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DEMOGRAPHICS, IMPOSTOR PHENOMENON, ACADEMIC SELF-EFFICACY, AND SELF-ASSESSED CLINICAL COMPETENCY AMONG 2ND TO 4TH YEAR STUDENT NURSES

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ABSTRACT

Self-assessed clinical competency is essential to student nurses' readiness for clinical practice and professional development. However, factors such as demographic characteristics, impostor phenomenon, and academic self-efficacy may influence how students perceive their clinical competency. This study This study, completed in June 2026, examined the relationship between demographic profile, impostor phenomenon, academic self-efficacy, and self-assessed clinical competency among Level II to Level IV student nurses of the College of Nursing and Pharmacy in a selected tertiary Catholic educational institution in Pampanga. A quantitative descriptive-correlational research design was utilized among 216 respondents. Data were collected using the Clance Impostor Phenomenon Scale (CIPS), Academic Nurses' Self-Efficacy Scale (ANSES), and Clinical Competence Questionnaire (CCQ), and analyzed using descriptive statistics and Spearman's rank-order correlation. Findings showed that respondents had moderate impostor phenomenon, high academic self-efficacy, and high self-assessed clinical competency. Age, year level, academic performance, and history of clinical exposure were significantly related to self-assessed clinical competency, while sex was not significantly related. Impostor phenomenon had no significant relationship with self-assessed clinical competency, whereas academic self-efficacy demonstrated a highly significant weak positive relationship ($\rho = .370$, $p < .001$). The findings highlight academic self-efficacy as a relevant factor associated with students' perceived clinical competency and may inform supportive strategies in nursing education.

Keywords: *clinical competency, academic self-efficacy, impostor phenomenon, demographics student nurses.*

INTRODUCTION

Nursing education involves classroom instruction, laboratory simulations, and clinical exposure to build the knowledge, skills, and professional attitudes needed for nursing practice. One important outcome of this preparation is clinical competency, which allows student nurses to apply theoretical knowledge, perform clinical procedures safely, make appropriate clinical judgments, and provide quality patient care.

The development of clinical competency, however, may be influenced by the demands of nursing education. Academic workload, clinical responsibilities, and the emotional demands of patient care may lead to stress, fatigue, and self-doubt among student nurses. In the Philippine setting, students may experience hesitation during clinical procedures despite having the necessary skills (Sanglay et al., 2023). Burnout has also been reported among student nurses due to academic and clinical demands (Mohamed et al., 2024), while self-doubt and the pressures of nursing education may contribute to decreased motivation (Reyes et al., 2024).

Several factors may be related to students' perceived clinical competency, including impostor phenomenon and academic self-efficacy. Impostor phenomenon involves feelings of self-doubt despite having adequate abilities or achievements, while academic self-efficacy describes students' confidence in performing academic and related responsibilities. These factors may influence how students view their abilities and experiences in their academic and clinical training.

Despite existing studies on impostor phenomenon, academic self-efficacy, and clinical competency, limited literature was identified that examined the relationships among these variables simultaneously, particularly among student nurses in the Philippine setting. This gap provides a basis for investigating whether impostor phenomenon and academic self-efficacy are associated with students' self-assessed clinical competency.

Therefore, this study aims to determine the relationship between demographic profile, impostor phenomenon, academic self-efficacy, and self-assessed clinical competency among Level II to Level IV student nurses of the College of Nursing and Pharmacy in a selected tertiary Catholic educational institution in Pampanga. The findings may provide nursing educators with information that can support the development of students' clinical competency and readiness for professional nursing practice.

Literature Review

Demographic Profile of Student Nurses

The demographic profile provides important information about student nurses and their clinical learning experiences. Nashwan et al. (2023) reported that most student nurses belong to the 18–24 age group, while Ladines et al. (2022) found that most are female and enrolled in the second to fourth year. Clinical exposure is also an important aspect of students' experiences. Meaningful exposure enhances clinical reasoning and communication skills (Sarabi, et al., 2025) and contributes to empathy and professional identity (Wang et al., 2022). In the Philippine context, limited clinical experience has been associated with decreased confidence and hesitation in patient care (Carpio et al., 2025).

Impostor Phenomenon Among Student Nurses

The impostor phenomenon is characterized by persistent self-doubt and fear of incompetence despite accomplishments (Huecker et al., 2023; Clance & Lawry, 2024). Feenstra et al. (2020) explained that individuals experiencing impostor feelings may attribute their success to luck rather than their own abilities. Among student nurses, academic and clinical pressures may contribute to impostor experiences associated with anxiety, depression, and burnout (El-Ashry et al., 2024). These findings indicate that impostor phenomenon is particularly relevant to nursing students who experience demanding academic and clinical responsibilities.

Academic Self-Efficacy in Nursing Education

Academic self-efficacy refers to students' confidence in accomplishing academic and clinical tasks. Bulfone et al. (2021) emphasized that self-efficacy develops through learning experiences, feedback, and clinical exposure, while Kim (2024) highlighted simulation-based education as an opportunity to strengthen students' confidence. Labrague (2024) further emphasized its role in motivation, engagement, and preparedness for professional roles. These findings demonstrate that students' confidence can develop through supportive learning experiences and may influence how they approach academic and clinical responsibilities.

Self-Assessed Clinical Competency of Student Nurses

Clinical competency reflects the ability to integrate knowledge, skills, and professional attitudes in providing safe and effective patient care. Zaitoun et al. (2023) described clinical competency as the integration of appropriate knowledge, skills, and attitudes, while O'Rae et al. (2025) emphasized that it also includes critical thinking, communication, professionalism, and clinical judgment.

Clinical competency is strengthened through meaningful learning experiences. Kiernan and Olsen (2020) emphasized simulation in developing clinical reasoning, problem-solving, and decision-making skills, while Mikkonen et al. (2021) identified

mentorship, constructive feedback, and reflective practice as important components of clinical education. Sitwira et al. (2025) similarly found that supportive competency evaluations facilitate learning and clinical development. However, Eronen et al. (2025) found that although graduating students generally reported high perceived competence, some areas still required further development. This suggests that perceived competency may be high while continued clinical learning and assessment remain necessary.

Relationship Between Demographic Profile and Clinical Competency

Findings regarding demographic characteristics and clinical competency are not entirely consistent. Martinsen et al. (2024) found that older and more advanced students tended to report higher self-assessed clinical competence, while Madjid et al. (2023) reported higher competency among female, older, and high-GPA students. Kankaya et al. (2021) also emphasized the contribution of hands-on clinical experience to confidence and responsibility. In contrast, Abbaspour et al. (2021) found no significant association between age, work experience, and clinical competency. These differing findings indicate that demographic characteristics may be associated with perceived competency, but their influence may vary across student populations and clinical experiences.

Relationship Between Impostor Phenomenon and Clinical Competency

Studies indicate a negative relationship between impostor phenomenon and perceived clinical competency. Peng et al. (2022) found that impostor phenomenon negatively influences students' confidence in assessing their clinical competence, while Ayik et al. (2023) reported that impostor feelings may cause students to perceive themselves as less skilled than they actually are. Similarly, Shreffler et al. (2020) found that impostor feelings may persist even when performance is strong. Workneh et al. (2024) also noted that student nurses may undervalue their perceived abilities compared with external evaluation. Together, these findings suggest that impostor phenomenon may affect self-assessed clinical competency through self-doubt and underestimation of one's abilities.

Relationship Between Academic Self-Efficacy and Clinical Competency

Evidence generally indicates a positive relationship between self-efficacy and clinical competency. Yu et al. (2021) found that students with higher self-efficacy tended to rate their clinical competence more positively. Brennan (2021) similarly found higher self-efficacy and clinical competence among students who participated in self-efficacy-based prebriefing. Pu et al. (2025) further reported a strong positive correlation between self-efficacy and clinical competence and found that self-efficacy partially mediated the relationship between the clinical learning environment and nursing competence. These findings consistently support the relevance of self-efficacy in understanding students' perceived clinical competency.

Research Questions

This study aimed to explore the relationship between demographic profile, impostor phenomenon, academic self-efficacy, and self-assessed clinical competency of student nurses of the College of Nursing and Pharmacy in a selected tertiary Catholic educational institution in Pampanga.

Specifically, the researchers aimed to:

1. Describe their demographic profile in terms of:
    - Age
    - Sex
    - Year Level
    - Academic Performance
    - History of Clinical Exposure
2. Describe their level of impostor phenomenon feelings, academic self-efficacy and self-assessed clinical competency.
3. Determine the relationship between their demographic profile and self-assessed clinical competency;
4. Determine the relationship between their impostor phenomenon and self-assessed clinical competency; and
5. Determine the relationship between their academic self-efficacy and self-assessed clinical competency.

METHODOLOGY

Research Design

A quantitative descriptive-correlational research design was utilized in this study. According to Aprecia et al. (2022), this design allows researchers to describe existing conditions while identifying and quantifying relationships between variables. In this study, the descriptive component was used to determine the current levels of impostor phenomenon, academic self-efficacy, and self-assessed clinical competency among Levels II to IV student nurses. The correlational component was applied to examine the relationships between demographic profile, impostor phenomenon, academic self-efficacy, and self-assessed clinical competency. Bongabong (2022) explained that descriptive-correlational research focuses on determining relationships among variables rather than establishing cause-and-effect relationships, which is consistent with the purpose of the present study since no variables were manipulated.

Respondents and Settings

The study was conducted among Level II, III, and IV student nurses from the College of Nursing and Pharmacy in a selected tertiary Catholic educational institution in Pampanga during Academic Year 2025–2026. These year levels were selected because students were actively engaged in clinical duties and rotations, unlike Level I students who had not yet obtained sufficient clinical exposure. The students also managed

academic and practical responsibilities such as hospital and community exposure, lectures, case studies, research, and health promotion programs.

The total population of Level II to IV student nurses was 477. One Level III section was excluded to uphold ethical standards, avoid perceived coercion, safeguard respondent autonomy, and reduce the risk of response bias, resulting in an adjusted population of 432. A total of 224 student nurses participated in the study. This included a 10% allowance added to the initially calculated 204 respondents to account for possible nonresponses or incomplete questionnaires. The sample size was determined using the Raosoft online sample size calculator at a 95% confidence level. After data screening, eight responses were excluded because they did not meet the criteria for data analysis, resulting in a final sample of 216 respondents.

Sampling Method

Probability sampling through stratified random sampling was employed to ensure proportional representation across academic year levels. The adjusted population was divided into strata according to year level. Based on proportional allocation, the planned sample consisted of 99 Level II respondents, 72 Level III respondents, and 53 Level IV respondents, for a total planned sample of 224. Microsoft Excel was used to generate random numbers for respondent selection within the strata, providing each eligible student an opportunity for selection while reducing selection bias (Berndt, 2020).

Research Instrument

Data were collected using a four-part research instrument consisting of demographic information including age, sex, year level, academic performance, and history of clinical exposure and standardized instruments measuring impostor phenomenon, academic self-efficacy, and self-assessed clinical competency. The Clance Impostor Phenomenon Scale (CIPS) is a 20-item, five-point Likert scale measuring impostor experiences, with scores ranging from 20–100 and a reported Cronbach's alpha of .85-.90 (Mak et al., 2019). The Academic Nurses' Self-Efficacy Scale (ANSES) is a 14-item, five-point scale assessing academic self-efficacy, with an overall Cronbach's alpha of .84 (Bulfone et al., 2019). The Clinical Competence Questionnaire (CCQ) is a five-point scale assessing perceived clinical competence across safety, professional and ethical conduct, communication, critical thinking, and technical skills, with a Cronbach's alpha of .98 (Liou & Cheng, 2014). Minor language and grammatical revisions were made based on validator recommendations without altering the instruments' constructs or intent.

Data Gathering Procedure

Ethics Board approval and administrative clearance were secured before data collection. A formal request was submitted to the Dean of the College of Nursing and Pharmacy to conduct the study and identify the required number of respondents. Pilot testing was conducted to assess clarity, suitability, and comprehensibility, and the pilot data were not included in the actual data collection. Reliability testing using Cronbach's

alpha was conducted before final administration, followed by necessary revisions and validation.

After validation, selected respondents were informed of their inclusion through appropriate communication channels. The purpose, benefits, risks, confidentiality measures, and voluntary nature of participation were explained. Respondents signed an informed consent form before answering the questionnaire through Google Forms. Classroom-based administration was conducted, with approximately 30–40 minutes provided for completion. Submission records were verified, responses were encoded and consolidated securely, and systematic errors were minimized through data review. Collected data were kept confidential and later submitted to a statistician for analysis.

Statistical Treatment of Data Analysis

Descriptive statistics were used to present and describe the data gathered from the respondents. Frequency and percentage distributions were used to summarize the demographic profile, while mean and standard deviation were used to describe the levels of impostor phenomenon, academic self-efficacy, and self-assessed clinical competency. Spearman's rank-order correlation was employed to determine the relationships among impostor phenomenon, academic self-efficacy, and self-assessed clinical competency.

The level of significance was set at $\alpha = 0.05$ (2-tailed). A p-value of $p \leq 0.05$ was considered significant, $p \leq 0.01$ as very significant, and $p \leq 0.001$ as highly significant, while $p > 0.05$ was considered not significant. The strength of the relationship was interpreted based on the Spearman's rho correlation coefficient.

RESULTS

Table 1.
Demographic Profile of the Respondents

Demographics	Frequency	Percentage
Age		
18-19 years old	47	21.8%
20-21 years old	132	61.1%
22-23 years old	35	16.2%
24 years old and above	2	0.9%
Sex		
Male	53	24.5%
Female	163	75.5%
Year Level		

Level II	93	43.1%
Level III	72	33.3%
Level IV	51	23.6%
Academic Performance		
95-97	2	0.9%
92-94	16	7.4%
89-91	67	31.0%
86-88	72	33.3%
83-85	52	24.1%
80-82	5	2.3%
Others/Unsure	2	0.9%
History of Clinical Exposure		
1-5	3	1.34%
6-10	96	42.86%
11-15	71	31.70%
16-20	4	1.79%
More than 20 rotations	50	22.32%

Table 2.
Level of impostor phenomenon feelings

LEVEL OF IMPOSTOR PHENOMENON	$\bar{x}$	***SD***
Overall Score	3.38	1.136
$\bar{x}$ = mean; SD= standard deviation		

Table 3.
Level of academic self-efficacy

Subscales	$\bar{x}$	***SD***
LEVEL OF ACADEMIC SELF-EFFICACY Subscales		
Internal Emotion Management	3.46	0.942
Auto-regulatory Behavior	4.13	0.970

External Emotion Management	3.07	1.101
Collegiality	4.16	0.921
Overall Score	3.68	0.991
x̄ = mean; SD= standard deviation		

Table 4.
Level of self-assessed clinical competency

LEVEL OF CLINICAL COMPETENCY	***x̄***	***SD***
Overall Score	4.01	0.849
x̄ = mean; SD= standard deviation		

Table 5.
Relationship Between Demographic Profile and Self-Assessed Clinical Competency (SACC)

Variables	Spearman's rho (ρ)	p-value	Interpretation
Age - SACC	-0.151	.026	Significant
Sex - SACC	-0.131	.054	Not Significant
Year Level - SACC	-0.202	.003	Significant
GWA - SACC	-0.212	.002	Significant
Clinical Exposure - SACC	-0.235	<.001	Significant

Table 6.
Spearman's Rho Correlation Between Impostor Phenomenon Feelings and Self-Assessed Clinical Competency

Variable Pair	p (correlation coefficient	p-value (2-tailed)	Strength and Degree of Correlation
IPF -SACC	-.011	.873	Negligible Negative Relationship

Table 7.
Spearman's Rho Correlation Between Academic Self-Efficacy and Self-Assessed Clinical Competency

Variable Pair	p (correlation coefficient	p-value (2-tailed)	Strength and Degree of Correlation
ASE - SACC	0.370	0.001	Weak Positive Correlation

DISCUSSION

Demographic Profile of the Respondents

The demographic profile of the respondents is important for interpreting the findings of the study. The findings showed that the majority of respondents were between the ages of 20 and 21, indicating that the participants were within the typical age range of second to fourth year nursing students. At this stage of the nursing program, students are expected to manage increasing academic responsibilities while also participating in clinical activities. These experiences may influence how students perceive their academic abilities and clinical performance. Given that females made up the vast majority of study participants, the respondents were predominantly female. This reflects the composition of the respondents and permits discussion of the research findings regarding academic self-efficacy, self-assessed clinical competency, and the impostor phenomenon. Level II respondents were found to make up the largest percentage, followed by Level III and Level IV respondents. The respondents' distribution reveals their varying levels of academic and clinical experience. The majority of respondents had academic grades within the 86–88 and 89–91, which is noteworthy. It demonstrates that a sizable percentage of participants had satisfactory academic performance. However, academic grades alone may not fully reflect students' confidence in their clinical performance and academic skills. Additionally, while some respondents had more clinical experience, the

proportion of respondents had completed six to ten clinical rotations. The majority of the respondents were female, Level II students, between the ages of 20 and 21, had academic grades between 86 and 88, and had completed six to ten clinical rotations. These demographic characteristics provide the context required to examine the succeeding findings concerning academic self-efficacy, self-assessed clinical competency, and the impostor phenomenon.

Level of impostor phenomenon feelings, academic self-efficacy and self-assessed clinical competency.

Respondents landed in the moderate range for impostor phenomenon, meaning they were not free of self-doubt but were not overwhelmed by it either. Nursing programs demand a great deal, as students must juggle theoretical coursework with hands-on clinical work, and being placed in unfamiliar clinical situations can naturally shake a student's confidence at times. This is consistent with El-Ashry et al. (2024), who found that student nurses tend to report moderate impostor feelings given the combined demands of the academic and clinical components of their programs. Peng et al. (2022) similarly observed that impostor phenomenon can occur even among genuinely capable individuals, which is consistent with the findings of the present study.

Academic self-efficacy, on the other hand, came out high. Respondents appear fairly confident in handling academic coursework and meeting the expectations of their program. Labrague (2024) reported similar moderate to high self-efficacy levels among student nurses, particularly in programs with strong support systems and solid clinical training. Bulfone et al. (2021) add that this kind of confidence tends to build over time, growing alongside a student's accumulated learning experience.

Breaking the subscales down, Collegiality scored the highest, suggesting that respondents felt at ease collaborating with peers and taking part in group learning. This is consistent with Warshawski (2022), who found a positive relationship between social support and academic self-efficacy among nursing students, highlighting the importance of supportive peer relationships in students' academic confidence. Autoregulatory Behavior was not far behind, pointing to respondents' ability to plan, stay organized, and keep on top of their academic responsibilities, something Zhao et al. (2024) also linked to stronger confidence and better outcomes overall. Internal Emotion Management came in third, which hints that stress and pressure still take a toll during academic or clinical work. External Emotion Management ranked lowest of the four, suggesting that outside pressures such as workload, expectations, and the general environment continue to weigh on students' confidence to some extent.

As for self-assessed clinical competency, respondents rated themselves highly, viewing themselves as capable in practice while still preferring supervision within reach. This likely reflects the influence of clinical exposure, as repeated practice tends to strengthen students' skills and knowledge over time. Han et al. (2023) found much the same, reporting that clinical competence tends to rise once students gain sufficient real-world exposure, and Mikkonen et al. (2021) similarly point to repeated practice paired

with effective mentorship as key drivers of competence. These findings are not entirely uniform across the literature, however. Abbaspour et al. (2021) reported moderate to low clinical competency among some nursing student samples, a finding that should be considered when interpreting the present results.

Overall, these findings suggest that although respondents experience occasional impostor feelings, this does not appear to undermine their academic confidence or their perceived clinical competence. Self-doubt, in other words, does not necessarily indicate a lack of capability; it may instead reflect the inherent demands of nursing education. Supportive learning environments, opportunities for collaboration, and consistent clinical exposure may help students manage impostor feelings while sustaining their academic self-efficacy and clinical competency.

Relationship Between Demographic Profile and Self-Assessed Clinical Competency

The findings revealed a weak negative correlation ($\rho = -.151$, $p = .026$) and a statistically significant relationship at the 0.05 level between the participants' age and self-assessed clinical competency (SACC). However, the weak correlation indicates that age has only a limited relationship with self-assessed clinical competency. This finding is consistent with Egilsdottir et al. (2023), who emphasized that learning, practice, and reflection are more important in developing competency than age alone. In terms of sex, no significant relationship with SACC was found ($\rho = -.131$, $p = .054$), suggesting that male and female participants had comparable levels of perceived clinical competency. This finding is consistent with Albalawi and Rezq (2024).

The results also revealed weak negative correlations between SACC and year level ($\rho = -.202$, $p = .003$), academic performance ($\rho = -.212$, $p = .002$), and history of clinical exposure ($\rho = -.235$, $p < .001$). Although these relationships were statistically significant, their weak correlations indicate that these factors have only limited associations with self-assessed clinical competency. As students advance through the program, they may become more aware of the complexity of nursing knowledge and clinical responsibilities, which may influence how they assess their own competency. O'Rae et al. (2025) and Vasli & Asadiparvar-Masouleh, (2024) highlighted that competency involves the integration of knowledge, clinical skills, experience, and decision-making abilities. Therefore, nursing education programs should provide adequate clinical practice, proper guidance, constructive feedback, and opportunities for reflection to support the development of students' clinical competencies.

Relationship Between Impostor Phenomenon Feelings and Self-Assessed Clinical Competency

The present study found no statistically significant relationship between impostor phenomenon feelings and self-assessed clinical competency among the student nurses ($\rho = -.011$, $p = .873$). This means that the respondents' feelings of being an impostor were not significantly related to how they perceived their clinical competency. The

negligible negative correlation also shows that the two variables had almost no relationship within the respondents of the study.

One possible explanation for this finding is that impostor phenomenon is more related to how individuals view themselves rather than their actual or perceived clinical abilities. Gisselbaek (2024) described impostor phenomenon as involving self-doubt and difficulty accepting one's own achievements despite having evidence of success. Although these feelings may affect a student's emotional state, they may not necessarily affect how they assess their clinical skills, especially in an academic and clinical setting where students are given opportunities to practice and receive feedback.

This finding is also supported by studies showing that impostor phenomenon is more commonly associated with self-esteem, self-efficacy, and psychological concerns. Garg et al. (2025) found that higher impostor phenomenon was associated with lower self-esteem among healthcare students, while Abudujain and Alghamdi (2024) reported its association with reduced self-efficacy and increased perfectionistic tendencies among medical students. These findings suggest that impostor feelings may be more related to students' perception of themselves than to their assessment of their clinical competency.

The clinical and academic environment may also help explain the result. Bahari et al. (2022) identified the program curriculum, hospital internship program, and contribution to the nursing board examination as factors that influence nursing internship success. Clinical exposure and structured training may provide students with continued opportunities to develop and assess their skills. Because of these experiences, students may still perceive themselves as clinically competent even when they experience feelings of self-doubt.

It is also possible that students manage their impostor feelings through increased preparation, effort, and persistence. These behaviors may help them maintain their clinical performance and confidence despite experiencing self-doubt. As a result, having impostor feelings does not necessarily mean that students will view themselves as less clinically competent.

The findings therefore suggest that impostor phenomenon feelings may exist among student nurses without necessarily affecting how they assess their clinical competency. Other factors, such as academic self-efficacy, clinical exposure, and educational support, may be worth considering when examining what influences students' perceptions of their clinical competence.

Relationship Between Academic Self-Efficacy and Self-Assessed Clinical Competency

The findings revealed a weak positive and statistically significant relationship between Academic Self-Efficacy (ASE) and Self-Assessed Clinical Competency (SACC) ($\rho = .370$, $p < .001$). This indicates that student nurses with higher academic self-efficacy tended to report higher levels of self-assessed clinical competency. Although the

relationship was weak, it suggests that confidence in academic abilities may contribute to how students perceive their competence in performing clinical nursing responsibilities.

This relationship may be explained by the role of self-efficacy in students' motivation, persistence, and engagement in learning activities. Han et al. (2022) found that students with higher academic self-efficacy demonstrated greater motivation, persistence, and engagement in learning activities, which contributed to their readiness to apply knowledge in clinical settings. Choi et al. (2023) reported that self-efficacy enhanced students' confidence and engagement in clinical simulation and practice-based learning, contributing to their perceived competence in clinical tasks. Similarly, Akinwande et al. (2024) found that individuals with higher self-efficacy demonstrated greater confidence in performing clinical-related tasks and higher professional and clinical competencies. These findings support the positive relationship observed in the present study.

However, the weak correlation indicates that academic self-efficacy is only one factor associated with self-assessed clinical competency. Lee et al. (2024) noted that clinical competence is also influenced by the clinical learning environment and hands-on clinical exposure. Thus, the findings demonstrate a positive relationship between students' academic confidence and their perceived clinical competency, while recognizing that other factors may also contribute to their clinical competence.

Conclusions

The findings showed that the 216 respondents were predominantly young adult females, mostly from Level II, with satisfactory to above-average academic performance and moderate to extensive clinical exposure. They generally reported a moderate level of impostor phenomenon and high levels of academic self-efficacy and self-assessed clinical competency.

Regarding the relationships among the variables, age, year level, academic performance, and clinical exposure had significant but weak relationships with self-assessed clinical competency, while sex had no significant relationship. Impostor phenomenon was not significantly related to self-assessed clinical competency ($\rho = -.011$, $p = .873$). In contrast, academic self-efficacy had a significant weak positive relationship with self-assessed clinical competency ($\rho = .370$, $p < .001$). These findings suggest that students with higher academic self-efficacy tend to perceive themselves as more clinically competent, although the relationship is not strong.

Recommendations

Based on the findings, the following recommendations are proposed:

1. For the College of Nursing and Pharmacy: Provide opportunities for simulation, return demonstrations, and supervised clinical practice to support students' clinical skills and confidence.

2. For nursing faculty and clinical instructors: Provide constructive feedback, mentoring, and guidance to strengthen students' academic self-efficacy and support their clinical learning.
3. For student nurses: Participate actively in clinical activities, practice nursing procedures, and seek guidance to improve areas that need further development.
4. For future researchers: Conduct similar studies involving larger samples or students from different institutions. Future studies may also examine other factors, such as stress and the clinical learning environment, and include objective assessments of clinical performance to complement students' self-assessments.

Compliance with Ethical Standards

The researchers observed ethical standards throughout the conduct of the study. Informed consent was obtained from all respondents, who were informed of the voluntary nature of their participation and their right to withdraw at any time without penalty. Respondents' anonymity and confidentiality were maintained, and data were handled in accordance with the Philippine Data Privacy Act of 2012. The respondents' rights, safety, dignity, and well-being were safeguarded throughout the research process. Potential conflicts of interest arising from existing relationships between researchers and respondents were addressed through measures to protect confidentiality and minimize bias. The researchers upheld academic integrity through proper acknowledgment and citation of sources, and the findings were analyzed and interpreted objectively. All data and results were used solely for academic and research purposes. Artificial intelligence was used to assist in refining the language and organization of selected manuscript sections, while the researchers retained responsibility for the study's content, analysis, interpretation, and final manuscript.

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