Enhancing Nursing Graduate Readiness for Practice through Leadership Competence: A Correlational Study

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Abstract

Background: The healthcare sector's complexity requires competent nursing graduate leaders who can effectively lead upon entering their first workplace. Despite studies hinting at a link between leadership competency and nursing students' readiness for practice, a direct correlation hasn't been fully explored.

Aim: This study aims to examine leadership competencies among nursing graduates of Jordanian colleges and their readiness for practice, including the correlation between these variables.

Design: A quantitative correlational method was employed, utilizing a 40-item questionnaire for leadership competency and the 22-item Casey-Fink survey for assessing graduates' readiness for practice. A convenience sample of 268 clinical nurse leaders (CNLs) supervising new graduates was selected.

Results: The analysis, revealed a moderate presence of leadership competencies and readiness for practice. Pearson correlation coefficients indicated a strong positive relationship between graduates' leadership competencies and their readiness for practice.

Conclusions: The study highlights the need to integrate nursing leadership skills into the curriculum and suggests early engagement with nursing bodies to enhance leadership and workplace readiness. It emphasizes a strategic educational approach to align academic and practical competencies in nursing.

Keywords: Nursing, leadership competencies, readiness for practice, clinical nursing leaders, new graduates, Jordan

Introduction

The undergraduate nursing program is considered the building block of nursing education and prepares nursing graduates with enough competence for first entry into nursing practice. During the transition from student to practicing nurse, newly graduating nurses can be overwhelmed with caring for a group of patients, in addition to being effectively engaged in multiple leadership and management roles [1].

Studies have reported that nursing graduates face challenges with clinical practice readiness. This problem is still reported and seems to be underappreciated [2, 3], although it can be improved by students' undergraduate education and clinical training, which are important support for new nursing graduates' readiness to practice in real-life settings [4]. Certainly, lack of leadership competence for nursing graduates has also been reported in the literature [3, 5-7].

Various scholars have highlighted the importance of leadership in the nursing context, documenting its positive influence on communication, teambuilding, and the contribution it can make to the success of healthcare organizations [8-11].

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AlMekkawi and El Khalil [4] linked the leadership competency to nursing graduates' readiness to practice. In fact, lacking leadership competencies within nurse and healthcare teams was recognized as a source of stress, and this applies to nursing graduates also [3, 11, 12].

The demand has increased for clinical nurses to take the lead in ensuring quality care and patient safety [9] . Now, employers expect that newly graduated nurses will be well prepared and possess appropriate leadership abilities to assume a prominent dynamic professional role within complex healthcare delivery systems [13] . This adds pressure on nursing personnel to graduate competent nursing leaders to meet this expectation.

In Jordan, a large number of nursing graduates each year transition to clinical practice. These graduates not only transition to work in clinical settings in Jordan but also work in neighboring countries suffering a severe shortage in the nursing and other healthcare workforce [14]. These nurses also work in other international destinations in Europe, Australia, Canada, and the USA, among others [15].

There is no formal nursing internship to facilitate and empower their transition to practice. To compensate for this, some Jordanian hospitals have nursing orientation programs through their professional development unit (PDU). These coordinate and conduct nursing orientation programs for newly hired nursing graduates, with the goal of preparing graduate nurses to transition into their clinical roles more easily. It was observed that many of the newly graduated nurses are unable to cope with their clinical experience and the transition period between the undergraduate nursing college phase and real practice in a healthcare setting after graduation [16]. This is associated with high levels of stress in their first job and subsequently high levels of turnover. This lack of readiness is also important because of the potential impact on and harm to patient care [10, 17].

In particular, management and leadership skills are lacking in these graduates and this is believed to obstruct their readiness for clinical practice, which requires adequate communication and decision making, prioritization, critical thinking, collaboration, and conflict, emotion, and change management [3]. Within the current curriculum in most of the nursing programs in Jordanian universities, undergraduate nursing students are offered only one short course about management and leadership in nursing in their final years. This course is usually shorter than all other courses and has no practical components or is not generally well covered as a main learning objective in other clinical courses. This has raised the general question of whether nursing graduates are getting enough education and clinical experience during their studies at nursing colleges before entering the workplace in Jordan. A more specific question, and one related to this study, is whether these students have received enough training in management and leadership skills to enable them to manage nursing care when transitioning to their clinical practice.

Conceptual Framework

Many theories can promote understanding of how new nursing graduates acquire leadership competencies and readiness to practice through the transition from the academic stage, to graduating nurse, and then practicing nurse. The following are three selected theories:

- The new nursing graduate professional role transition theory by Judy Boychuk Duchscher: This theory explains new graduate nurses' leadership competency progress over the first 14 months through three phases. Phases one and two are linked to graduating nursing students [5];

- The transformative leadership theory: This well-known theory indicates that people can be transformed by leaders or organizations who introduce a change in them [17];

- The nursing clinical competence (from novice to expert) theory of Patricia Benner: This theory indicates that newly graduated nurses develop competencies over time, including leadership competency, through four stages from novice to expert [18].

Study Purpose and Questions

This study aims to investigate the

relationship between the degree of leadership competencies available in nursing graduates of Jordanian nursing colleges and their readiness for practice from a CNL perspective. The research questions are:

1. What is the availability degree of leadership competencies among graduates of Jordanian nursing colleges from the CNL perspective?

2. What is the degree of readiness to practice among graduates of Jordanian nursing colleges from the CNL perspective?

3. What is the relation between the availability degree of leadership competencies among graduates of Jordanian nursing colleges and their degree of readiness to practice from the CNL perspective?

METHODS
Study Design
A quantitative descriptive and correlational research method was used to answer the study questions. This study's goals are best achieved through this design. Since there was no intervention, experimental designs are not appropriate. Also, correlation between variables was a major goal and so a quantitative correlational design is the most appropriate. The study was survey-based and cross-sectional in nature. Data were collected through questionnaires via one contact with the largest number of participants.

Population and Sample
The study population consisted of CNLs in Jordanian (governmental and private) hospitals in north, central, and south Jordan who supervise and prepare new graduating nurses in their first employment. The sample included unit nurse managers, clinical educators, and charge nurses. Some 52.2% of the sample was from the private sector and 47.8% from the governmental sector. Regarding area of specialty, 45.9% were clinical leaders, 35.8% administrative leaders, and 18.3% leaders working in educational specialties. This study includes the perspectives of CNLs in Jordanian hospitals and so the charity sector and outpatient clinics and centers were excluded, as were nurses with under two years' experience.

Many strategies were employed to recruit and reduce sample attrition, primarily through effective communication. We therefore gave clear instructions and illustrations on the value of the study for the nursing profession, using Google Survey through mobile phones or PCs, with regular weekly follow-up reminders. Moreover, the length of the survey was reduced as much as possible.

The total estimated population in this study was 796 leaders, based on the latest report of the High Health Council (HHC) in Jordan [19]. Participants were chosen based on convenience sampling after calculating the sample size using Krejcie and Morgan's table [20]. The sample size was adequate; the minimal required sample size was 260 participants, and the total number of obtained participants were 268.

Study Instrument
The study instrument included the participants' demographic data, the leadership competency survey, and the readiness to practice survey.

The leadership competency survey was developed by the researcher for this study to investigate CNL perspectives to nursing graduates' leadership competencies. This 40-item survey was constructed using a five-point Likert scale covering three leadership competency dimensions: effective communication (14 items), interpersonal and team collaboration (12 items), and decision making and problem-solving (14 items). The survey items were constructed based on a thorough literature review, and a panel of ten internal and external experts assured the content validity. In addition, internal reliability was checked through statistical procedures. The correlation coefficient in Table 1 ranges between 0.955–0.979, which indicates a significant correlation in the leadership competency instrument.

Table 1: Correlation coefficient and Cronbach's Alpha of leadership competencies

Questionnaire Dimension	Cronbach's Alpha	N of Items
Effective Communication Competency	0.955	14
Interpersonal and Team Collaboration Competency	0.961	12
Decision-Making and Problem-Solving Competency	0.972	14
Readiness for practice	0.979	22

The Casey-Fink readiness for practice survey was also used. This survey is composed of 22 items, with four dimensions on proficiency, altruism, prevention, and leadership. The validity of this survey has been reported in a previous international study [21]. The statistical analysis of the full questionnaire's validity and reliability revealed an Alpha Cronbach value was 0.984. The Alpha Cronbach value for survey subsections ranged from 0.95–0.97 (Table 1).

Data Analysis

SPSS was used to analyze the quantitative data in this study. Initially, in the analysis, data were checked for completion and the presence of outliers. Since the questionnaires are electronic, the settings were adjusted so that all questions had to be completed for the form to be submitted. This ensured completeness. Also, almost all the questions in the study were answered by selecting the answer from pre-determined choices, and the answers were then electronically imported into SPSS. This removed data entry errors and reduced outliers.

Frequencies, percentages, means and standard deviation were calculated for all study survey items. Pearson correlation coefficients were calculated to measure the relationship between the degree of leadership competencies available among graduates of Jordanian nursing colleges and their readiness to practice, and Spearman's rho test was used to measure the strength of association between leadership dimensions and new graduates' readiness for practice.

Study ethics

Ethical approval was obtained from the Middle East University (No 89/11/2021-2022, Ministry of Health in Jordan (IRB No18990) & King Hussein Cancer Center (IRB No. 21KHCC159). Data collection was anonymous and no personal identifying information was collected from participants. Also, all collected data were kept secure and accessed only by the research team.

Results

Demographic data

This study included 268 participants (i.e., CNLs) from both genders who mostly had a bachelor's degree; 22% of the participants had postgraduate qualifications. Table 2 shows the sample's demographic data distribution.

Table 2. Demographic data distribution

Variable	Category	Number	Percent
Gender	Male	122	45.5%
	Female	146	54.5%
Qualifications	Bachelor's degree or lower	208	77.6%
	Postgraduate	60	22.4%
Years of Experience	5 years or less	43	16%
	6–10 years	51	19%
	More than 10 years	174	65%
Sector	Governmental	128	47.8%
	Private	140	52.2%
Specialty	Administration	96	35.8%
	Education	49	18.3%
	Clinical	123	45.9%

Leadership competencies

The overall leadership competencies availability level among newly graduating nurses as described by CNLs was moderate (mean=3.64, SD= 0.98) out of a maximum of five (Table 3). In relation to the leadership components, the communication competency dimension received a mean score of 3.69 (SD=0.76) indicating a high availability; the interpersonal and team collaboration competency dimension also scored highly (mean=3.7, SD=0.8). However, the decision making and problem-solving competency availability level was the lowest (mean=3.55, SD=0.86).

In the effective communication competencies dimension, most CNLs believed that new graduates had a moderate to high level of effective communication strategies. The highest mean score showed that new graduates 'show interest in what the interviewee is saying' (mean=3.91, SD=0.92), while the statement 'avoids influencing opposing viewpoints during group discussions' had the lowest response (mean=3.55, SD=0.95).

For the interpersonal and team collaboration dimension, results showed that most CNLs believed that new graduates have a moderate to high level of interpersonal and team collaboration competencies. The highest mean score was 3.87, reported with 'consult others when initiating a change that may affect them' (SD=0.87), while the lowest was reported with 'stay calm during times of work pressure' (mean=3.37, SD=1.06).

In the decision-making and problem-solving competencies dimension, most CNLs assumed that new graduates had a mostly moderate and in some cases high level of decision-making and problem-solving competencies. The highest mean score was reported with 'anticipates the causes of conflict before it occurs' with 3.75 (SD=0.99), while the lowest was reported with 'rearrange her/his priorities according to the updates' and 'makes sure that his/her decisions are closer to logic' competencies (mean=3.40, SD=1.07).

Table 3. Decision-Making and Problem-Solving Competencies

Competency Statement	Mean	Std. Deviation
Anticipates the causes of conflict before it occurs	3.75	0.99
Makes the problem he/she faces an opportunity for self-learning	3.71	0.91
Focuses on patient care as a priority in case of emerging problems	3.66	0.95
Practice reflective thinking after conflict management for self-development	3.59	0.99
Follow up on the feedback on her/his decisions	3.58	1.05
Create suitable alternatives to solve the problem based on the causes that lead to it	3.55	0.99
Possesses scientific knowledge of conflict management strategies	3.55	1.00
Choose the most appropriate alternative within the ideals (less time, effort and cost)	3.54	1.00
Employ technology to solve problems	3.54	1.03
Analyzes information in a scientific way to find the causes of problems	3.53	1.00
Evaluates the available alternatives to solve the problem according to specific criteria	3.50	1.04
Practice reflective thinking after conflict management for self-development	3.47	1.04
Rearrange her/his priorities according to the updates	3.40	1.06
Makes sure that his/her decisions are closer to logic	3.40	1.07

Readiness to practice

The overall degree of readiness for practice of new graduates was moderate from the CNL perspective (mean=3.58, SD=0.8) (Table 4). The results showed that CNLs considered new graduates to have a moderate degree of readiness to practice in most components, and high levels in only some. The highest mean score was reported with 'apply safety principles to prevent injury to clients, self, other healthcare workers, and the public (mean=3.74, SD=1.03), while the lowest was reported with 'take part in nursing or health research by identifying research opportunities' (mean=3.37, SD=1.03).

CNLs reported that new graduates had a high level of readiness for practice in the following components: 'demonstrate respect and knowledge of the unique and share competencies of various members of the healthcare team'; 'apply safety principles to prevent injury to clients, self, other healthcare workers, and the public'; 'take action in potentially abusive situations to protect self, clients and colleagues from injury (e.g. bullying, nurse-to-nurse violence'; and, 'use the Code of Ethics to maximize collaborative interactions within the healthcare team'.

Table 4. Nursing Graduates Readiness for practice

Competency Component	Mean	Std. Deviation
Apply safety principles to prevent injury to clients, self, other healthcare workers, and the public	3.74	0.94
Demonstrate respect and knowledge of the unique and share competencies of various members of the healthcare team	3.70	0.92
Use the Code of Ethics to maximize collaborative interactions within the healthcare team	3.68	0.94
Take action in potentially abusive situations to protect self, clients and colleagues from injury (e.g., bullying, nurse-to-nurse violence)	3.67	0.94
Demonstrate awareness of the health inequities of people who are affected by various kinds of discrimination	3.66	0.95
Apply the Code of Ethics to address ethical dilemmas	3.65	0.97
Demonstrate awareness about the emerging global health issues	3.65	0.94
Provide nursing care to meet hospice, palliative, or end-of-life care needs	3.63	0.98
Assist clients to understand the link between health promotion strategies and health outcomes (e.g., dietary methods to lower cholesterol)	3.63	0.95
Advocate for clients especially when they are unable to advocate for themselves	3.62	0.93
Complete your assessments in a timely manner following agency protocols	3.59	0.95
Demonstrate a good understanding of informed consent	3.58	0.92
Demonstrate the broad knowledge base required for nursing practice	3.58	1.00
Manage therapeutic interventions safely (e.g., drainage tubes)	3.53	0.97
Manage multiple nursing interventions for clients with complex co-morbidities, seeking appropriate consultation when needed	3.53	0.96
Report a near-miss in care (a narrow escape from a serious complication)	3.53	1.01
Make good practice decisions in the absence of agency policies and procedures	3.53	0.97
Challenge questionable orders, decisions, or actions of other healthcare team members	3.52	0.98
Use conflict resolution strategies when necessary	3.51	0.96

Competency Component	Mean	Std. Deviation
Prepare clients for diagnostic procedures and treatments (e.g., colonoscopy)	3.49	0.98
Use the appropriate assessment tools and techniques for each body system (e.g., the neurological system) in consultation with clients and other healthcare team members	3.43	0.99
Take part in nursing or health research by identifying research opportunities	3.37	1.03

For the correlation between leadership competencies and the readiness to practice, the Pearson coefficient correlation showed a significant correlation value of (+0.785, p=0.02), indicating a strong positive relationship between new graduates' leadership competency with their readiness for practice.

The Spearman's rho correlation test scored 0.717, indicating a significant positive relationship between a new graduate's effective communication competency and their readiness for practice. A test value of 0.707 also indicates a significant positive relationship between new graduates' interpersonal and team collaboration competency and their readiness for practice. Finally, the test value of 0.809 indicates a significant positive relationship between a new graduate's decision-making and problem-solving competency and their readiness for practice. The correlation value for this dimension was the highest of all the leadership dimensions.

DISCUSSION

Leadership competencies versus graduates of Jordanian nursing colleges

The overall results showed a moderate degree of availability of leadership competencies, and this may reflect a high expectation level on new graduates' leadership competency level.

Although we have no available local studies in Jordan to compare with, these results are considered reasonable and comparable to the real situation from our experience as Nursing Professional Development Unit (NPDU) leaders interacting with newly hired nursing graduates. They are also consistent with some other international studies conducted. A study in Walden University in the USA showed that 50% or more of nurses were knowledgeable and competent in clinical leadership [8], and this is very close to our study results. Moreover, in another study in Thailand, the results showed that the mean score for leadership among nursing graduates was (3.55, SD=0.98) [22], which is also similar to our case.

These results can be linked to different reasons. The availability of transitional practice programs in the last academic study year in nursing colleges is one reason, as students in the last semester of graduation must spend a specific number of hours in direct patient care under supervision. Students usually work under the supervision of a preceptor and perform all nursing care functions. This program considers preparation for students and helps them become readier for practice upon graduation.

Another reason that may contribute to our results is the growing adoption of national and international standards in healthcare services through different accreditation processes. Most of the private section hospitals are currently accredited by local or international health accreditation organizations. These accreditation organizations have a specific standard regarding staff qualifications and education (SQE), and regulate trainees' preparation, supervision and monitoring; this has contributed to the recent enhancement in graduates' level of leadership and readiness for practice.

CNLs believed that new graduates had a high-level of effective communication strategies. Answers showed some positive illustrations on new graduates' body language, the way they speak, and the interest they show while listening to others; these results are

similar to some international findings. In a study in the USA [23], graduates were found to be confident in communicating with patients, families, and interdisciplinary team members. These results can be related to practice transition programs, and the involvement of communication skills training within the nursing profession and with other healthcare team members. Moreover, the focus and attention on communication skills has increased recently in both academic and practical nursing settings, with more training programs frequently being offered. Another important reason is that this dimension has a major focus in a nurse's annual performance appraisal, and consequently they are keen to improve their level of communication to gain a better score.

Interpersonal and team collaboration competence dimension had the highest mean from the CNLs perspective. Some 60% of CNLs believing that new graduates had effective interpersonal and team collaboration competencies most to all of the time, while 39% indicated that they had this competency only sometimes. However, just 1% believed that new graduates lacked this competency. This can be related also to practice transition programs and nurses' annual performance appraisal.

Decision-making and problem-solving competence was reported by CNLs to be moderate, and this was remarkable. This is because new graduate nurses assume a prominent dynamic professional role within complex healthcare delivery systems and need a higher level of problem-solving and decision-making skills. This is not easy and constitutes a burden on new graduates, causing stress, as we have observed in PDU. CNLs may have felt that this competency needs an accumulative experience and will progress with time, as supported and highlighted in the international literature [9, 13, 24]. This is an area that may need further attention and care from nursing leaders.

Graduates' readiness for practice

The overall mean score of readiness for practice of new graduates was assumed to be moderate by CNLs. There are no studies to validate these results at the national level in Jordan. CNLs may be very ambitious and passionate for new graduates to have a higher level of readiness, which may not be realistic with newly graduated nurses.

Our study results are in contrast to some of the literature mentioned in our literature review. However, they are consistent with other worldwide literature which has documented different levels of readiness to practice in different countries. In a study examining graduating nursing students' readiness for practice in Southern Colorado University, overall results showed that participants rated a high level of readiness for practice (Brown, 2016) [25] and this is close to our study. Our results are also similar to another study in Turkey conducted to determine the preparedness of graduating nursing students; results showed that students felt highly prepared for their professional role [26].

This level of readiness for practice may be related to the practical and hands on modules that are linked to academic calendars, and to the clinical transitional training programs that all universities apply in Jordan. Moreover, the expansion of simulation-based learning in Jordan has enhanced graduate students' readiness for practice.

The relation between the degree of leadership competencies available and readiness for practice

The study results indicate a strong positive relationship between new graduates' leadership competencies and their readiness for practice, which means how consistently they co-exist.

The correlation test with each single leadership dimension showed a strong positive relationship as well. The strongest correlation was with decision-making and problem-solving competency; this relation can be explained by many reasons; one is the need for problem-solving and decision-making to address complex patient healthcare situations, and another is that these problems and decisions are linked to multidisciplinary healthcare team members, who need a high level of leadership. The most important reason is that these problems and decisions are linked to the life of a human being, which place more

responsibilities on new graduates. The investment can be made by enhancing leadership competence for new graduates to maximize their readiness for practice; this may support our observation in NPDU prior to this research.

RECOMMENDATIONS

• In the academic nursing arena, it is recommended to incorporate more nursing leadership components within the teaching curriculum to enhance students' conceptual and systematic thinking as leaders and enable better transitioning to practice. This can be distributed over different academic years in incremental leadership learning goals, starting from foundation and then moving on to moderate and advanced levels.

• On the other hand, more connections for students with the nursing profession body outside the university could start at early academic stages, to connect them with national nursing councils, committees, and health organizations to improve their communication and leadership competence;

• The enhancement of simulation-based learning is highly recommended, as it mimics the future workplace, especially in developing and enhancing critical thinking, problem-solving, and decision-making abilities;

• Further development and enhancements for the practice transition program in the final academic year to bridge the theory-practice gap;

• Clinical training for new graduating nurses in the workplace is also important, as is developing proper orientation programs for new graduates that incorporate essential leadership competencies with a special focus on problem solving and decision-making. Also, it is imperative to enable practice transition programs that transfer new graduates to patient care safely. These programs must be empowered with essential leadership competencies;

• Continuous professional development is needed for new graduates after orientation using simulation and other teaching modalities with incremental, planned leadership goals.

• On the administrative level, policies must regulate the nursing induction program to facilitate the smooth transition of new graduates;

• In terms of research, continuous research studies may be conducted at regular time intervals (every five years, for example) to assess the status of leadership competencies and nurses' readiness to practice at the national level. Also, comparative studies may explore study variables like the qualities of graduates from private and governmental colleges. Finally, studies may be conducted to analyze leadership core components embedded within the academic curriculum and link them to leadership competency outcomes in new graduated nurses.

Lessons learned from this research

• Nursing academic teaching should be more flexible to move students smoothly and gradually towards being prepared for practice when graduating;

• 'Give a Man a Fish, and You Feed Him for a Day. Teach a Man To Fish, and You Feed Him for a Lifetime.' This can truly be achieved by equipping nursing students with enough leadership competency to help them find their way to success after graduation.

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تعزيز جاهزية خريجي التمريض الجدد للعمل من خلال تنمية الكفايات القيادية: دراسة ارتباطية

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الملخص

الخلفية والأهداف: تتطلب حساسية و تعقيد قطاع الرعاية الصحية وجود خريجي تمريض يتوافر لديهم الكفايات القيادية اللازمة لشق طريقهم ورفع جاهزيتهم عند الانضمام إلى سوق العمل بعد التخرج. على الرغم أن بعض الآدبيات و الدراسات قد سلطت الضوء بشكل غير مباشرعلى بعض الكفايات المشتركة بين القيادة وجاهزية طلاب التمريض الخريجين للممارسة العملية ، الا انها لم تدرس الارتباط المباشر بينهما.

منهجية الدراسة : استخدمت هذه الدراسة البحث الكمي الأرتباطي لاستقصاء العلاقة بين درجة توافر الكفايات القيادية لدى خريجي كليات التمريض الأردنية ودرجة جاهزيتهم للممارسة العملية من منظور قادة التمريض في المستشفيات. تم تطوير استبانة من اربعين بندا لأستقصاء درجة توافر الكفايات القيادية من قبل الباحث خصيصا لهذه الدراسة وتضمنت ثلاثة أبعاد هي "الاتصال الفعال" ، "التعاون بين الأفراد والفريق" ، و "صنع القرار وحل المشكلات" ، بينما تم استخدام استبانة"كيسي فينك " العالمية المكونة من 22 بند لأستقصاء درجة جاهزية الخريجين الجدد للممارسة العملية. تكونت عينة الدراسة من 268 مشارك من قادة التمريض في المستشفيات الذين يشرفون على تدريب و استقبال الخريجين الجدد عند التوظيف وتم تحليل البيانات المتجمعة من خلال رنامج التحليل الأحصائي SPSSعن طريق حساب المتوسطات الحسابية والانحرافات المعيارية للأسئلة الوصفية ، بينما تم حساب معاملات ارتباط بيرسون للتحقق من العلاقة الأرتباطية بين درجة توافر الكفايات القيادية لدى الخريجين و درجة جاهزيتهم للممارسة العملية في المستشفيات

النتائج: أظهرت النتائج الإجمالية توافرًا متوسطا للكفايات القيادية ودرجة متوسطة من الجاهزية للممارسة العملية لدى خريجي كليات التمريض ، في حين أظهرت قيمة معامل ارتباط بيرسون علاقة إيجابية قوية بين درجة توافر الكفايات القيادية لدى الخريجين الجدد و درجة جاهزيتهم للممارسة العملية.

الاستنتاجات: توصي هذه الدراسة بدمج الكفايات القيادية التمريضية في مناهج التدريس الأكاديمي الجامعي على شكل أهداف تعليمية متدرجة من المستوى الأساسي ثم المتوسط و المتقدم. كما توصي بربط الطلبة خلال المرحلة الأكاديمية بالهيئات و المؤسسات الصحية المحلية ذات العلاقة بمهنة التمريض لتحسين كفاءتهم القيادية وجعلهم جاهزين للعمل عند التخرج.

الكلمات الدالة: الكفايات القيادية، الخريجين الجدد، التمريض، الجاهزية للعمل، قادة التمريض، الأردن.