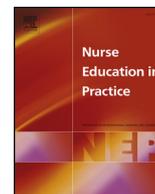




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## Review

## Practice readiness of new nursing graduates: A concept analysis

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## A B S T R A C T

Practice readiness is not well defined in the literature and its conceptualization fluctuates from one practice setting to the next. The lack of common perception of what it means to be “practice ready” across sectors (academia, practice, regulatory) creates difficulty in identifying the boundaries of the concept and promotes varying expectations. This paper reports a concept analysis on practice readiness using Rodgers' evolutionary method of concept analysis. Through searching CINAHL, PubMed, EBM Systematic Reviews, and ProQuest Dissertations and Theses, fifteen records were found and included in the analysis. Prominent surrogate terms included job readiness and readiness for practice while related terms included transition to practice and entry into the workplace. Attributes of practice readiness focused on cognitive, professional, and clinical capabilities, as well as self-efficacy. While antecedents comprised of maturity, clinical practice experience, and socialization to the discipline; consequences encompassed provision of safe care, performance confidence, and transitioning into the nursing role. This analysis highlights the technicalities of the nursing role pertaining to practice readiness, but overlooks the humanistic characteristics essential for providing quality care. There is a need for further development of the concept through intersectoral collaboration and exploration of humanistic characteristics as they relate to practice readiness.

## 1. Introduction

The concept of *practice readiness* is not well-defined in nursing literature (Wolsky, 2014). The practice-to-education gap has increased, while hospital-based support for transition to practice has been reduced (Wolff, Pesut and Regan, 2010a). Transition-to-practice programs and its process aimed at helping new nursing graduates enter the workforce smoothly have been studied extensively (Levett-Jones and FitzGerald, 2005; Boychuk-Duchscher, 2009; Baumann et al., 2011). Nevertheless, it remains unclear as to the state of readiness nursing students must achieve upon graduation to meet the practice readiness demands of potential employers (Wolff, Regan, Pesut and Black, 2010b).

Some scholars conceptualize practice readiness as a mix of clinical knowledge, technical skills, critical thinking, communication, professionalism, and management of responsibilities (Wolsky, 2014; Berkow et al., 2009). However, others describe practice readiness as a generalist foundation with some job-specific capabilities involving the provision of safe client care, an understanding of current realities and future possibilities, and a balance of doing, knowing, and thinking (Wolff et al., 2010b). To ensure nursing schools prepare graduates who are practice ready, it is important to enhance the clarity of the concept

of practice readiness.

This paper reports on a concept analysis of practice readiness which aims to enrich understanding and provide direction for future research. To the best of our knowledge, a concept analysis of practice readiness has not been previously published in nursing literature. Since perspectives on this concept are constantly emerging and expanding, Rodgers' (1989, 2000) evolutionary method of conducting concept analysis is useful due to its focus on clarifying concepts that are continuously changing.

For systematic reporting, the concept analysis of practice readiness is discussed through four major sections: 1) background, 2) methods, 3) results, and 4) discussion. These sections are further divided into sub-sections which correspond with Rodgers' (1989, 2000) evolutionary phases of concept analysis including the identification of attributes, antecedents, consequences, and surrogate and related terms.

## 2. Background

In contemporary hospital settings, there is an increase in the number of patients with complex health conditions; and new nursing graduates are required to care for sicker patients with multiple

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Received 21 March 2018; Received in revised form 7 April 2019; Accepted 13 April 2019

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comorbidities more frequently than ever before (Levett-Jones et al., 2010). Employers expect new graduates to quickly make sense of and resolve complex care situations, many of which involve patient deterioration (Purling and King, 2012). Evidence suggests that newly graduated nurses face challenges when analyzing data, identifying underlying causes, sorting relevant information, prioritizing care issues, and providing appropriate interventions (del Bueno, 1994; 2005; Li and Kenward, 2006).

Benner and colleagues (Benner, 1982, 1984; Benner et al., 2009) point out that nurses' knowledge, skills, and reasoning abilities develop with experience over time. While the rich mix of skills and experience allow expert nurses to intuitively grasp and respond to care situations, performance of such high calibre cannot be expected from new nursing graduates. As a solution, several health care organizations developed graduate nurse transition programs to facilitate professional adjustment of new nurses in the workplace and nurture their competence, confidence, and commitment to a career in nursing (Levett-Jones and FitzGerald, 2005).

The concept of interest in this paper is the *practice readiness* of new nursing graduates at the pre-licensure stage before they engage in transition programs. This phase of the new graduate development may be perceived as indicative of their educational preparation for practice. While some nursing scholars refer to this bridge between education and employed practice as preparedness for practice (Berkow et al., 2009), there is a growing body of literature that refers to it as practice readiness (Wolff et al., 2010b).

Often employers assume that academic educators at a nursing school have the responsibility to prepare future nurses who are practice ready (Purling and King, 2012). This perspective overlooks the shared responsibility of academic educators and practice partners in ensuring future nurses are practice ready. For educators to prepare nursing graduates who are practice ready and for practice partners to support this development, there is a need to clarify what practice readiness is, how it is understood in the literature, and what the various attributes of this state of readiness are. Clarification of this multidimensional concept will not only inform the role of nurse educators and schools of nursing in preparing future nurses, it will also assist practice partners to implement key strategies to support practice readiness. This clarification will reduce the gap which exists in how practice readiness is currently understood by nurse educators, schools of nursing, new nursing graduates, and practice partners.

According to Wolff et al. (2010b), practice readiness as a concept is underdeveloped and warrants a conceptual definition. While some scholars have attempted to capture the concept of practice readiness by linking the lack of readiness to competence and performance outcomes (del Bueno, 2005), others have attempted to operationalize the concept through surveys. These surveys examine nurses' satisfaction with newly graduated nurses (Berkow et al., 2009; Hickey, 2009) or explore newly graduated nurses' self-perceptions on whether or not they believe they are practice ready (Candela and Bowles, 2008; Casey et al., 2011). Despite several attempts to capture practice readiness and recommend solutions on how new graduates can meet employer requirements, 'practice readiness' remains underdeveloped and continues to lack conceptual clarity.

### 3. Methods

In order to clarify the concept of practice readiness and distinguish it from other conceptual descriptors, surrogate terms, related terms or concepts, antecedents, consequences, defining attributes, and a model case must be extracted (Rodgers, 1989). Based on Rodgers method, 'surrogate terms' have the same meaning as practice readiness while 'related terms or concepts' have different characteristics but are similar to the concept of practice readiness. Further, 'antecedents' and 'consequences' are events or phenomena of which the former precedes and the latter follows an occurrence of the concept. While the

characteristics of the concept of practice readiness are referred to as 'defining attributes,' these characteristics are validated in a 'model case' which provides an everyday example of the concept of practice readiness (Rodgers, 1989). To extract data for these conceptual items, data sources were generated through a systematic search of the literature with specific inclusion and exclusion criteria.

#### 3.1. Data sources

A search of CINAHL, PubMed, EBM Systematic Reviews and ProQuest Dissertations and Theses databases was conducted in December 2016 and again in December 2017. The first search was limited to 1987 to 2016 and English language only. Two search terms were combined with *and*, within the search terms *or* was used: 1) practice readiness, job readiness, readiness for practice, transition to practice, job preparedness, educational preparedness, or job expectation\*; and 2) new\* grad\* or new\* nurs\*.

This search yielded 315 records (articles and theses). The abstracts for these records were reviewed based on inclusion and exclusion criteria. Records were included if they focused on the concept of practice readiness and were about new nursing graduates from baccalaureate or associate degrees. Records were excluded if they were about non-nursing healthcare professionals, practical nurses, nurse practitioners, registered nurses who were upgrading their educational credentials, or registered nurses who had been practicing for longer than six months. Records were also excluded if they were duplicates or did not focus on the concept of practice readiness. For example, articles on *transition to practice* were excluded because the focus of this analysis was on the experience of new nursing graduates prior to entering the job market and not on the process of their transition into the workplace. This screening process resulted in 36 records. The research team reviewed full text of the selected 36 records, of which 13 records met all of the inclusion and exclusion criteria (see Fig. 1 for the search strategy flow diagram).

Prior to completion of the data extraction process, a second search was conducted in November 2017 to ensure that any newly published records were also considered. From this search, two articles met the inclusion and exclusion criteria. After adding these two records to the previous 13 records, a total of 15 records were included in the final analysis (see Table 1 for the list of records included in the analysis).

#### 3.2. Data extraction process

To establish researcher congruence in the data extraction process, researchers gathered, as a group, to extract data from a few records based on Rodgers' (1989) method of data extraction. This exercise ensured consistency among the researchers before they proceeded to extract data from the records assigned to them. Each record was read once in order to get a general idea of how practice readiness was defined. All records were re-read to extract data based on the various conceptual items outlined by Rodgers. A data extraction table based on Rodgers' conceptual items was created so all researchers could follow the same process.

Based on the initial data extraction, researchers met to further refine their understanding of Rodgers' (1989) conceptual items and their pertinence to the context of 'practice readiness.' This dialogue led to a more focused extraction process which allowed researchers to distinctly identify the various conceptual items. A focused analysis of each conceptual item was conducted to isolate key characteristics. Based on the extracted data, the research team developed a conceptual model (see Fig. 2) to represent the selected literature on practice readiness. Researchers engaged in continuous dialogue until consensus was achieved on the items of the proposed model as well as its descriptors.

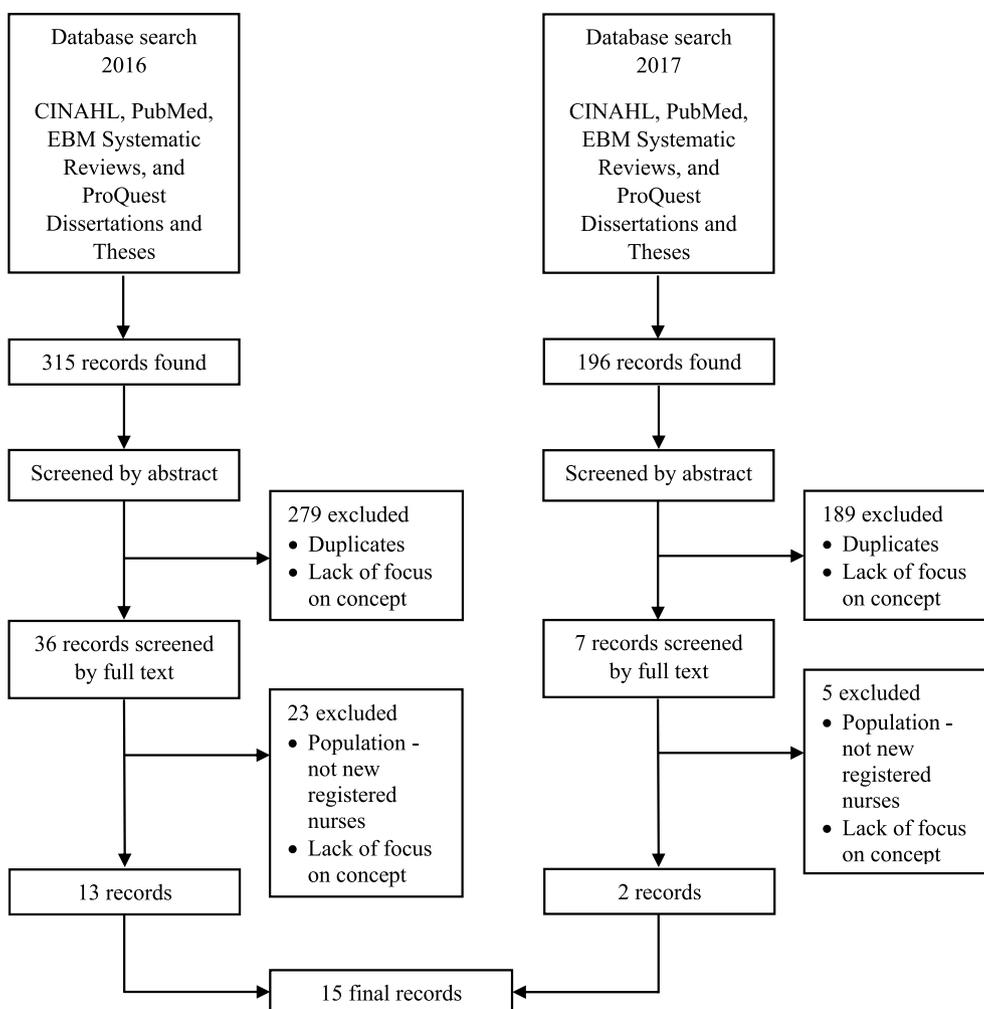


Fig. 1. Flow diagram of search strategy.

Table 1  
Literature included in analysis.

1. Bowdoin (2014)
2. Casey et al. (2011)
3. Edward et al., 2016
4. El Haddad et al. (2017)
5. Evenson (1989)
6. Missen et al. (2016)
7. Murray et al. (2017)
8. Phillips (2015)
9. Pillai (2014)
10. Reagor (2010)
11. Spiers et al. (2010)
12. Wolff et al. (2010a)
13. Wolff et al. (2010b)
14. Wolsky (2014)
15. Wright (2014)

## 4. Results

### 4.1. Surrogate and related terms

In line with Rodgers’ (1989) method, surrogate terms of practice readiness were synonyms that were used interchangeably to describe practice readiness. Synonyms of practice readiness were readiness for practice (Casey et al., 2011; Murray et al., 2017; Phillips, 2015; Pillai, 2014; Wolff et al., 2010b), sense of readiness (Phillips, 2015), job readiness (Missen et al., 2016; Wolff et al., 2010a, 2010b), work ready

(Pillai, 2014), fitness to practice (El Haddad, Moxham, and Broadbent, 2017), clinical readiness (Bowdoin, 2014), readiness to transition (Pillai, 2014), preparation for the nursing profession (Evenson, 1989), preparedness to take on the nursing role (Pillai, 2014). Rodgers’ (1989) method also requires the reporting of related terms. Related terms of practice readiness were concepts that were close to the concept of practice readiness but also had another body of literature which they addressed. Related terms included transition (Murray et al., 2017; Pillai, 2014), transition to practice (Casey et al., 2011; El Haddad et al., 2017), entering the job market (Evenson, 1989), entry into the workplace (Phillips, 2015), and ‘hit the ground running’ (Pillai, 2014).

### 4.2. Antecedents

Antecedents are characteristics which are required for, or precede, the attributes of a practice ready nursing graduate (Rodgers, 1989). There were three broad categories of antecedents which included maturity, clinical practice experience, and socialization to the discipline. While overlapping, these antecedents are key in determining new nursing graduates’ practice readiness.

**Maturity.** A student’s maturity was an important antecedent to becoming practice ready. The idea of maturity consisted of the student’s age, life experiences, and prior healthcare experience. Together, these act as assets to becoming practice ready. This does not mean that younger new graduates cannot become practice ready, but the influence of life experience contributes to the new graduate’s affinity of becoming practice ready. While Bowdoin (2014) highlighted that younger

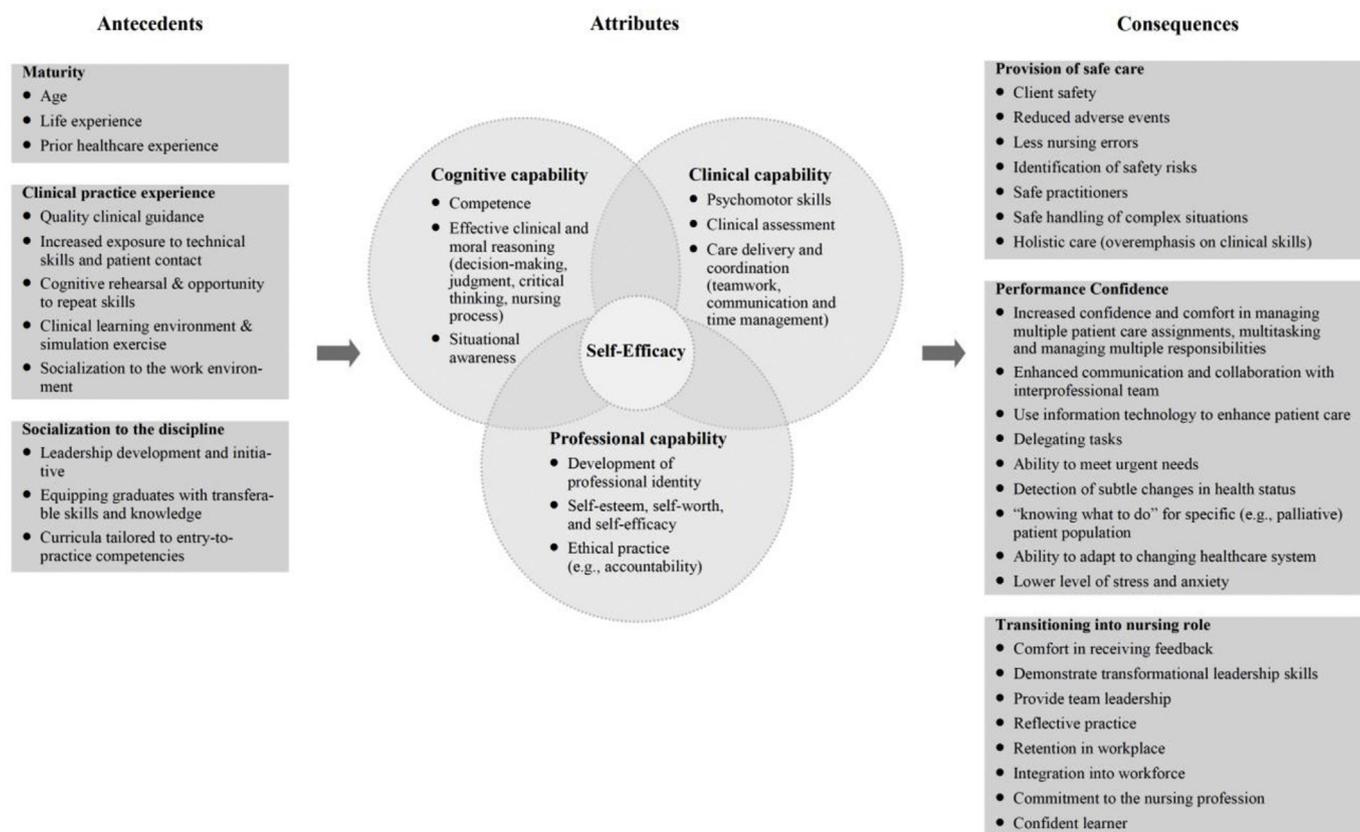


Fig. 2. Conceptual model of practice readiness.

learners are easy to mold, Evenson (1989) indicated that learning acquired by older learners leads to more in depth uptake of knowledge. Pillai's (2014) work further supported this idea as it emphasized that older learners were more assured in problem-solving abilities. Life experience was also viewed as a facilitator of practice readiness (Edward et al., 2016). In her work, Phillips (2015) also discussed that accelerated baccalaureate nursing students, who had prior life experience, demonstrate an increased ability to use intuitive decision making when compared to regular baccalaureate nursing students. Previous healthcare experience and perceived readiness for professional practice were also known to contribute to practice readiness (Bowdoin, 2014).

**Clinical practice experience.** A new nursing graduate's clinical practice experience as a student was another antecedent. It consisted of quality clinical guidance (Reagor, 2010), increased exposure to technical skills and patient contact (Bowdoin, 2014; Wright, 2014), and simulation (Casey et al., 2011; Reagor, 2010). Moreover, students who had cognitive rehearsal, or the opportunity to repeat skills (Phillips, 2015) were viewed as more likely to become practice ready. Socialization to the work environment (Evenson, 1989) and the clinical learning environment (Reagor, 2010) were also important.

**Socialization to the discipline.** How a student is socialized into the discipline of nursing was an antecedent as well. Schools of nursing which promoted the development of leadership abilities among students (Murray et al., 2017), and equipped graduates with transferable skills and knowledge were noted to be preparing them for practice readiness (Wolff et al., 2010a). Nursing curricula that were tailored to entry-to-practice competencies were also noted to be preparing new nursing graduates who were practice ready (Wolsky, 2014).

#### 4.3. Attributes

According to Rodgers' (1989) method, attributes refer to the characteristics of the concept being analyzed. Attributes of a practice ready

new nursing graduate included cognitive capability, clinical capability, and professional capability. The term 'capability' was adopted from the work of Mirza (2015) who discussed the term as the ability for new nursing graduates to adapt and modify existing competencies to understand newer and unfamiliar care situations. The interrelated nature of capabilities makes it difficult to separate these attributes from each other (see Fig. 2). What is clear, however, is that the space for intersection across all attributes is self-efficacy. Bandura (1995) defines self-efficacy as the belief in one's ability to respond appropriately to a presenting situation (Bandura, 1995).

**Cognitive capability.** In the context of cognitive capability, practice ready new nursing graduates were viewed as competent (Evenson, 1989). According to Miller (1990) and Mirza (2015), competence refers to whether an individual *knows how* to use knowledge in a particular context or situation. To demonstrate practice readiness, new nursing graduates were expected to use critical thinking (Murray et al., 2017; Spiers et al., 2010) and problem-solving skills (Casey et al., 2011; Evenson, 1989; Missen et al., 2016) to make effective clinical judgments in different clinical situations (Murray et al., 2017). They were also expected to use the nursing process to plan and evaluate the care provided to patients (Wolsky, 2014). In nursing literature, terms such as decision-making, clinical judgment, critical thinking, and nursing process are used interchangeably and refer to a similar cognitive process (Mirza, 2015). Moral reasoning is not a predictor of practice readiness but it plays a role in enacting professional practice (Bowdoin, 2014).

**Clinical capability.** Clinical capability referred to the necessary psychomotor skills that new nursing graduates had to possess in order to be practice ready (Bowdoin, 2014; Casey et al., 2011; Evenson, 1989; Wright, 2014). The ability to coordinate and provide care for patients was also included in this domain. Embodied within clinical capability were the requisite clinical assessment skills (Bowdoin, 2014; Missen et al., 2016), as well as the soft skills such as effective interpersonal communication skills (Casey et al., 2011; Missen et al., 2016; Wright,

2014), teamwork skills (Edward et al., 2016) and time management skills (Edward et al., 2016; Missen et al., 2016), all of which were viewed as requirements for providing effective patient care.

**Professional capability.** Professional capability referred to the development of a new nursing graduate's professional identity when taking on the multifaceted roles of the professional nurse (Casey et al., 2011; Pillai, 2014). This attribute incorporated the new nursing graduate's feelings of self-esteem and self-worth in the nursing role (Evenson, 1989). Being able to function independently and being accountable for one's own nursing practice (Missen et al., 2016) was another aspect of this capability. Based on Bowdoin (2014), a practice ready new nursing graduate must also demonstrate moral and ethical practice that is built upon a moral reasoning component (cognitive capability).

**Self-efficacy.** Self-efficacy, the individual's belief in their readiness for practice, was also a significant overlapping element of the various capabilities (Pillai, 2014; Reagor, 2010). New nursing graduates were viewed as those who were able to identify their own limitations in different clinical situations and ask for help when required (Pillai, 2014). According to Murray et al. (2017), this is known as situational awareness (cognitive capability), and is essential for the provision of safe care. Casey et al. (2011) suggest that practice readiness is indicative of new graduates' comfort in taking on the professional identity of the nurse when enacting their role (professional capability). Similarly, Bowdoin (2014) discusses skilled assessment as a form of clinical performance (clinical capability), which is indicative of thinking like a nurse (professional capability). This integrative nature of cognitive, clinical, and professional capabilities contributes to a new nursing graduate's sense of self-efficacy as defined by Bandura (1995).

#### 4.4. Consequences

Consistent with Rodgers' (1989) method, consequences referred to the outcomes of practice readiness – i.e., how will being 'practice ready' help the new nursing graduate and/or society? This analysis identified three common consequences of practice readiness: provision of safe care, performance confidence, and transitioning into nursing role.

**Provision of safe care.** Practice ready new nursing graduates contribute to improved client safety (Evenson, 1989; Missen et al., 2016; Murray et al., 2017) through a reduction in adverse events (Murray et al., 2017), a decrease in nursing errors (Wright, 2014), and the identification of safety risks within the practice setting (Pillai, 2014). These consequences not only facilitate a quick transition into the nursing role, they also enable new nursing graduates to safely care for patients with complex care needs (Reagor, 2010). In addition to the safe handling of complex care situations, new nursing graduates are also expected to provide care that moves beyond the technical aspects of nursing skills to care that is holistic. In this analysis, Missen et al.'s (2016) article was the only record that mentioned holistic care as a consequence of practice readiness, but this description of holistic care over-emphasized clinical skills.

**Performance confidence.** New nursing graduates who are practice ready have increased confidence and comfort in managing multiple patient care assignments (Casey et al., 2011; Pillai, 2014; Wright, 2014), multitasking, and being able to manage multiple responsibilities within the practice environment (Wolsky, 2014). As new professionals, practice ready new nursing graduates demonstrate enhanced communication and collaboration with interprofessional team members (Pillai, 2014). From a work performance perspective, these graduates are confident in using information technology to enhance patient care (Wright, 2014), are able to delegate tasks (Wolsky, 2014), and can meet the urgent needs of their clients (Missen et al., 2016). New nursing graduates' performance confidence also enables them to detect subtle changes in a client's health status (Missen et al., 2016) and to be able to feel confident in "knowing what to do" for specific (e.g. palliative) patient populations (Pillai, 2014, p. 97). In the practice setting, practice

ready new nursing graduates who possess performance confidence are able to adapt to a changing healthcare system (Wolff et al., 2010a,b), and experience lower levels of stress and anxiety (Wolsky, 2014).

**Transitioning into nursing role.** Practice ready new nursing graduates transition into the nursing role smoothly and quickly. They demonstrate their successful transition through their comfort in receiving feedback (Wright, 2014), their ongoing reflective practice (Wolsky, 2014), their transformational leadership skills (Murray et al., 2017), and their ability to provide team leadership (Evenson, 1989). These consequences of practice readiness not only contribute to a smooth transition into the nursing role, they also facilitate new nursing graduates' integration into the workforce and retention into the workplace (Reagor, 2010; Wolsky, 2014). This results in new nurses who are confident learners (Bowdoin, 2014) and engage in ongoing learning to stay committed to the nursing profession (Wolff et al., 2010a,b).

#### 4.5. Exemplar model case

The records included in this analysis did not provide a model case (i.e., an example of what a new nursing graduate who is practice-ready looks like). Rodgers' (1989) method advocates for the development of a model case that represents an everyday example of the concept of practice readiness. Building on the various attributes of practice readiness, the following case of a practice-ready, new nursing graduate can be formulated:

Chris is a practice ready new nursing graduate. He is accountable for his actions. As a competent professional, Chris resolves care situations through various clinical reasoning processes which he learned in school. Chris had several quality clinical experiences in which his instructors and preceptors provided him with maximum exposure to a variety of clinical situations and technical skills. He has transferable skills and knowledge which have allowed him to develop clinical assessment and psychomotor skills. With his skills in carrying out thorough health assessments, Chris is more likely to provide safe care to complex clients. His belief in being prepared for the nursing role has boosted Chris' practice confidence and commitment to the nursing profession.

This exemplar case portrays a practice ready new nursing graduate who is demonstrating cognitive, clinical, and professional capabilities. The new graduate's capabilities in enacting the nursing role is exemplified in their sense of self-efficacy.

### 5. Discussion

The state of the science of practice readiness (as depicted in Fig. 2) and the exemplar case predominantly build around the technical aspects of what it means to be practice ready. This is evident in the attributes (e.g., key skill set, care delivery and coordination, professional identity) and consequences (e.g., patient safety, performance, and role transition). A technical conceptual understanding of practice readiness positions new nursing graduates to enter the healthcare system as job ready. This benefits healthcare organizations because it allows them to create transition-to-practice programs that are focused on their specific organizational needs. Furthermore, practice ready new nursing graduates contribute to the functionalities of the healthcare system and its outcomes such as patient safety.

This technical conceptual understanding of practice readiness overlooks the influence of the patient experience in its interpretation of what it means to be practice ready as a new nursing graduate. For example, it does not reflect humanistic characteristics (e.g., compassion, relationality, and bearing witness to suffering) as key components of practice readiness. These invisible nursing characteristics are essential in providing quality care from the perspective of the patient experience. Jackson, MacKean, Cooke, and Lahtinen (2017) describe that a trusting, patient-centered, and respectful relationship between the patient and

the provider is necessary for any positive care outcomes to be achieved. This is further elaborated by Ross (2017) who indicates that the desire of patients is more than the technical components of check-ups and knowing the treatment options. Rather, patients also require a provider's presence in times of anxiety. For healthcare organizations to continue to centre their care on the patient and value the patient experience, it becomes necessary to perceive practice readiness from both the technical and humanistic skill sets. To address this need, new nursing graduates need to also be skilled in the provision of person-centered care driven by the knowledge on how to engage in compassionate relationships.

Based on this analysis, our current understanding of practice readiness is biased towards the technicalities of the nursing role. Currently, there is scarce literature that discusses practice readiness in the context of the patient experience or in light of the humanistic characteristics that are essential for providing quality care. Only Bowdoin (2014) discussed compassion, but it was in the context of making clinical decisions, with little emphasis on creating practice ready new nursing graduates who are compassionate professionals. Hence, there is a need to further develop the current understanding of practice readiness to also include the perspective of the patient experience and nursing's humanistic characteristics. These humanistic characteristics may include empathy, kindness, compassion, solidarity, charity, and graciousness; and are viewed as vital components of professional caring and the art of nursing (Jasmine, 2009).

### 5.1. Implications and recommendations

Due to varying perspectives on practice readiness, it is recommended that practice and academia work in collaboration to increase clarity on how practice readiness is perceived in both sectors. El Haddad et al. (2017) reinforces this collaboration so a common working understanding of practice readiness can be reached. One way of developing this common understanding is to consider stakeholder consultations allowing practice and academic partners as well as patients to inform the ongoing dialogue on what it means to be practice ready in today's dynamic healthcare system.

Academic institutions may consider reviewing their curricula for the opportunities of mapping teaching-learning processes and strategies towards the development of capabilities that specifically lead to the provision of safe and holistic care, performance confidence, and transition to nursing role as described in this analysis. We recommend that in addition to the development of capabilities that cater to the technical functionalities, academic institutions should also promote the growth of new graduates as compassionate practitioners. This expansion of the current conceptual understanding as described in this analysis will ensure the inclusion of the patient experience, which is vital to nursing practice.

To generate further knowledge on the concept of practice readiness, future research needs to take into consideration the patient experience and humanistic characteristics of new nursing graduates. This will expand and enhance the current conceptual understanding of what it means to be practice ready. A stakeholder analysis on practice readiness may provide a process for developing a common understanding of practice readiness.

### 5.2. Limitation

Rodgers' (1989, 2000) evolutionary method of conducting concept analysis is a useful approach for examining the concept of practice readiness since it is an evolving concept which continues to be discussed in the literature. However, our research team found that it provided limited guidance on how to distinguish terms that exist within various categories. For example, confidence was listed as an attribute and consequence of practice readiness by different scholars. Since Rodgers (1989, 2000) does not guide how to position terms under the

main categories during instances of overlap, our research team made the decision to position confidence as a consequence, and included self-efficacy as an intersecting attribute.

## 6. Conclusion

In this concept analysis, we identified surrogate and related concepts, antecedents, attributes and consequences of the concept of practice readiness. Key attributes (cognitive, clinical, and professional capabilities; and self-efficacy) led to consequences (provision of safe and holistic care, performance confidence, and transition to practice) essential in the technical functionality of the health care system. This conceptual understanding of practice readiness overlooked the totality of what it means to be a practice ready new nursing graduate. The influence of the patient experience and the humanistic characteristics essential for providing relational and patient-centered care were invisible in this current conceptualization of practice readiness. We recommend a further evolution of the concept of practice readiness to include concepts that are important to patients such as compassion and relationality. This calls for further research that explores the patient experience and the humanistic characteristics and their relationship to the concept of practice readiness. This will ensure that healthcare organizations continue to perceive practice readiness from both the technical and humanistic skill sets.

## Funding

This work was supported by the Nipissing University Start-Up Grant (File No. 100837).

## Conflicts of interest

The authors declare no conflict of interest.

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