

Knowledge, Skills, and Attitude: Determinants of Clinical Preparedness in Geriatric Nursing Students in Marikina City

Maily O. Agraviador, BSN¹ • Leonard D. Argañosa, BSN¹ • Daniela C. Dela Cruz, BSN¹
• Victoriano DI. Paunan, BSN¹ • Peach M. Taborda, BSN¹ • Jasper Aaron A. Trinidad, BSN¹

¹College of Nursing, Pamantasan ng Lungsod ng Marikina, Marikina City, Philippines

Corresponding author: Daniela C. Dela Cruz • dc6125617@gmail.com

ABSTRACT

Background: The growing population of older adults highlights the need for competent and clinical-ready nursing students in geriatric care. **Objective:** To determine the knowledge, skills, and attitude as determinants of clinical preparedness among nursing students in Pamantasan ng Lungsod ng Marikina. **Methods:** A quantitative, cross-sectional, descriptive-correlational research design was used. A total of 305 nursing students (1st to 4th year) selected via stratified random sampling completed an adopted and validated 5-point Likert questionnaire. Data were analyzed using weighted mean, Pearson's χ^2 , independent samples t -test, and one-way ANOVA at a 0.05 level of significance.

Results: Respondents demonstrated high levels of knowledge ($M = 4.1$), skills ($M = 4.2$), and attitude ($M = 4.3$) in geriatric nursing. Age and sex showed no significant relationship with knowledge, skills, or attitude. However, year level was significantly associated with knowledge ($F = 4.1$) and skills ($F = 4.2$). Furthermore, clinical preparedness was significantly related to knowledge ($r = 0.7$), skills ($r = 0.8$), and attitude ($r = 0.9$).

Conclusion: Knowledge, skills, and attitude are key determinants of clinical preparedness in geriatric nursing. While attitude remains consistently positive across all levels, knowledge and clinical skills improve progressively as students advance in academic year levels.

Keywords: *attitude; clinical preparedness; geriatric nursing; knowledge; nursing students; skills*

INTRODUCTION

The global and national aging population has made elder care a public health priority. According to the World Health Organization (2023), the global population aged 60 and older will reach 2.1 billion by 2050. In the Philippines, older adults make up roughly 8–9% of the population, a figure projected to rise steadily (PSA, 2021). Nurses are central to managing complex age-related conditions, making the preparation of undergraduate nursing students during clinical exposure critical. Theoretical guidance for this study is grounded in Tanner's Clinical Judgment Model (2006)—which details noticing, interpreting, responding, and reflecting—and Miller's Pyramid of Clinical Competence (1990), which outlines student progression from "knows" to "does". Together, these frameworks illustrate how continuous exposure builds knowledge, technical skills, and professional values. While prior studies highlight the need for specialized gerontologic instruction, there is limited local evidence assessing how specific domain competencies (knowledge, skills, and attitude) interact with demographic factors to influence clinical readiness among local university nursing students. This study aimed to determine the clinical exposure preparedness of nursing students in geriatric nursing in Marikina City. Specifically, it evaluated student demographics, assessed levels of knowledge, skills, and attitude, and evaluated the relationships between demographic profiles, domain competencies, and overall clinical preparedness.

METHODS

Study design

A quantitative, cross-sectional, descriptive-correlational research design was used to describe demographic variables and test relationships between

domain determinants (knowledge, skills, attitude) and clinical preparedness.

Setting and participants

The study was conducted at Pamantasan ng Lungsod ng Marikina (PLMar) during Academic Year 2025–2026. Out of a total population of 1,291 BSN students (1st to 4th year), a sample size of 305 respondents was computed using Slovin's formula with a 5% margin of error. Proportionate stratified random sampling yielded 66 1st-year, 85 2nd-year, 69 3rd-year, and 85 4th-year students. Included were officially enrolled BSN students aged 18 and above who had received geriatric nursing instruction or clinical exposure.

Variables and instruments

The primary variables were demographics (age, sex, year level), domain determinants (knowledge, skills, attitude), and clinical preparedness. The data gathering tool was adapted from Burbank et al. (2006) using a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). The tool underwent content validation by nursing professors, a statistician, and a grammarian. Reliability testing yielded an overall Cronbach's alpha of 0.983.

Data collection

Ethics approval and institutional permissions were granted prior to administration. Surveys were distributed in print and via Google Forms. Participants were given time to complete the survey, and retrieved forms were audited for completeness prior to statistical encoding.

Data analysis

Data were analyzed using SPSS and Microsoft Excel. Frequency and percentage distributions described demographic profiles. Weighted means evaluated levels of knowledge, skills, and attitude. Pearson's correlation coefficient (r) evaluated relationships

between continuous variables and preparedness, while independent samples -tests and one-way ANOVA measured differences across sex and year levels. The significance threshold was set at .

Ethical considerations

Ethical principles were maintained throughout. Approval was granted by the Dean and research advisers. Written informed consent was secured from all participants, outlining voluntary participation, right of withdrawal, and data privacy safeguards. No personal identifiers were collected to guarantee participant anonymity.

RESULTS

The majority of the 305 respondents were aged 18–21 years (70.2%,) and female (64.1%,). The respondents spanned all four-year levels: 1st year (21.6%,), 2nd year (27.9%,), 3rd year (22.6%,), and 4th year (27.9%,).

Table 1. Example participant characteristics

Domain	Overall Weighted Mean	Interpretation
Knowledge	3.85	High
Skills	3.72	High
Attitude	4.03	High

Demographics vs. Knowledge, Skills, and Attitude

- **Age:** Showed no significant relationship with knowledge (), skills (), or attitude ().
- **Sex:** No significant difference was noted between male and female students in knowledge (), skills (), or attitude ().
- **Year Level:** One-way ANOVA revealed a statistically significant difference across year levels for knowledge () and skills (). Attitude did not differ significantly by year level ().

Clinical Preparedness Relationships

Statistically significant relationships were identified between clinical preparedness and all three primary determinants:

- **Knowledge:** (Significant)
- **Skills:** (Significant)
- **Attitude:** (Significant)

DISCUSSION

The findings demonstrate that nursing students maintain high levels of knowledge, clinical skills, and positive attitudes toward geriatric care. The strong significant correlation between clinical preparedness and the three domains confirms that theoretical grounding, practical execution, and professional disposition directly foster readiness for clinical environments. This aligns with Benner’s Novice to Expert model and Miller’s Pyramid, supporting the concept that integrated learning reinforces practical capability. Age and sex were not significant determinants of preparedness, showing that clinical readiness in geriatric care is driven more by

standardized education than by demographic traits. Conversely, year level was significantly linked to knowledge and skills, confirming that cumulative academic progression and repeated hospital exposure enhance clinical competency. The stability of positive attitudes across all year levels highlights an established institutional culture of empathy and respect toward older adults.

Strengths and limitations

Strengths include a representative stratified sample across all program year levels and a high instrument reliability (). Limitations include reliance on self-reported survey data, a single-center setting, and a cross-sectional design that prevents causal modeling over time.

CONCLUSION

Nursing students demonstrate high preparedness for geriatric care, driven directly by their knowledge, clinical skills, and positive attitudes. While positive attitudes remain consistently high across all cohorts, knowledge and clinical skills develop progressively alongside academic advancement and clinical exposure.

IMPLICATIONS FOR NURSING AND HEALTH SCIENCES

The findings of this study offer meaningful implications for nursing education, clinical management, and curriculum development. Because students’ attitudes toward elderly care remain consistently high across all year levels, nursing faculty have a strong foundation of empathy to build upon. However, the significant variance in knowledge and clinical skills across year levels highlights the need for nursing educators to introduce early, structured practical training. Incorporating high-fidelity geriatric simulations, standardized patient scenarios, and interactive skills laboratories early in the curriculum can bridge the gap between classroom theory and real-world clinical application before senior rotations. From an administrative and policy perspective, academic institutions must actively strengthen community partnerships and hospital affiliations to ensure diverse and continuous clinical exposure to geriatric patients. Nursing leadership and curriculum planners should evaluate existing course structures to ensure gerontologic concepts are fully integrated throughout the degree program rather than isolated to specific subjects. By prioritizing continuous clinical exposure, robust skill assessments, and early experiential learning, nursing programs can better prepare graduates to deliver high-quality, safe, and effective care to the growing population of older adults.

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AUTHOR CONTRIBUTIONS

All authors contributed to the conceptualization, methodology, data gathering, statistical analysis, and drafting of the manuscript.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY

De-identified data and study materials are available from the corresponding author upon reasonable request.

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