TRAINEE CHARACTERISTICS AND TRAINING TRANSFER PROPENSITY ON F-DAR AMONG NURSES IN SELECTED HOSPITALS IN DAVAO CITY

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Abstract: Although hospitals train nurses in F-DAR documentation, it remains unclear whether the characteristics nurses bring to training determine how readily they apply it in practice. This study aimed to determine the demographic profile, trainee characteristics, and training transfer propensity among nurses in selected hospitals in Davao City, Philippines during the third quarter of 2026. It was a quantitative, descriptive-correlational design with predictive analysis conducted among 91 nurses chosen through random sampling from two participating hospitals. Data were gathered from adapted questionnaires from Learning Transfer System Inventory (LTSI) by Holton, Bates, and Ruona and Transfer of Training Model by Baldwin and Ford (1988). Frequency and percentage, mean and standard deviation, Pearson-r, Chi-Square test, and kernel regression were used for the treatment of data. Results revealed that nurses were mostly 31 to 40 years old, females, and with 1 to 5 years of work experience. The nurses' training characteristics and training transfer propensity were very high. Age, sex, years of work experience, and field of specialization were not associated with training characteristics and training transfer propensity. The domains of trainee characteristics are positively correlated with transfer training propensity. Aptitude, training motivation, and pre-training self-efficacy positively influence the transfer training propensity with training motivation as its most significant predictor. It is concluded that the nurses were well prepared for training, with strong motivation and self-belief as their main strengths, so aptitude is the area to keep building and are also ready to apply F-DAR in practice, especially through their intent to use it, so their workplace support and post-training confidence should be maintained to sustain that readiness. It is recommended that nurses may keep applying F-DAR consistently after training, and build their aptitude through continued practice and learning and that hospital administrators may provide ongoing supervisor and peer support, along with post-training coaching.

Index Terms **- trainee characteristics, training transfer propensity, predictive-correlational, Davao City**

INTRODUCTION

Staffing shortages, heavy workloads, and limited organizational support hinder nurses' ability to apply newly acquired skills in clinical practice (Jabonete & Roxas, 2022). Without institutional support and post-training follow-up, even effective training may not translate into practice (Dehghani et al., 2023). Rapid medical advances further challenge skill adoption, often leading nurses to retain familiar practices (Kyndt & Baert, 2022).

Globally, nurses face persistent barriers to transferring formal training into clinical practice, including limited time, resources, managerial support, and evidence-based workplace cultures (Smith & Johnson, 2023). Nursing students also struggle to apply learned skills due to limited hands-on opportunities and educator support (Alharbi et al., 2024; El Hussein & Cuncannon, 2022). Similarly, Hanum et al. (2024) found that managerial support for training transfer in Indonesia and China declined over time, highlighting the difficulty of sustaining training outcomes.

In the Philippines, resource constraints and nursing migration often lead to repetitive orientation rather than sustained skill mastery. Limited equipment, staffing shortages, and heavy workloads hinder nurses' ability to apply newly acquired skills (Abad & Balcasas, 2022; Alibudbud, 2023). In the Davao Region, geographical barriers further restrict access to specialized training, while disparities between urban medical centers and rural health units contribute to skills decay and a compliance-focused approach to training rather than practical clinical improvement (Martinez, 2022; Villanueva, 2023).

A significant research gap persists, as studies largely rely on self-reported surveys rather than objective longitudinal observations of actual bedside behavioral changes (Santos, 2024). Limited evidence also exists on the long-term persistence of training transfer and its application among Southeast Asian nursing cohorts. Furthermore, research focuses mainly on individual factors, overlooking how systemic environmental stressors in developing regions influence the sustained transfer of innovation.

SIGNIFICANCE OF THE STUDY

This research intends to shed light on trainee characteristics and training transfer propensity. Furthermore, the findings may serve as a basis for developing more effective training programs that enhance trainees' ability to apply their acquired knowledge

and skills in the workplace. Through these insights, appropriate strategies may be implemented to improve training outcomes, strengthen employee performance, and promote continuous professional development.

The study benefited various stakeholders in the healthcare sector. Nurses gained insights into how their personal characteristics, motivation, self-efficacy, and workplace support influence their ability to apply newly acquired knowledge and skills in clinical practice. Nurse managers were provided with a basis for identifying and selecting staff for training based on their potential to transfer learning into actual patient care. Training managers gained guidance in designing and improving learning interventions that address nurses' characteristics and training transfer propensity. Hospital administrators benefited from evidence-based findings to strengthen staff development programs, improve clinical performance, and maximize investments in employee training. Government agencies, such as the Department of Health, Professional Regulation Commission, and Commission on Higher Education, may use the findings as references in developing policies, competency standards, and continuing professional education initiatives. Lastly, future researchers may use the study as a reference and baseline for related investigations, comparative studies, and further research on trainee characteristics and training transfer in different healthcare settings.

STATEMENT OF THE PROBLEM

This study aimed to determine the demographic profile, trainee characteristics, and training transfer propensity among nurses in selected hospitals in Davao City, Philippines during the third quarter of 2026.

1. What is the demographic profile of the nurses in terms of:
   1.1. age;
   1.2. sex;
   1.3. years of work experience; and,
   1.4. field of specialization?
2. What is the level of trainee characteristics in terms of:
   2.1. aptitude;
   2.2. motivation; and,
   2.3. self-efficacy pre-training?
3. What is the level of training transfer propensity in terms of:
   3.1. motivation and intent to use;
   3.2. self-efficacy post-training; and,
   3.3. workplace support?
4. Is there a significant association between the demographic profile and the trainee characteristics?
5. Is there a significant association between the demographic profile and the training transfer propensity?
6. Is there a significant relationship between trainee characteristics and training transfer propensity?
7. What domains of trainee characteristics significantly influence the training transfer propensity?

HYPOTHESES

This study hypothesized that trainee characteristics are significantly related to training transfer propensity on F-DAR among nurses in selected hospitals in Davao City. The null hypothesis states that there is no significant relationship between these trainee characteristics and training transfer propensity.

Ho_1: There is no significant association between the demographic profile and the trainee characteristics.
Ho_2: There is no significant association between the demographic profile and the training transfer propensity.
Ho_3: There is no significant relationship between trainee characteristics and training transfer propensity.
Ho_4: There is no domain of trainee characteristics that significantly influence the training transfer propensity.

RESEARCH METHODOLOGY

Research Design

The study utilized a quantitative, descriptive-correlational design with predictive analysis to collect and analyze numerical data and test hypotheses. Quantitative design is a structured research framework focused on collecting and analyzing numerical data to explain phenomena, test hypotheses, and identify patterns. It used objective measurements—such as surveys, polls, or experiments—to quantify variables and generalize results across large populations using statistical analysis (Slater & Hasson, 2024). The quantitative approach was appropriate because data were gathered using a survey instrument. The descriptive design assessed the nurses' demographic profiles, trainee characteristics, and training transfer propensity, while the correlational design examined the relationships between demographic profiles and trainee characteristics, demographic profiles and training transfer propensity, and trainee characteristics and training transfer propensity.

Participants and Sampling Technique

The study had two (2) participating hospitals. Hospital A is located along Jose P. Laurel Avenue, in the northern part of Davao City, with a 200-bed capacity. It is a Level 3 private health facility with a comprehensive range of services for inpatient, outpatient, diagnostic and surgical services. Hospital B is situated in the heart of downtown Davao City, a Level 2 healthcare facility committed to delivering quality service with compassion, equipped with improved facilities, equipment and technology. In total, the study will have a total of 130 nurses.

Using G*Power 3.1 with a medium effect size (f = 0.25), alpha level of 0.05, and a statistical power of 0.80, the minimum required sample size using A Priori Power Analysis was computed at 98 nurses. Random sampling was utilized to give every nurse an equal chance of being selected. To be included in the study, the nurse must be working full-time for at least one year with the hospital and must sign the Informed Consent Form. Those who are on leave or withdraw were excluded.

Of the 98 nurses, where Post-hoc Analysis was used, only a total of 91 nurses were included in the study (F-test effect size 0.15, alpha level of 0.05 and statistical power of 0.95). Only two hospitals were included; one southern hospital was not included pending final approval from the administration. Adding on, certain nurses were also excluded since they have not reached at least a year in service or may not have had training.

Research Instrument

The researcher utilized adapted instruments. Part 1 measured the demographic profile of the nurses in terms of age, sex, years of work experience, and field of specialization.

Part 2 measured the trainee characteristics based on the Learning Transfer System Inventory (LTSI) developed by Holton, Bates, and Ruona (2000) in the following subscales: aptitude; motivation; and, self-efficacy pre-training. Each item is measured in the following 5-point Likert scale: 5 – Strongly Agree; 4 – Agree; 3 – Neither Agree nor Disagree; 2 – Disagree; and, 1 – Strongly Disagree. Construct validation was done by three panel experts, with pilot testing thereafter; Cronbach's alpha was at least 0.7 for consistency. Content validity for Part 2 was strong based on Item-Level and Scale-Level indexes, and deemed appropriate for administration in the study.

Part 3 measured the training transfer propensity based on the Transfer of Training Model by Baldwin and Ford (1988) measured in the following subscales: motivation and intent to use; self-efficacy post-training; and, workplace support. Each item is measured in the following 5-point Likert scale: 5 – Strongly Agree; 4 – Agree; 3 – Neither Agree nor Disagree; 2 – Disagree; and, 1 – Strongly Disagree. Three panel experts reviewed the construct validity for Part 3, and pilot testing followed. Cronbach's alpha was at least 0.7 for consistency. Content validity for Part 3 was excellent based on Item-Level and Scale-Level indexes, supporting the items as relevant and the instrument appropriate for the study.

Data Gathering Procedure

With the goal of an organized and systematic process of data collection, the researcher performed the following structured steps for quantitative data gathering: First, the researcher secured the approval from the appropriate academic and ethical authorities of the Master of Arts in Nursing (MAN) program of the Davao Doctors College and obtained permission to conduct the study. Second, after the permissions were granted, the researcher sent letters to the Hospital Directors and coordinated with the nursing management of the target hospitals for permission to conduct the study. Third, the researcher then visited the selected hospitals during her free time to which the Informed Consent Form were given to nurses meeting the inclusion criteria. The form educated the respondents of the nature of the study. Once they voluntarily agreed, they were asked to sign the form and the administration of the instrument begun. Fourth, the administration of the validated instrument was done within the hospital premises, with enough time given for their completion, and with no impediment to their occupational commitments. Fifth, the instruments were collected, and the data were analyzed, and interpreted, with confidentiality and data privacy strictly observed. Finally, the results of the study were documented.

Data Analysis

Frequency and percentage described the nurses' demographic profiles, while mean and standard deviation summarized trainee characteristics and training transfer propensity. Since the data were non-normally distributed based on the Shapiro-Wilk test, Spearman Rank-Order Correlation examined relationships between variables. The Likelihood Ratio test assessed associations between demographic profiles and the study variables, while Cramer's V measured their strength. Lastly, Kernel Regression identified potential non-linear relationships and determined which trainee characteristic domains predicted training transfer propensity.

Ethical Consideration

Ethical consideration was established in the study to protect the human participants and their data at all costs. Hence, the researcher adhered to the study's Belmont Report and ensured that the ethical considerations enumerated below were met. The purpose of the DOST-PHREB was to ensure adherence to the universal ethical principles for the protection and promotion of the dignity of research participants. This also ensured that the updated guidelines for the ethical conduct of research were established and followed. Thus, this research protocol was subjected to a thorough review by the DDC-REC such as social value, informed consent, risks, safety, and benefits, privacy and confidentiality of information, justice, transparency, qualification of the researcher, adequacy of facilities, and community involvement.

The study adhered to ethical principles to ensure the protection, rights, and welfare of the respondents. Its social value lies in contributing to existing literature and providing a basis for developing action plans to improve nurses' trainee characteristics and training transfer propensity in Davao City. Informed consent was obtained, ensuring that respondents understood the study's purpose, procedures, potential risks, and benefits, as well as their right to participate voluntarily or withdraw at any time. The researcher ensured anonymity, privacy, and confidentiality in accordance with the Data Privacy Act of 2012 by securely storing research data and restricting access to authorized personnel. The principles of justice and transparency were observed through fair respondent selection, voluntary participation, honest responses, and the dissemination of findings to relevant stakeholders. Furthermore, the researcher's qualifications, professional experience, guidance from the thesis adviser, and access to adequate academic resources and technical assistance ensured the credibility of the study. Lastly, artificial intelligence tools were utilized solely to improve grammar, organization, and clarity, with the researcher maintaining full responsibility for reviewing, verifying, and finalizing the research content.

RESULTS AND DISCUSSION

Demographic Profile of Respondents in terms of: Age; Gender; Years of Work Experience; and Field of Specialization

The results (see Table 1) present the demographic profile of the 91 nurse respondents in terms of age, sex, years of work experience, and field of specialization. The findings reveal that the majority were relatively young, with 50 (54.9%) aged 21–30 years, predominantly female, with 60 (65.9%) respondents, and had 1–5 years of work experience, accounting for 61 (67.0%). In terms of specialization, most were engaged in medical/surgical nursing, comprising 55 (60.4%) respondents. These findings indicate that the study participants were largely early-career nurses (Nagai et al., 2022), suggesting the importance of continuous professional development, mentorship, and workplace support in strengthening their trainee characteristics and ability to transfer F-DAR training into actual clinical practice. The results are generally consistent with related studies highlighting the predominance of younger (Ahmedin et al., 2024) and female nurses and the importance of professional experience and organizational support in facilitating the application of learning in the workplace.

Table 1. The Demographic Profile of Respondents

Demographic Profile	Frequency	Percentage
Age:		
21 to 30	50	54.9
31 to 40	35	38.5
41 to 50	6	6.6
Total	**91**	**100%**
Sex:		
Male	31	34.1
Female	60	65.9
Total	**91**	**100%**
Years of Work Experience:		
1-5 yrs	61	67.0
6-10 yrs	15	16.5
11-15 yrs	12	13.2
16-20 yrs	3	3.3
Total	**91**	**100%**
Field of Specialization:		
Medical / surgical	55	60.4
Critical care	15	16.5
Others	21	23.1
Total	**91**	**100%**

Note: *n=91*

Level of Trainee Characteristics in terms of: Aptitude; Motivation; and Self-efficacy Pre-training

The results (see Table 2) present the level of trainee characteristics in terms of aptitude, motivation, and self-efficacy pre-training. The findings revealed an overall mean of 4.51 (SD = 0.56), interpreted as Very High, indicating that the respondents possessed favorable characteristics and readiness for training. Among the three dimensions, motivation obtained the highest mean of 4.58 (SD = 0.52), followed by self-efficacy pre-training with 4.50 (SD = 0.54), while aptitude received the lowest mean of 4.46 (SD = 0.60), although all were interpreted as Very High. These results suggest that nurses demonstrated strong willingness, confidence, and perceived capability to participate in training and apply their acquired knowledge and skills. The findings are supported by related studies emphasizing the importance of motivation, self-efficacy, and academic preparedness in facilitating training transfer. However, individual characteristics alone may not guarantee successful application of learning, highlighting the importance of effective training programs, mentorship, and workplace support in sustaining the transfer of F-DAR training into clinical practice.

Table 2. The Level of Trainee Characteristics

Indicators	Mean	SD	Interpretation
Aptitude	4.46	0.60	Very High
Motivation	4.58	0.52	Very High
Self-Efficacy Pre-Training	4.50	0.54	Very High
Overall	4.51	0.56	Very High

Note: 4.21-5.00---Very High ;3.41-4.20---High; 2.61-3.40---Moderate; 1.81-2.60---Low; 1.00-1.80---Very Low; SD- Standard Deviation; n=91

Level of Training Transfer Propensity in terms of: Motivation and Intent to use; Self-efficacy Post-training; and Workplace Support

The findings (see Table 3) revealed that the respondents demonstrated a Very High level of training transfer propensity, with an overall mean of 4.59 (SD = 0.54). Motivation and intent to use obtained the highest mean of 4.67 (SD = 0.49), followed by workplace support with 4.57 (SD = 0.56), while self-efficacy post-training recorded the lowest mean of 4.55 (SD = 0.56). Nevertheless, all dimensions were rated Very High, indicating that nurses were highly motivated, confident, and supported in applying their acquired knowledge and skills in clinical practice. These results suggest a strong readiness to transfer F-DAR training into actual workplace activities. However, sustaining this propensity requires continuous workplace support, adequate resources, and strategies to prevent burnout and strengthen nurses' confidence in applying their learning.

Table 3. The Level of Training Transfer Propensity

Indicators	Mean	SD	Interpretation
Motivation and Intent to Use	4.67	0.49	Very High
Self-Efficacy Post-Training	4.55	0.56	Very High
Workplace Support	4.57	0.56	Very High
Overall	4.59	0.54	Very High

Note: 4.21-5.00---Very High ;3.41-4.20---High; 2.61-3.40---Moderate; 1.81-2.60---Low; 1.00-1.80---Very Low; SD- Standard Deviation; n=91

Association Between Demographic Profile and Trainee Characteristics

The findings (see Table 4) revealed that there were no statistically significant associations between the respondents' demographic profiles and trainee characteristics, including age (p = .942), sex (p = .935), years of work experience (p = .832), and field of specialization (p = .588), since all p-values exceeded the .05 significance level. Although the Cramér's V coefficients ranged from .305 to .365, indicating varying observed magnitudes of association, none were statistically significant. Years of work experience obtained the highest coefficient (.365), while sex had the lowest (.305). Therefore, the null hypotheses were not rejected. These results suggest that nurses' aptitude, motivation, and self-efficacy do not significantly differ according to their age, sex, professional experience, or field of specialization.

Table 4. The Test of Association between the Demographic Profile and Trainee Characteristics

	Trainee Characteristics					
Demographic	**LR**	**df**	***p*-value**	**φ_c**	**Decision**	**Remarks**
Age	21.559	30	.942	0.346	Accept H_{01}	Not Significant
Sex	10.231	15	.935	0.305	Accept H_{01}	Not Significant
Years of Work	36.498	45	.832	0.365	Accept H_{01}	Not Significant
Specialization	27.664	30	.588	0.359	Accept H_{01}	Not Significant

Note: p<.05* (Significant); NS- Not Significant; df- degrees of freedom; LR/G^2- Likelihood Ratio; φ_c – Cramer's V; DV-Trainee Characteristics

Association Between Demographic Profile and Training Transfer Propensity

The findings (see Table 5) revealed that none of the respondents' demographic characteristics had a statistically significant association with training transfer propensity, including age (p = .939), sex (p = .990), years of work experience (p = .953), and field of specialization (p = .775), as all p-values exceeded the .05 significance level. Although Cramér's V coefficients ranged from .362 to .445, indicating varying observed magnitudes of association, none were statistically significant. Age obtained the highest coefficient (.445), followed by years of work experience (.396), sex (.380), and field of specialization (.362). Therefore, the null hypotheses were not rejected. These findings suggest that nurses' motivation, self-efficacy, and workplace support in applying acquired knowledge and skills are not significantly associated with their demographic profiles.

Table 5. The Test of Association between the Demographic Profile and Training Transfer Propensity

	Training Transfer Propensity					
Demographic Profile	**LR**	**df**	***p*-value**	**φ_c**	**Decision**	**Remarks**
Age	33.201	44	.939	0.445	Accept H_{02}	Not Significant
Sex	17.211	22	.990	0.380	Accept H_{02}	Not Significant
Years of Work	40.860	66	.953	0.396	Accept H_{02}	Not Significant
Specialization	31.191	38	.775	0.362	Accept H_{02}	Not Significant

Note: p<.05* (Significant); NS- Not Significant; df- degrees of freedom; LR/G^2- Likelihood Ratio; φ_c – Cramer's V; DV-Training Transfer Propensity

Relationship Between Trainee Characteristics and Training Transfer Propensity

The findings (see Table 6) revealed that all three trainee characteristics had strong, positive, and statistically significant relationships with training transfer propensity, with all p-values below .001. Pre-training self-efficacy showed the strongest relationship (r_s = .687), followed by aptitude (r_s = .678) and motivation (r_s = .671). Therefore, the null hypotheses were rejected. These results indicate that nurses with higher levels of confidence, ability, and motivation before training tended to demonstrate greater willingness and readiness to apply their acquired knowledge and skills in clinical practice. The findings highlight the importance of strengthening these trainee characteristics to improve the transfer of F-DAR training into actual workplace settings.

Table 6. The Test of Relationship Between Trainee Characteristics and Training Transfer Propensity

	Training Transfer Propensity			
Trainee Characteristics	**r_s**	***p*-value**	**Decision**	**Remarks**
Aptitude	.678	<.001	Reject H_{03}	Significant
Motivation	.671	<.001	Reject H_{03}	Significant
Pre-Training Self-Efficacy	.687	<.001	Reject H_{03}	Significant

Note: p<0.05* (Significant); r_s- Spearman's rho; IV- Trainee Characteristics; DV- Training Transfer Propensity

Trainee Characteristics Influencing Training Transfer Propensity

The findings (see Table 7) revealed that aptitude, training motivation, and pre-training self-efficacy were all significant positive predictors of training transfer propensity, with an overall R^2 of 0.6511, indicating that these three characteristics collectively explained 65.11% of the variability in training transfer propensity. Training motivation emerged as the strongest predictor (β = 0.286, p = .004), followed by pre-training self-efficacy (β = 0.224, p = .042) and aptitude (β = 0.219, p = .010). Since all predictors

were statistically significant at the .05 level, the corresponding null hypotheses were rejected. These results suggest that nurses who are motivated, confident, and possess the necessary aptitude are more likely to apply their acquired knowledge and skills in actual clinical practice. Thus, training programs should strengthen these characteristics to enhance the successful transfer of F-DAR training into the workplace.

Table 7: The Test of Influence of Trainee Characteristics on Training Transfer Propensity

TTP	Observed	Bootstrap	Z	*p*-value	Decision	Remarks
Mean TTP	4.604	0.044	105.030	0.000		
Effect						
APT	0.219	0.085	2.570	0.010	Reject H_{04}	Significant
TM	0.286	0.099	2.900	0.004	Reject H_{04}	Significant
PTSE	0.224	0.111	2.030	0.042	Reject H_{04}	Significant

Note: p<.05 *(Significant); R-squared= 0.6511; SE- Standard Error; IV- Trainee Characteristics: APT (Aptitude), TM (Training Motivation), PTSE (Pre-Training Self-Efficacy); DV- Training Transfer Propensity

SUMMARY OF FINDINGS

The study involved 91 randomly selected nurses from two hospitals using a quantitative, descriptive-correlational predictive design. Validated instruments, including the Learning Transfer System Inventory (LTSI) and Baldwin and Ford's (1988) Transfer of Training Model, measured trainee characteristics and training transfer propensity. Data analysis examined their relationships and predictive value. The findings are summarized as follows:

1. The demographic profile of nurses indicated that it was predominantly composed of relatively younger nurses in terms of age grouping (n=50, 54.9% aged 21 to 30), female respondents (n=60, 65.9%), and nurses with comparatively fewer years of professional experience (n=61, 67.0% with 1-5 years job tenure), and assigned to the medical-surgical fields (n=55, 60.4%).
2. The nurses demonstrated very high overall trainee characteristics (M=4.51, SD±0.56) with strongest motivation (M=4.58, SD±0.52) and self-efficacy pre-training (M=4.50, SD±0.54), yet showed relatively weaker aptitude (M=4.46, SD±0.60).
3. The training transfer propensity was also very high (M=4.59, SD±0.54), with very strong emphasis on motivation and intent to use (M=4.67, SD±0.49), yet with weak training transfer propensity on workplace support (M=4.57, SD±0.56) and self-efficacy and post-training (M=4.55, SD±0.56).
4. Trainee characteristics is not associated with age (p=.942), sex (p=.935), years of work experience (p=.832), and field of specialization (p=.588).
5. Training transfer propensity is also not associated with age (p=.939), sex (p=.990), years of work experience (p=.953), and field of specialization (p=.775).
6. The domains of trainee characteristics – aptitude (p<.001, r=.678), motivation (p<.001, r=.671), and pre-training self-efficacy (p<.001, r=.687) – showed high correlation with training transfer propensity (p<.001, r=.6511).
7. The domains of trainee characteristics – aptitude (p=.010, B=.219), training motivation (p=.004, B=.286), and pre-training self-efficacy (p=.042, B=.224) – significantly influence training transfer propensity with training motivation as the most significant predictor.

CONCLUSION

This section presents conclusions on nurses' trainee characteristics and their propensity to apply learning from F-DAR training in clinical practice, highlighting implications for nursing practice, staff development, and effective documentation.

1. The respondents were mostly younger, female nurses with relatively few years of professional experience.
2. The nurses were well prepared for training, with strong motivation and self-belief as their main strengths, so aptitude is the area to keep improving.
3. The nurses were ready to apply F-DAR in practice, especially through their intent to use it, so their workplace support and post-training confidence should be maintained to sustain that readiness.
4. Trainee characteristics did not significantly differ by age, sex, years of work experience, or field of specialization.
5. Training transfer propensity likewise did not significantly differ by age, sex, or years of work experience.
6. Improving the aptitude, motivation, and pre-training self-efficacy strongly and positively improve the training transfer propensity of the nurses.
7. Aptitude, training motivation, and pre-training self-efficacy each significantly predicted training transfer propensity, with training motivation as the strongest predictor.

The study recommends sustained, workplace-supported F-DAR training through regular refresher courses, mentorship, feedback, and monitoring. Nurses should consistently apply F-DAR documentation, while nurse managers and educators strengthen motivation, skills, and confidence through guidance and practical training. Hospital administrators should provide adequate resources, supervision, and opportunities to apply learning. Training and quality assurance committees should conduct regular audits and follow-up assessments, while government agencies promote standardized continuous training. Future researchers should explore larger samples, diverse healthcare settings, and additional factors such as workload, leadership, and organizational support. Overall, strengthening nurses' motivation, aptitude, and self-efficacy alongside institutional support is essential for effective training transfer.

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