miller et al. (2025) also showed that direct clinical experiences and face-to-face simulations better support practice readiness than screen-based simulations. Theoretically, this can be explained through experiential learning, which is the learning process that occurs when students directly experience, reflect on, and interpret practical experiences. Guided reflection helps students connect field experiences with nursing concepts, thereby strengthening clinical skills, critical thinking, and readiness for professional practice (Barbagallo, 2021; Bowers et al., 2025). Thus, practical experiences are not only field activities but also meaningful learning processes that strengthen the readiness of community nursing students.

Based on Table 3, preceptor support shows a positive and significant relationship with students' practice readiness, as indicated by a β value of 0.89 and R^2 of 0.794. This indicates that preceptor support makes a significant contribution in explaining students' practice readiness. Substantively, this finding indicates that clinical guidance provided by preceptors plays a significant role in helping students understand practice situations, directing nursing actions, and increasing readiness to face challenges in the field. Preceptor support plays a crucial role in nursing students' practice readiness. In this study, preceptor support shows a strong positive relationship with practice readiness. This means that the better the preceptor support students receive, the higher their practice readiness. This support can take the form of direction, feedback, reinforcement, and assistance when students encounter clinical or community situations that they have not yet fully mastered. Thus, preceptor support functions not only as a companion but also as a factor directly related to students' practice readiness.

These findings align with various studies showing that the quality of clinical supervision influences nursing students' readiness and competency. Studies have shown that preceptors who provide constructive feedback and support the learning process can enhance students' learning experiences and strengthen their readiness for practice. These findings align with previous studies that suggest a positive relationship between students and preceptors can enhance students' learning experiences, sense of belonging, and professional growth (Edward et al., 2017; Livingstone, 2024). Meaningful feedback from preceptors is also crucial for fostering critical thinking,

reflection, and clinical decision-making (Jan et al., 2026; Wu et al., 2016). Furthermore, the quality of the clinical learning environment and preceptor competency are associated with student satisfaction and readiness for practice (Alhassan et al., 2024; Johannessen et al., 2021). Mechanistically, preceptors help students learn through direct guidance, observation, correction, and reflection. This process strengthens students' confidence, clinical skills, and readiness to assume professional roles more independently.

Based on Table 4, when self-efficacy, practical experience, and preceptor support were analyzed together, self-efficacy was the most dominant factor in student practical readiness. This is evident from the β value = 0.63 with $p = 0.000$, indicating the strongest and most significant influence compared to other variables. Preceptor support still showed a significant contribution with $\beta = 0.28$ and $p = 0.050$, while practical experience was not significant in the multiple model with $\beta = 0.01$ and $p = 0.911$. This finding suggests that practical experience, which previously appeared strong in a simple analysis, can be weakened when analyzed together with internal factors and supervisor support.

Scientifically, these results indicate that students' practice readiness is not solely determined by the amount of practice experience, but is more strongly influenced by how students believe in their abilities to face practice. This pattern aligns with nursing education studies that place internal factors, particularly self-efficacy, as an important predictor of clinical readiness. Preceptor support remains an external factor that strengthens learning through direction, feedback, and mentoring. Theoretically, these findings support the view that practice readiness is formed through the interaction between students' internal factors and the learning environment. In this context, self-efficacy is the primary driver, while practice experience and preceptor support act as learning resources that can strengthen or weaken student readiness. The results of this study align with various previous studies, which indicate that self-efficacy, practice experience, and preceptor support collectively play a significant role in shaping final-year nursing students' practice readiness. Self-efficacy serves as a key internal factor influencing students' self-confidence, clinical performance quality, and decision-making abilities (Turan & Cengiz, 2025; Dündar et al., 2026). On the other hand, practical experience provides an opportunity for students to integrate theoretical knowledge into real-life situations, thereby enhancing clinical competence and readiness for practice (Pozo et al., 2026). Preceptor support also plays a role in bridging theoretical and practical learning through guidance, communication, and constructive feedback, which directly strengthens student readiness in the clinical environment (Livingstone, 2024; Mbabazi et al., 2026). Furthermore, the interaction of these three factors indicates that practical readiness is not formed partially, but through a mutually reinforcing relationship between internal and external factors. Self-efficacy and learning support together have been reported to significantly explain variations in student practical readiness (Nease et al., 2026). Furthermore, practical experience supported by competent preceptors can increase student confidence through direct learning and reflection (Liaw et al., 2023). Thus, these findings reinforce that nursing students' practical readiness is the result of the integration of self-efficacy, practical experience, and the support of the clinical learning environment that interact to shape students' professional competence.

The results of this study indicate that strengthening self-efficacy, practical experience, and preceptor support need to be a focus in improving the nursing learning process. The finding that self-efficacy plays a dominant role indicates that learning strategies should not only emphasize mastery of material but also build students' confidence in facing practical situations. Therefore, the learning process needs to be designed more contextually through the integration of theory and practice, so that students not only understand concepts but also feel capable of applying them in real-life situations. Mechanistically, various studies have shown that active learning strategies, such as clinical simulations, repeated practice, case discussions, and reflection on experiences, can create meaningful learning experiences. These experiences will strengthen self-efficacy through a gradual process of success, feedback, and reinforcement from the preceptor. Furthermore, the involvement of

the preceptor in providing directed and reflective guidance is also an important part in supporting this process. Thus, learning that emphasizes direct experience, reflection, and active interaction between students and preceptors can optimally improve students' readiness for practice.

This research needs to be understood within the scope of its design and the context of its measurement. The data obtained describe the students' conditions at the time of completing the questionnaire, so the results are more appropriate for explaining the patterns of relationships between variables in the context of community nursing learning. Furthermore, practice readiness was assessed based on students' perceptions, so interpretation of the results still needs to be placed within a learning evaluation framework, not as a single measure of overall professional readiness. Community nursing students' practice readiness appears to be formed from a combination of self-confidence, practice experience, and mentoring support. Overall, self-efficacy was the most prominent factor, while practice experience and preceptor support strengthened the process of developing this readiness. This pattern suggests that learning experiences are more meaningful when students have the confidence to apply them in real-life situations. Thus, practice readiness can be understood as the result of a learning process involving both the student's personal aspects and the quality of the clinical learning environment.

4. Conclusion

This study shows that self-efficacy is the dominant factor associated with final-year community nursing students' readiness for practice. In separate analyses, self-efficacy, practice experience, and preceptor support each showed a positive and significant relationship with practice readiness. However, when all three were tested simultaneously, self-efficacy remained the strongest contributor with a beta of 0.63 and $p < 0.001$. Preceptor support still contributed at the borderline of significance with a beta of 0.28 and $p = 0.050$, while practice experience was no longer significant with $p = 0.911$. The overall regression model was significant and explained 81% of the variation in practice readiness. These findings confirm that student readiness is multidimensional, but belief in one's own abilities is the most important factor. Therefore, learning needs to prioritize strengthening self-efficacy through simulations, guided practice, reflection, decision-making opportunities, and preceptor feedback. Therefore, increasing readiness is not sufficient through increasing practice experience; it needs to be accompanied by quality and consistent guidance. The results of this study provide an empirical basis for institutions to design community learning that is more focused, responsive, and based on student needs.

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