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CHALLENGES ENCOUNTERED BY CLINICAL INSTRUCTORS IN HANDLING NURSING STUDENTS IN CLINICAL AREAS TOWARDS ENHANCING RELATED LEARNING EXPERIENCE

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ABSTRACT

Clinical education serves as the bedrock of professional nursing education, theory-to-practice integration, and professional practice. The research under study aimed to identify the challenges of clinical instructors in handling nursing students during their clinical exposure at different clinical areas, such as hospital institutions, clinics, and community immersions. This study utilized a quantitative research approach, specifically the descriptive research design. The population of the study consisted of 110 full-time and part-time clinical instructors. There were 67 clinical instructors in the **private college** and 43 clinical instructors in the **public university** as of 2024-2025. The researcher utilized a total enumeration to include the entire population. The data collected were analyzed using statistical tools: frequency counts and percentages, mean, Kruskal-Wallis H Test, and Mann-Whitney U Test. The results revealed that challenges were commonly associated with student-related factors, instructor-related responsibilities, and the working environment. Issues such as students' preparedness, managing diverse learning needs, balancing teaching and clinical duties, and environmental limitations were evident. These findings imply that challenges in clinical instruction are multifaceted and systemic, requiring coordinated efforts from educational institutions and clinical agencies to improve the overall clinical learning environment. With regard to the strategies used by clinical instructors to overcome these challenges, the findings showed that instructors consistently employed various adaptive and supportive strategies. These included mentoring, effective communication, flexible teaching approaches, continuous professional development, and resourceful management of the clinical environment. This implies that clinical instructors are proactive and resilient in addressing difficulties,

highlighting their critical role in sustaining effective clinical education despite existing constraints.

Keywords: *challenges, nursing students, clinical instructors, clinical areas, Related Learning Experience*

INTRODUCTION

A Related Learning Experience (RLE) is the actual exposure of students, facilitated by their clinical instructors, to various facilities where they can gain nursing skills and knowledge. RLE is critical to learners and instructors because it deals with a lot of concepts that prepare students to become involved in the nursing world gradually. The University of Santo Tomas- College of Nursing (2024) states that the Bachelor of Science in Nursing (BSN) in the Philippines is a four-year curriculum including general education and professional courses. Professional courses, emphasizing nursing ideas with Related Learning Experiences (RLE), are integrated from the first year to the fourth year.

Challenges are defined as the problems that arise during the teaching- learning process in the clinical areas, usually observed by clinical educators. Clinical educators in nursing face many challenges (Wiley, 2021). Tadesse (2024) identified numerous challenges in clinical education, such as inadequate medical equipment, minimal incentives, repetitive clinical sites, suboptimal clinical practice environments, insufficient communication from instructors, skill attrition, lack of orientation for both instructors and students, inappropriate client/patient behavior, uncooperative healthcare personnel, and inadequate collaboration from universities.

Paragas (2020) emphasized that the competence of nursing students is closely tied to the proficiency and teaching effectiveness of their clinical instructors. When instructors are overwhelmed or unsupported, it may negatively affect their ability to mentor, assess, and guide students effectively. Moreover, clinical instructors significantly influence students' confidence and self-efficacy during clinical rotations, reinforcing the importance of addressing the challenges they face.

Research Questions

1. What is the profile of the clinical instructors in terms of:
    - Age
    - Sex
    - Civil Status.
    - Highest Educational Attainment
    - Year of Experience as Clinical Instructor; and
    - School?
2. What are the challenges encountered by clinical instructors in handling nursing students in clinical areas related to:
    - Students;

Clinical Instructors; and
Working Environment?

3. What are the strategies used by the clinical instructors to overcome these challenges?
4. Is there a significant difference on the challenges encountered by clinical instructors in handling nursing students when grouped according to profile?
5. Is there a significant difference on the strategies used by the clinical instructors to overcome challenges when grouped according to profile?

METHODOLOGY

The researcher sought to identify the challenges encountered by clinical instructors in handling nursing students in clinical areas. This study utilized a quantitative research approach, specifically the descriptive research design. The descriptive survey design was used to identify and describe the characteristics of the target population, as it gathers data to address various questions regarding what, when, and how concerning a specific group or population. According to Siedlecki (2020), descriptive research is a method that aims to describe the characteristics of a population or phenomenon being studied. This approach emphasizes the "what" of the research subject rather than the "why." Moreover, the primary purpose of descriptive research is to describe individuals, events, or conditions by examining them as they naturally occur (Siedlecki, 2020).

The study was conducted at a private college and a public university in Isabela, which offer nursing programs. The selected private college is located in Santiago, Isabela, Philippines. It offers Basic Education and Higher Education. It was founded in 1941. The College of Nursing was established in 2003, aiming to nurture future nurses in response to the country's rising demand for healthcare delivery. The Bachelor of Science in Nursing Program has the purpose of developing a professional nurse who can assume entry-level positions in health facilities or community settings. Meanwhile, the chosen public university was located in Echague, Isabela.

The respondents of the study were the clinical instructors of the said schools. This included full-time and part-time clinical instructors, regardless of their years of experience, who were currently having clinical duties in the hospital and were engaged in community immersions. They were the major contributors to gathering information about the research understudy. The population of the study consisted of 110 full-time and part-time clinical instructors. There were 67 clinical instructors in the private college and 43 clinical instructors in the public university as of 2024-2025. The researcher utilized a total enumeration to include the entire population. Although only 38 out of 43 clinical instructors from the private university opted to answer the survey questionnaire. Hence, only 105 served as the respondents.

The researcher utilized a survey questionnaire to collect the needed data. The questionnaire consisted of three (3) parts. Part 1: Profile of the Respondents. This part comprised the demographic data of the respondents in terms of age, sex, civil status,

highest educational attainment, years of experience as a clinical instructor, and school. Part 2: Challenges Encountered by Clinical Instructors. This section contained the extent of the challenges experienced by clinical instructors in handling nursing students, dealing with challenges themselves, and managing the environment in which they worked. The survey questionnaire was adapted (slightly modified) from the study of Eta et. al. (2011) with a title of "Nurses and Challenges Faced as Clinical Educators: A Survey of a Group of Nurses in Cameroon." This consists of 30 items on a 4-point scale. The response from each item ranged from 4-Strongly Agree, 3-Agree, 2-Disagree, and 1-Strongly Disagree. Part 3: Strategies Used by Clinical Instructors. This part of the questionnaire enumerated the strategies or interventions performed by clinical instructors to address the challenges encountered during clinical exposure. The survey questionnaire was also adapted (slightly modified) from the study of Eta et. al., (2011) with a title of "Nurses and Challenges Faced as Clinical Educators: A Survey of a Group of Nurses in Cameroon." This consists of 30 items on a 4-point scale. The response from each item ranged from Never Employed=1, Rarely Employed=2, Often Employed=3, and Always Employed=4. The research instrument underwent a rigorous validation and reliability testing approach to assure validity and reliability. Content validity was confirmed by a panel of experts in nursing education and clinical practice who evaluated the questionnaire.

The experts evaluated the instrument's ability to comprehensively include the targeted constructs, confirming that the items were pertinent, lucid, and congruent with the research aims. In accordance with their input, essential suggestions were incorporated to enhance the clarity and relevance of the questions. The result of 3.54 showed that the tool was valid. Additionally, a pilot study was performed including ten (10) Clinical Instructors who were excluded from the main sample. The objective of this pre-testing was to assess the comprehensibility, clarity, and readability of the questionnaire questions. The reliability of the questionnaire was evaluated by Cronbach's alpha, a recognized statistical approach for assessing the interrelatedness of a collection of questions as a collective unit. The instrument attained Cronbach's alpha rating of 0.91, indicating "high reliability." This signified a strong degree of internal consistency across the questionnaire questions, implying that the instrument provided reliable findings across various situations and respondents. After securing approval to conduct the study from the Dean of the College of Nursing at Northeastern College and Isabela State University–Echague Campus, the researcher proceeded with the data collection phase.

A survey questionnaire was created using Google Forms to ensure an efficient and accessible means of gathering data. The survey link was disseminated to the selected respondents through official platforms, including messaging applications and class group chats. Before distributing the questionnaire, the respondents were informed about the purpose of the study, assured that their responses would be kept confidential, and provided with clear instructions on how to complete the survey. The participants were allotted 3-4 weeks to complete the online questionnaire. Throughout this period, the researcher remained available to respond to questions and provide clarifications to prevent misunderstandings and ensure accurate responses. Reminder messages were also sent midway through the data collection period to increase participation and improve the response rate. After the data collection period ended, the responses automatically

generated by Google Forms were retrieved by the researcher. The data were carefully checked for completeness and accuracy before being downloaded and organized for analysis. The collected information was then subjected to appropriate statistical analysis to meet the objectives of the study.

The results were tallied, tabulated, analyzed, and interpreted, serving as the basis for the study's conclusions and recommendations. The collected data were analyzed using statistical tools to address the study's problem, and the results were presented in both tabular and textual formats. These are the statistical tools used:1. Frequency Counts and Percentage. This was used to analyze and present the profile of the respondents. 2. Mean. This was utilized to determine the challenges encountered by clinical instructors in handling nursing students in clinical areas and identify the strategies or interventions to prevent these problems. 3. Kruskal-Wallis H Test. This was used to determine whether there were any statistically significant differences in the challenges encountered by clinical instructors in handling nursing students when grouped according to their profile. 4. Mann-Whitney U Test. This was conducted to establish the significant differences in the challenges encountered by clinical instructors when handling nursing students grouped according to their profiles.

RESULTS

Part 1. The Demographic Profile of the Clinical Instructors

Table 1

Distribution of the Clinical Instructors according to their Demographic Profile

Age	Frequency	Percentage
21-30	14	13.3
31-40	70	66.7
41-50	7	6.7
51 years old and above	14	13.3
Total	105	100
Sex	**Frequency**	**Percentage**
Male	39	37.1
Female	66	62.9
Total	105	100
Civil Status	**Frequency**	**Percentage**
Single	47	44.8
Married	58	55.2
Total	105	100
Highest Educational Attainment	**Frequency**	**Percentage**
College Graduate	38	36.2
Master's Degree	67	63.8
Total	105	100

Years of Experience	Frequency	Percentage
Less than 1 year	30	28.6
1-3 years	49	46.7
4-6 years	12	11.4
7 years and above	14	13.3
Total	105	100
School	**Frequency**	**Percentage**
Public	38	36.2
Private	67	63.8
Total	105	100

As shown in Table 1, the majority of respondents, 70 or 66.7% fall within the 31–40 age range, a period typically marked by professional maturity yet also competing personal and family responsibilities. This suggests that most CIs are in their prime working years, balancing both the physical demands of hospital-based teaching and the emotional demands of guiding novice nursing students. Meanwhile, there were 7 individuals, representing 6.7%, are aged 41-50. This implies that these CIs may experience challenges related to adapting to modern pedagogical strategies, technology integration, and maintaining stamina in a fast-paced hospital environment. This age distribution highlights that challenges are not uniform—rather, they vary with life stage and career stage.

In terms of their sex, the data show a female-dominated workforce with 66 or 62.9%, consistent with the overall gender distribution in nursing. This gender imbalance can present challenges in terms of work-life balance, particularly for female instructors who may also bear primary caregiving roles at home. Additionally, while male CIs with 39 or 37.1% bring diversity to the teaching field, they may face different challenges, such as navigating gender expectations in a predominantly female profession. This dynamic could influence how both male and female instructors manage clinical stress, authority in the ward, and interaction with hospital staff and students.

The near balance between married CIs comprising of 58 or 55.2% and single CIs with 47 or 44.8% indicates varied challenges. Married CIs, often managing family responsibilities alongside professional duties, may struggle with time constraints, fatigue, and role conflicts. Single instructors, while potentially having more flexibility, may face pressures related to professional advancement and workload distribution. Both groups, however, face the shared challenge of balancing personal and professional demands, which can affect their capacity to provide consistent guidance to students in the clinical area.

As to their highest educational attainment, the majority have a Master's Degree, with 67 or 63.8%, while there are 38 or 36.2% who are college graduates. This indicates that while many teachers possess academic qualifications, a considerable percentage lack additional graduate education. This disparity may affect the confidence of clinical instructors in teaching, clinical decision-making, and managing difficult student concerns in the clinical setting. Individuals lacking post-graduate education may experience

constraints in implementing evidence-based strategies and may predominantly depend on conventional instructional methods, potentially hindering their adaptability in tackling challenges such as critical thinking enhancement, competency assessment, and clinical reasoning in students.

As to their years of experience, most of the respondents are working as Clinical Instructors for 1 – 3 years, with 49 or 46.7%. Only 12 or 11.4% are working as CIs for 4-6 years, meaning that fewer instructors can provide long-term mentorship or serve as role models for best practices in clinical teaching. This finding is crucial, as inexperience is directly linked to difficulties in evaluation, feedback delivery, and the management of students who may exhibit anxiety or resistance during clinical duties.

Lastly, as to the school where they are affiliated with, most of them are employed in private schools, with 67 or 63.8% while there are 38 or 36.2% who are employed in public schools. This distinction is significant because private and public schools often differ in terms of resources, student-to-instructor ratios, and institutional support. CIs from private schools may face challenges related to higher expectations from parents and administrators, while those from public schools may encounter issues of overcrowding, limited clinical placements, and fewer teaching resources. Regardless of affiliation, both groups may struggle with aligning hospital policies with academic requirements, managing large student groups, and ensuring quality clinical learning experiences.

Part 2. The Challenges faced by Clinical Instructors in Handling Nursing Students in the Clinical Area

2.1 Students

Table 2

Challenges faced by Clinical Instructors in Handling Nursing Students in Clinical Areas Related to Students

	Statements	Mean	Interpretation
1	Less than average students' preparedness for clinical learning	2.88	Often a Challenge
2	Students do not take clinical learning seriously	2.64	Often a Challenge
3	Dissatisfaction with the duration of students' placement	2.71	Often a Challenge
4	Dissatisfaction with the number of supervisees	2.41	Occasionally a Challenge
5	Students' irregular attendance during clinical placements	2.49	Occasionally a Challenge
6	Lack of respect for staff	2.22	Occasionally a Challenge

7	Students not willing to learn	2.40	Occasionally a Challenge
8	Lack of orientation before clinical placement	2.23	Occasionally a Challenge
9	Students lack basic knowledge and skills	2.59	Often a Challenge
10	Late arrival on the part of the students	2.62	Often a Challenge
	Grand Mean	2.52	Often a Challenge

As shown in the table, “Less than average students’ preparedness for clinical learning” got the highest mean of 2.88. This reflects the persistent issue of students entering clinical settings with inadequate knowledge, skills, or professional attitudes. From the student perspective, this lack of preparedness could stem from gaps in classroom instruction, insufficient practice in skills laboratories, or poor study habits. Such unpreparedness not only hampers students’ own learning but also poses a direct challenge to instructors, who must spend additional time and effort compensating for deficits. Students may become overly dependent on instructors, unable to perform even basic nursing tasks confidently, and less capable of integrating theory into practice. This situation highlights that students’ insufficient preparation does not remain their burden alone—it significantly shapes the workload, stress, and teaching strategies of clinical instructors. The lowest mean is “Lack of orientation before clinical placement” with 2.23 which implies the absence of proper orientation still presents a significant challenge. Students who are unfamiliar with hospital policies, ward routines, or expectations of conduct may appear lost, hesitant, or overly reliant on instructors for basic guidance. For clinical instructors, this translates to wasted time clarifying administrative and procedural matters rather than focusing on higher-level clinical teaching. It also increases the risk of student errors or breaches in hospital protocol, for which the CI is often held accountable. This finding suggests that inadequate student orientation amplifies the challenges CIs face in managing students’ integration into real clinical environments.

The findings demonstrate that clinical instructors identify students as a central source of challenges in the clinical area as shown by a grand mean of 2.52 suggesting that student-related factors occur frequently enough to disrupt effective clinical teaching. Students’ readiness, attitudes, and learning conditions directly shape the teaching challenges experienced by clinical instructors.

2.2 Clinical Instructors

Table 3

Challenges Faced by Clinical Instructors in Handling Nursing Students in Clinical Areas Related to Clinical Instructors

	Statements	Mean	Interpretation
1	No opportunities for updates of knowledge and skills	2.41	Occasionally a Challenge

2	Difficulty in clinical teaching and supervision	2.19	Occasionally a Challenge
3	Not being prepared for clinical teaching	2.10	Occasionally a Challenge
4	Lack of working materials	2.31	Occasionally a Challenge
5	Dissatisfaction with knowledge update	2.26	Occasionally a Challenge
6	Lack of financial incentives	2.57	Often a Challenge
7	High student-to-instructor ratios	2.47	Occasionally a Challenge
8	Personal time management issues	2.42	Occasionally a Challenge
9	Managing diverse student learning needs	2.74	Often a Challenge
10	Balancing clinical responsibilities with teaching duties	2.70	Often a Challenge
	Grand Mean	2.42	Occasionally a Challenge

Table 3 shows that “Managing diverse student learning needs” has the highest mean of 2.74 and is often a challenge. This result shows that CIs frequently struggle to accommodate the wide range of student learning styles, abilities, and levels of preparedness. From the perspective of the CI, this diversity requires constant adaptation—some students may need more guidance and supervision, while others seek more autonomy and advanced challenges. This balancing act can be exhausting, as instructors must avoid favoring certain students while ensuring that everyone meets clinical objectives. The challenge also stems from large student-to-instructor ratios, which limit the instructor’s ability to provide individualized teaching. As a result, CIs may experience frustration, role strain, or a sense of inadequacy when they cannot fully address each student’s unique learning needs, thus making their own teaching performance a challenge to manage.

Meanwhile, “Not being prepared for clinical teaching” with mean of 2.10 got the lowest mean. This suggests that most clinical instructors feel adequately prepared for teaching, with only occasional instances of insecurity or lack of readiness. While this is a positive finding, it does not eliminate the fact that some instructors—particularly those new to the role or without advanced educational training—may still feel unprepared for the complexities of clinical instruction. This occasional lack of preparedness can manifest as difficulty in lesson planning, evaluation of student performance, or integration of theory with practice. When this occurs, instructors themselves become a challenge, as their uncertainty can affect students’ confidence and learning outcomes.

The grand mean of 2.42 indicates that such issues occur occasionally but are nonetheless relevant. While student-related and work-related factors are often emphasized, these data highlight that CIs’ own professional capacities, responsibilities,

and preparedness directly affect the quality of clinical instruction and their ability to handle students effectively.

2.3 Working Environment

Table 4

Challenges Faced by Clinical Instructors in Handling Nursing Students in Clinical Areas Related to Working Environment

	Statements	Mean	Interpretation
1	Insufficient equipment and supplies	2.56	Often a Challenge
2	Lack of clinical staff supervision	2.24	Occasionally a Challenge
3	Limited time for clinical teaching	2.47	Occasionally a Challenge
4	Overcrowding and lack of space	2.70	Often a Challenge
5	Poor physical environment	2.55	Often a Challenge
6	Lack of support from clinical staff	2.28	Occasionally a Challenge
7	Uncooperative patients or clients	2.67	Often a Challenge
8	Poor communication between the school and hospitals	2.40	Occasionally a Challenge
9	Lack of administrative support and unclear institutional policies	2.45	Occasionally a Challenge
10	Limited clinical resources	2.47	Occasionally a Challenge
	Grand Mean	2.48	Occasionally a Challenge

The table reflects that “Overcrowding and lack of space” got the highest mean of 2.70. This factor is considered the most pressing challenge in the working environment. Overcrowded clinical areas limit opportunities for students to practice skills and compromise patient privacy. For CIs, this creates difficulty in assigning cases, monitoring student performance, and ensuring safety. Lack of space also restricts meaningful one-on-one supervision, forcing instructors to divide their attention among multiple students in cramped or busy areas. This can lead to stress, inefficiency, and potential safety risks for both students and patients. Such physical constraints hinder the instructor’s ability to provide quality clinical teaching, thereby making the environment itself a barrier to effective learning.

Meanwhile, “Lack of clinical staff supervision” got the lowest mean of 2.24. This suggests that inadequate support from hospital staff is less frequently a challenge compared to the other two. While occasionally, this issue still matters: if staff nurses or allied professionals are not cooperative or available, instructors may find themselves solely responsible for both patient care and student supervision. This lack of support

increases the workload of CIs, leaving them with limited time to provide individualized guidance to students. It also heightens the risk of burnout when clinical teaching duties are not complemented by a supportive clinical team.

The grand mean of 2.48 implies that the working environment is occasionally a challenge to the respondents. While these challenges are not constant, they occur often enough to affect instructors' ability to supervise and facilitate student learning effectively. The three areas identified—overcrowding and lack of space, uncooperative patients or clients, and lack of clinical staff supervision—highlight how the physical and social conditions of the clinical setting shape the difficulties encountered by CIs.

2.4 Summary of the Challenges Faced by Clinical Instructors in Handling Nursing Students in Clinical Areas

Table 5

Summary of the Challenges Faced by Clinical Instructors in Handling Nursing Students in Clinical Areas

Category	Mean	Interpretation
Students	2.52	Often a Challenge
Clinical Instructors	2.42	Occasionally a Challenge
Working Environment	2.48	Occasionally a Challenge
Overall Mean	2.47	Occasionally a Challenge

As shown in Table 5, the respondents claim that the students are often a challenge, with the highest mean of 2.52 among the three variables. This finding shows that student-related factors—such as lack of preparedness, dissatisfaction with clinical placement duration, and insufficient orientation—create additional burdens for CIs. From the perspective of the research problem, this aligns with the reality that clinical instructors are often responsible for bridging gaps in students' readiness, ensuring patient safety, and motivating learners in a demanding environment. Thus, the challenges posed by students reflect not just on learners' deficits but also on the instructors' need to extend more time, effort, and emotional energy to manage them effectively.

With the lowest mean of 2.42, the findings suggest that instructors themselves are less frequently a challenge, though still occasionally so. Issues such as managing diverse learning needs, balancing clinical and teaching responsibilities, and occasional lack of preparedness highlight that instructors are not immune to difficulties arising from their own professional capacities. This dimension points to the need for ongoing professional development, mentorship, and workload management to help CIs strengthen their role. While less problematic compared to students or the environment, it remains an important factor to address for overall improvement in clinical teaching.

The overall findings show that the challenges faced by clinical instructors in handling students in the clinical area are moderate in nature, with an overall mean of 2.47, interpreted as "occasionally a challenge." This indicates that while these difficulties are

not constant, they occur frequently enough to disrupt the teaching-learning process in clinical settings. The results also provide a hierarchy of challenges, highlighting students as the most significant source, followed by the working environment, and finally, the instructors themselves.

Part 3. The Strategies Used by the Clinical Instructors to Overcome the Challenges they face.

3.1 Students

Table 6

Strategies Used by the Clinical Instructors to Overcome the Challenges Related to the Students

	Strategies	Mean	Interpretation
1	Using varied teaching methods like demonstrations, simulations, case discussions, and reflective questioning	3.55	Always Employed
2	Providing clear guidelines, structured orientation, and continuous feedback	3.50	Always Employed
3	Establishing open, respectful, and consistent communication	3.59	Always Employed
4	Offering constructive feedback and active listening to address student concerns	3.66	Always Employed
5	Encouraging students through positive reinforcement	3.67	Always Employed
6	Acting as a mentor by offering personal guidance, stress management tips, and professional role modeling	3.68	Always Employed
7	Delegating appropriate responsibilities and organizing clinical activities to maximize student learning	3.53	Always Employed
8	Addressing student misconduct, disrespect, or irregularities early with clear, professional interventions.	3.62	Always Employed
9	Adjusting teaching approaches based on the students' levels, the clinical setting, and available resources.	3.57	Always Employed

10	Being flexible with clinical schedules and learning activities to accommodate different learning paces.	3.60	Always Employed
	Category Mean	3.60	Always Employed

As reflected on Table 6, “Acting as a mentor by offering personal guidance, stress management tips, and professional role modeling” is “Always Employed” by the respondents with the highest mean of 3.68. Acting as mentors allows CIs to go beyond technical instruction and address the holistic development of students—guiding them personally, emotionally, and professionally. By offering stress management tips, instructors help students cope with the anxieties of clinical practice, which often manifest as a lack of confidence, hesitancy, or errors.

The lowest mean is reflected in the item “Providing clear guidelines, structured orientation, and continuous feedback” with 3.50, and interpreted as “Always Employed.” Establishing clear expectations and structured orientation reduces confusion and helps students adapt faster to clinical routines. Continuous feedback ensures that mistakes are corrected promptly, preventing repeated errors and improving competence over time. For CIs, this strategy addresses one of the key challenges—students’ lack of preparedness—by systematically guiding them and reinforcing correct practices. The lower ranking compared to mentoring and encouragement may reflect that while guidelines and feedback are crucial, CIs may prioritize emotional support and role modeling when handling student challenges.

The category mean of 3.60 and interpreted as “always employed’ implies that clinical instructors employ a range of strategies to address the challenges students bring into the clinical area. This demonstrates that CIs are proactive and consistent in applying coping and teaching strategies to ensure that student learning continues despite difficulties in preparedness, motivation, and adaptation.

3.2 Clinical Instructors

Table 7

Strategies Used by the Clinical Instructors to Overcome the Challenges Related to the Clinical Instructors

	Strategies	Mean	Interpretation
1	Improvising simple models, charts, and visual aids from available resources to simulate clinical procedures and concepts	3.50	Always Employed
2	Reading updated guidelines, best practices, and teaching techniques related to clinical education	3.65	Always Employed

3	Seeking mentorship and peer support from experienced clinical educators	3.37	Always Employed
4	Identifying and training student leaders or mentors within the group can help distribute the responsibility of supervising smaller groups of students	3.50	Always Employed
5	Advocating for institutional support, including reasonable teaching loads and access to teaching resources	3.40	Always Employed
6	Adapting teaching methods to accommodate diverse learning styles	3.45	Always Employed
7	Implementing stress management techniques, such as time management strategies and mindfulness practices	3.44	Always Employed
8	Engaging in self-reflection and seeking feedback from colleagues to improve clinical teaching practices.	3.31	Always Employed
9	Creating a daily or weekly schedule with dedicated time slots for clinical teaching, administrative tasks, meetings, and self-care	3.32	Always Employed
10	Continuously updating teaching skills through seminars, workshops, or peer discussions	3.37	Always Employed
	Category Mean	3.43	Always Employed

Table 7 reflects that “Reading updated guidelines, best practices, and teaching techniques related to clinical education” is Always Employed with the highest mean of 3.65. This strategy shows that CIs place strong emphasis on continuous learning and professional development. By staying updated with guidelines and innovations in clinical teaching, instructors ensure that their practice remains evidence-based and aligned with current standards in nursing education.

This directly addresses the challenge of “not being prepared for clinical teaching,” as familiarity with updated methods enhances confidence, improves teaching strategies, and reduces anxiety in handling diverse student needs. From the research problem’s perspective, this shows that instructors are not passive recipients of challenges—they

actively strengthen their competence to provide students with relevant, effective clinical learning experiences.

The lowest mean is “Engaging in self-reflection and seeking feedback from colleagues to improve clinical teaching practices” with a mean of 3.31. This indicates that while self-reflection and peer feedback are employed, they are less emphasized compared to other strategies. This could be due to time constraints, heavy workloads, or lack of a structured culture of feedback among faculty. However, when used, this strategy is highly valuable: it allows instructors to critically assess their teaching methods, identify areas for improvement, and adopt best practices from peers. This directly addresses the internal challenges instructors face, such as self-doubt, balancing roles, and adapting to diverse student needs. Though rated lowest, the use of reflective practice and peer feedback remains crucial in long-term professional growth, reducing the recurrence of instructor-related challenges.

The findings reveal that clinical instructors are proactive in addressing the personal and professional challenges they face in the clinical area, with a category mean of 3.43, interpreted as “always employed.” This suggests that despite occasional role strain, competing responsibilities, and the need for adaptability, instructors actively utilize strategies to strengthen their teaching effectiveness and reduce barriers to student learning. Clinical instructors recognize their own limitations but employ effective, student-centered strategies to overcome them. This proactive approach ensures that challenges related to the instructors themselves do not become barriers to students’ clinical learning, thereby reinforcing the vital role of CIs as adaptive, reflective, and innovative educators.

3.3 Working Environment

Table 8

Strategies Used by the Clinical Instructors to Overcome the Challenges Related to the Working Environment

	Strategies	Mean	Interpretation
1	Using available resources in multiple ways, such as repurposing tools for various clinical tasks and demonstrations	3.49	Always Employed
2	Focusing on the most essential clinical skills and competencies during limited clinical teaching time	3.49	Always Employed
3	Assigning preparatory work (such as reading materials or video tutorials) before clinical sessions for students	3.36	Always Employed

4	Reorganizing the available space to maximize its use, creating designated areas for different activities	3.44	Always Employed
5	Dividing students into smaller groups for clinical activities allows for more personalized instruction and better management of limited space	3.47	Always Employed
6	Using movable partitions and collapsible equipment to make a space more flexible and functional for clinical teaching	3.16	Often Employed
7	Establishing a strong therapeutic relationship by taking the time to listen to patients and addressing their concerns helps build trust	3.61	Always Employed
8	Attending regular meetings or check-ins among the clinical instructor, hospital supervisor, and school representative allows for the sharing of information	3.21	Often Employed
9	Attending joint orientation programs for both students and clinical staff	3.30	Always Employed
10	Encouraging students to participate in the management and care of clinical resources actively	3.70	Always Employed
	Category Mean	3.42	Always Employed

As revealed in Table 8, the highest mean among the strategies which is always employed by the Clinical Instructors in overcoming the challenges related to the work environment is “Encouraging students to participate in the management and care of clinical resources actively” with a mean of 3.70 reflects the instructors’ emphasis on shared responsibility and resource stewardship. By involving students in managing available supplies, equipment, and materials, CIs not only maximize limited resources but also cultivate accountability and practical resource-management skills among learners. This strategy is particularly significant in environments characterized by overcrowding and scarcity, as it transforms environmental constraints into opportunities for experiential learning and instills habits of resource consciousness—an essential competency in nursing practice.

Lastly, "Using movable partitions and collapsible equipment to make a space more flexible and functional for clinical teaching" got the lowest mean of 3.16. This suggests that while structural adjustments to space are recognized as helpful, they are less consistently applied. This may be due to logistical or institutional constraints, such as a lack of budget or autonomy to modify facilities, which limit the feasibility of such interventions. Nonetheless, the presence of this strategy indicates awareness of the impact of overcrowding and space limitations, even if practical implementation remains inconsistent.

The category mean of 3.42 implies that Clinical Instructors (CIs) consistently employ various strategies to overcome the challenges posed by their working environment. This finding demonstrates that despite systemic and structural barriers such as overcrowded wards, limited space, uncooperative patients, or inadequate resources, instructors actively seek solutions to ensure that clinical teaching remains effective and meaningful. The high overall rating suggests that CIs adopt a proactive and adaptive approach to their environment rather than being passive recipients of institutional limitations. For instance, encouraging students to actively participate in managing clinical resources not only lessens the burden of resource scarcity but also instills professional values of accountability and stewardship among learners. Similarly, building strong therapeutic relationships with patients allows instructors to mitigate issues of patient resistance, transforming a potential barrier into an opportunity to model communication and empathy—skills that are central to nursing practice. Even strategies that may be constrained by logistics, such as reconfiguring space through movable partitions or collapsible equipment, reflect the instructors' resourcefulness in attempting to adapt the environment to teaching needs.

The challenges encountered by Clinical Instructors (CIs) in handling students during clinical placement arise from three primary domains: the students themselves, the clinical instructors, and the working environment. Each domain presents unique difficulties; however, the results also highlight the adaptive strategies employed by CIs to address these barriers and maintain the quality of clinical teaching.

3.4 Summary of Strategies Used by the Clinical Instructors to Overcome The Challenges

Table 9

Summary of the Strategies Used by the Clinical Instructors to Overcome the Challenges

Category	Mean	Interpretation
Students	3.60	Always Employed
Clinical Instructors	3.43	Always Employed
Working Environment	3.42	Always Employed
Overall Mean	3.48	Always Employed

As shown in Table 9, the student-related strategies had the highest mean of 3.60, which implies that the Clinical Instructors always employ strategies to manage or support students—perhaps by enhancing learning, communication, or motivation. It is likewise noted that Instructor-related strategies, with mean of 3.43 and Working Environment strategies with mean of 3.42 also fall under "Always Employed," but their slightly lower means suggest they are used consistently, though not as frequently as student-related strategies. The findings indicate that Clinical Instructors (CIs) emphasize student-related strategies in handling nursing students, demonstrating their acknowledgment of the learner as the focal point of the clinical teaching-learning process. By prioritizing strategies that improve students' clinical proficiency, maintain their motivation, and promote effective communication, CIs exhibit a learner-centered approach that guarantees students are guided, supported, and empowered to thrive in the challenging clinical setting. This prioritization shows the conviction that meeting students' urgent learning requirements is essential for surmounting the hurdles inherent in clinical education.

The overall mean of 3.48 which is interpreted as "Always Employed" implies that the clinical instructors use different strategies to face the challenges in the area. The findings suggest that clinical instructors consistently utilize a range of strategies to address challenges encountered in the clinical learning environment. This finding implies that CIs demonstrate adaptability and intentionality in their teaching practices, employing varied approaches that not only support students' learning but also ensure the smooth conduct of clinical instruction. The consistent use of such strategies reflects a proactive orientation among CIs, wherein they prioritize student-centered interventions while also integrating instructor-related and environment-related approaches as necessary. Consequently, this highlights the critical role of strategic teaching in bridging the gap between theoretical knowledge and clinical practice, thereby fostering students' competence, confidence, and professional growth.

Part 4. Test of Significant Difference on the Challenges Encountered by Clinical Instructors in Handling Nursing Students when Grouped According to Profile

4.1 Age

Table 10

Differences in the Challenges Encountered by the Clinical Instructors in Handling Nursing Students when grouped according to Age

Age Students	N	Mean Rank	H Test	Df	p-value
21-30	14	62.43	4.686	3	0.34
31-40	70	55.37			
41-50	7	53.00			
51 years old and above	14	31.71			
Age Clinical Instructors	**N**	**Mean Rank**	**H Test**	**Df**	**p-value**

21-30	14	59.79	1.389	3	0.71
31-40	70	53.26			
41-50	7	48.79			
51 years old and above	14	47.00			
Age Working Environment	**N**	**Mean Rank**	**H Test**	**Df**	**p-value**
21-30	14	62.07	4.160	3	0.24
31-40	70	50.41			
41-50	7	69.64			
51 years old and above	14	48.54			

As reflected in Table 10, the results demonstrated no significant differences in the challenges faced by clinical instructors in managing nursing students when categorized by age across all areas: Students (H=4.686; p=0.34), Clinical Instructors (H=1.389; p=0.71), and Working Environment (H=4.160; p=0.24). All computed p-values are higher than the level of significance at 0.05. Therefore, the null hypothesis must be accepted at a 0.05 significance level.

The results indicate that the challenges faced by Clinical Instructors (CIs) in clinical teaching are not affected by age but rather represent common issues transcending generational gaps. This suggests that difficulties with handling nursing students are universally applicable, mirroring the intricate realities of clinical teaching that surpass specific demographic characteristics. Regardless of whether a clinical instructor is relatively inexperienced or more seasoned, the two populations face similar challenges, including managing extensive student groups, balancing academic and clinical duties, facilitating the acquisition of competencies, and navigating the complexities of hospital-based learning environments.

This implies that the challenges encountered by CIs stem not from personal characteristics like age, but from the intrinsic dynamics of clinical education. These interactions need balancing patient safety with student education, motivating learners from all backgrounds and readiness levels, and adapting to institutional constraints like as workload, staffing patterns, and resource availability. Given the universal nature of these challenges, interventions and support mechanisms should emphasize systemic and instructional enhancements rather than concentrating just on demographic classifications. Enhancing orientation programs for beginner and veteran teachers, offering ongoing faculty development, reinforcing cooperation with healthcare personnel, and guaranteeing more favorable student-instructor ratios will benefit all clinical instructors, irrespective of age.

4.2 Sex

Table 11
Differences in the Challenges Encountered by the Clinical Instructors in Handling Nursing Students when Grouped according to their Sex

Category	Sex	N	Mean Rank	U	p-value
Students	Male	39	57.85	1098.000	0.21
	Female	66	50.14		
Clinical Instructors	Male	39	58.09	1088.500	0.19
	Female	66	49.99		
Working Environment	Male	39	52.53	1268.500	0.90
	Female	66	53.28		

As reflected in Table 11, the test result revealed no significant differences in the Challenges Encountered by clinical instructors in Handling Nursing Students when grouped according to their Sex in all categories/areas, such as Students (U= 1098.000, p = 0.2), Clinical Instructors (U = 1088.500, p = 0.19) and Working Environment (U = 1268.500, p = 0.90). All p-values were greater than the 0.05 significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level. The findings indicate that the challenges encountered by Clinical Instructors (CIs) in clinical teaching are not influenced by gender but rather reflect universal professional experiences essential to clinical education. Both male and female instructors face analogous challenges in managing nursing students, including ensuring the attainment of critical competencies, facilitating effective communication, balancing student education with patient care, and adapting to institutional requirements within the clinical environment. The collective character of these obstacles highlights that difficulties in clinical education are not attributable to gender differences, but rather stem from the rigorous, intricate, and often unexpected conditions of the clinical setting.

4.3 Civil Status

Table 12
Differences in the Challenges Encountered by the Clinical Instructors in Handling Nursing Students when Grouped according to their Civil Status

Category	Civil status	N	Mean Rank	U	p-value
Students	Single	47	52.73	1350.500	0.94
	Married	58	53.22		
Clinical Instructors	Single	47	51.89	1311.000	0.74
	Married	58	53.90		
Working Environment	Single	47	54.59	1288.500	0.63
	Married	58	51.72		

The test result reflected by Table 12 revealed no significant differences in the Challenges Encountered by clinical instructors in Handling Nursing Students when grouped according to their civil status in all categories/areas such as Students (U = 1350.500, p = 0.94), Clinical Instructors (U = 1311.000, p = 0.74) and Working Environment (U = 1288.500, p = 0.63). All p-values were greater than the 0.05 significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level.

The findings imply that single and married instructors, along with those in other civil status groups, have similar challenges in student handling, meeting instructional needs, and steering through the complexity of the clinical setting. This suggests that the difficulties encountered by Clinical Instructors (CIs) are systemic and role-specific rather than demographic, stressing that the obligations and responsibilities of clinical teaching are uniformly felt irrespective of individual circumstances. In practice, this implies that regardless of a CI's marital status—single, married, widowed, or separated—they confront analogous challenges, including ensuring students develop critical clinical competencies, sustaining effective communication, balancing supervision with patient care, and navigating institutional constraints such as staffing patterns, excessive workloads, and inadequate resources.

4.4 Highest Educational Attainment

Table 13

Differences in the Challenges Encountered by the Clinical Instructors in Handling Nursing Students when Grouped according to their Highest Educational Attainment

Category	Highest Educational attainment	N	Mean Rank	U	p-value
Students	College Graduate	47	52.73	1350.500	0.94
	Master's Degree	58	53.22		
Clinical Instructors	College Graduate	47	51.89	1311.000	0.74
	Master's Degree	58	53.90		
Working Environment	College Graduate	47	54.59	1288.500	0.63
	Master's Degree	58	51.72		

As reflected by Table 13 , the test result shows no significant differences in the Challenges Encountered by clinical instructors in Handling Nursing Students when Grouped according to their highest educational attainment in all categories/areas such as Students (U = 1350.500, p = 0.94), Clinical Instructors (U = 1311.000, p = 0.74) and Working Environment (U = 1288.500, p = 0.63). All p-values were greater than the 0.05 significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level.

With all p-values exceeding the 0.05 significance threshold, the findings suggest that educational attainment does not significantly influence the nature or extent of challenges faced by CIs. This implies that both instructors with undergraduate and

graduate-level qualifications experience similar difficulties in managing students, addressing instructional responsibilities, and adapting to the clinical environment. The uniformity of challenges across educational backgrounds highlights that these issues are structural and role-based rather than dependent on academic preparation.

The implication, therefore, is that improving the teaching-learning experience in clinical settings should not be limited to encouraging instructors to pursue higher degrees. While academic advancement remains important, there is also a pressing need to provide clinical instructors—regardless of their educational attainment—with adequate support systems, mentorship opportunities, and professional development in areas such as student management, communication, and coping strategies

4.5 Years of Experience

Table 14

Differences in the Challenges Encountered by the Clinical Instructors in Handling Nursing Students when grouped according to Years of Experience

Years of Experience Students	**N**	**Mean Rank**	**H Test**	**df**	**p-value**
Less than 1 year	30	52.10	5.752	3	0.33
1-3 years	49	59.97			
4-6 years	12	51.83			
7 years and above	14	48.68			
Years of Experience Clinical Instructors	**N**	**Mean Rank**	**H Test**	**df**	**p-value**
Less than 1 year	30	54.42	4.337	3	0.16
1-3 years	49	57.31			
4-6 years	12	56.75			
7 years and above	14	57.39			
Years of Experience Working Environment	**N**	**Mean Rank**	**H Test**	**df**	**p-value**
Less than 1 year	30	52.55	4.921	3	0.18
1-3 years	49	54.40			
4-6 years	12	56.96			
7 years and above	14	62.82			

As gleaned in Table 14, the results indicated no significant differences in the Challenges Encountered by the Clinical Instructors in Handling Nursing Students when grouped according to years of experience in all categories/areas such as Students ($H = 5.752$, $p = 0.33$), Clinical Instructors ($H = 4.337$, $p = 0.16$) and Working Environment ($H = 4.921$, $p = 0.18$). Since all p-values were greater than the 0.05 significance level, the null hypothesis must be accepted.

This suggests that both novice and seasoned instructors encounter comparable difficulties in managing students, fulfilling instructional responsibilities, and navigating the realities of the clinical environment. This highlights that the struggles faced by clinical instructors are not simply a matter of experience or years in the profession. Instead, they point to challenges that are deeply embedded in the very nature of clinical teaching.

In particular, environmental factors appear to play a critical role. The clinical setting is often unpredictable, fast-paced, and resource-dependent. Instructors, regardless of whether they are new to the role or highly experienced, may find themselves limited by crowded wards, insufficient equipment, or a lack of supportive institutional structures. These external conditions can make it harder to effectively supervise students, maintain patient safety, and create meaningful learning opportunities.

The implication is that no matter how skilled or experienced a clinical instructor becomes, the environment itself remains a constant hurdle. This means that efforts to improve clinical teaching should not only focus on preparing instructors but also on addressing systemic and environmental barriers.

4.6 School

Table 15

Differences in the Challenges Encountered by the Clinical Instructors in Handling Nursing Students when Grouped according to their School Affiliation

Category	School	N	Mean Rank	U	p-value
Students	Public	38	52.68	1261.000	0.94
	Private	67	53.18		
Clinical Instructors	Public	38	54.61	1212.000	0.68
	Private	67	52.09		
Working Environment	Public	38	56.61	1136.000	0.36
	Private	67	50.96		

The test results revealed no significant differences in the Challenges Encountered by clinical instructors in Handling Nursing Students when Grouped according to their school affiliation in all categories/areas such as Students (U = 1261.000, p = 0.94), Clinical Instructors (U = 1212.000, 0.68) and Working Environment (H = 1136.000, p = 0.36). All p-values were greater than the 0.05 significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level.

All p-values over the 0.05 significance threshold indicate that, irrespective of school affiliation, Clinical Instructors (CIs) encounter analogous challenges in student management, instructional issues, and working circumstances. This signifies that the issues encountered are not exclusive to certain institutions but instead mirror the common realities and universal requirements of clinical education. Regardless of their affiliation with public or private institutions, Clinical Instructors contend with identical professional

challenges, including guaranteeing students' clinical proficiency, upholding patient safety, managing substantial class numbers, adjusting to constrained resources, and addressing institutional demands.

This finding implies that variations in school affiliation do not shield teachers from the fundamental issues of clinical teaching. These issues are intrinsic to the essence of clinical education, where the requirements of practice, learning, and instruction intersect. This consensus among educators underscores the need to develop treatments that are collaborative rather than institution specific. Joint faculty development initiatives, the exchange of best practices, cross-institutional mentoring, and standardized support frameworks may foster more cohesive strategies for addressing the challenges of clinical education.

The universality of difficulties underscores the need of collaboration and solidarity across institutions to enhance related learning experiences. By acknowledging that educators are constrained by identical professional circumstances irrespective of their affiliations, educational institutions may collaborate to create a more helpful and empowering atmosphere. These collaborative endeavors enhance teachers' capabilities and guarantee that nursing students get uniformly high-quality clinical learning experiences.

Part 5. Test of Significant Difference on the Strategies used by the Clinical Instructors to overcome challenges when grouped according to profile

5.1 Age

Table 16

Differences in the Strategies Used by the Clinical Instructors to Overcome Challenges when grouped according to Age

Age Students	N	Mean Rank	H Test	df	p-value
21-30	14	42.82	2.518	3	0.47
31-40	70	54.74			
41-50	7	61.57			
51 years old and above	14	50.18			
Age Clinical Instructors	**N**	**Mean Rank**	**H Test**	**df**	**p-value**
21-30	14	47.79	1.461	3	0.69
31-40	70	54.59			
41-50	7	59.43			
51 years old and above	14	47.07			
Age	**N**	**Mean Rank**	**H Test**	**df**	**p-value**

Working Environment					
21-30	14	50.21	1.284	3	0.73
31-40	70	53.49			
41-50	7	63.21			
51 years old and above	14	48.25			

As shown in Table 16, the results indicated no significant differences in the Strategies Used by the Clinical Instructors to Overcome Challenges when grouped according to Age in all categories/areas such as Students (H = 2.518, p = 0,47), Clinical Instructors (H = 1.461, p = 0.69) and Working environment (H = 1.284, p = 0.73). Since all p-values were greater than 0.05, the significance level, the null hypothesis must be accepted.

This implies that both younger and older clinical instructors tend to draw upon similar approaches in managing students, addressing their own professional challenges, and adapting to the clinical setting. In other words, strategies such as fostering student motivation, maintaining open communication, refining teaching methods, and adjusting to clinical environments are consistently used across age groups. The absence of age-based differences highlights that the shared nature of clinical teaching—its responsibilities, pressures, and expectations—encourages a convergence of strategies regardless of generational perspective.

The implication of this result is twofold. First, professional development and institutional support programs do not need to be age-specific; instead, they should emphasize universal strategies that strengthen teaching effectiveness for all instructors. Second, the similarity of strategies across age groups opens opportunities for collaboration and mentorship between younger and more experienced CIs, where mutual sharing of practices can further enrich teaching approaches. Ultimately, the findings suggest that in overcoming challenges, what unites instructors is not their age but their shared dedication to nurturing competent, confident, and compassionate nursing students.

5.2 Sex

Table 17

Differences in the Strategies Used by the Clinical Instructors to Overcome Challenges when Grouped according to their Sex

Category	Sex	N	Mean Rank	U	p-value
Students	Male	39	57.24	1121.500	0.27
	Female	66	50.49		
Clinical Instructors	Male	39	52.05	1250.000	0.80
	Female	66	53.56		
Working Environment	Male	39	53.71	1259.500	0.85
	Female	66	52.58		

As reflected by Table 17, the test results revealed no significant differences in the Strategies Used by clinical instructors to Overcome Challenges when Grouped according to their Sex in all categories/areas such as Students (U = 1121.500, p = 0.27), Clinical Instructors (U = 1250.000, p = 0.80), and Working Environment (U = 1259.500, p = 0.85). All p-values were greater than the 0.05 significance level; therefore, the null hypothesis must be accepted.

This suggests that the effectiveness of strategies in overcoming challenges is not reliant upon sex, but rather on the universal conditions of the clinical teaching role. CIs, regardless of their sex, consistently implement strategies that include nurturing motivation, enhancing communication, managing workloads, adapting to clinical environments, and promoting student engagement. The absence of sex-based variation underscores the fact that the shared realities of clinical instruction—including the obligation to ensure patient safety, facilitate student learning, and uphold professional standards—naturally influence a shared set of strategies among instructors.

5.3 Civil Status

Table 18

Differences in the Strategies Used by the Clinical Instructors to Overcome Challenges when Grouped according to their Civil Status

Category	Civil status	N	Mean Rank	U	p-value
Students	Single	47	49.01	1175.500	0.22
	Married	58	56.23		
Clinical Instructors	Single	47	48.49	1151.000	0.17
	Married	58	56.66		
Working Environment	Single	47	49.01	1175.500	0.22
	Married	58	56.23		

As revealed by Table 18, the test results revealed no significant differences in the Strategies Used by clinical instructors to Overcome Challenges when Grouped according to their civil status in all categories/areas such as Students (U = 1175.500, p = 0.22), Clinical Instructors (U = 1151.000, p = 0.17) and Working Environment (U = 1175.500, p = 0.22). All p-values were greater than the 0.05 significance level, therefore, the null hypothesis must be accepted.

The findings imply that whether single, married, or belonging to other civil status categories, Clinical Instructors (CIs) employ similar strategies in supporting students, enhancing teaching effectiveness, and adapting to the realities of the clinical setting. The absence of significant differences suggests that these approaches are shaped more by the shared responsibilities of the teaching role than by personal or family circumstances.

Common strategies such as effective communication, individualized student support, time and workload management, and fostering a conducive learning environment reflect a unified professional response to the demands of clinical education.

The implication of this result is that institutional interventions need not be differentiated by civil status, as instructors rely on similar practices across groups. Instead, efforts should focus on strengthening universally applicable strategies, improving support systems, and providing resources that benefit all CIs. Ultimately, these findings emphasize that effective clinical teaching is anchored in professional competence and institutional support rather than personal demographics, uniting instructors in their commitment to guide students toward professional excellence.

5.4 Highest Educational Attainment

Table 19

Differences in the Strategies Used by the Clinical Instructors to Overcome Challenges when Grouped according to their Highest Educational Attainment

Category	Highest Educational attainment	N	Mean Rank	U	p-value
Students	College Graduate	38	49.20	1128.500	0.33
	Master's Degree	67	55.16		
Clinical Instructors	College Graduate	38	55.01	1196.500	0.61
	Master's Degree	67	51.86		
Working Environment	College Graduate	38	52.72	1262.500	0.94
	Master's Degree	67	53.16		

Table 19 shows that the test results revealed no significant differences in the Strategies Used by clinical instructors to Overcome Challenges when Grouped according to their highest educational attainment in all categories/areas such as Students (U = 1128.500, p = 0.33), Clinical Instructors (U = 1196.500, p = 0.61) and Working environment (U = 1262.500, p = 0.94). All p-values were greater than the 0.05 significance level, thus, the null hypothesis must be accepted at a 0.05 significance level.

The findings imply that the effectiveness and choice of strategies employed by Clinical Instructors (CIs) are not dictated by their level of academic attainment but by the shared professional responsibilities of clinical teaching. Whether instructors hold undergraduate or graduate qualifications, they consistently rely on approaches such as mentoring and motivating students, refining teaching methods, fostering effective

communication, and adapting to the realities of the clinical setting. This suggests that strategies are shaped more by the day-to-day demands of teaching in practice than by theoretical knowledge or formal credentials alone.

5.5 Years of Experience

Table 20

Differences in the Strategies Used by the Clinical Instructors to Overcome Challenges when grouped according to Years of Experience

Years of Experience Students	N	Mean Rank	H Test	df	p-value
Less than 1 year	30	49.73	2.255	3	0.52
1-3 years	49	56.24			
4-6 years	12	57.58			
7 years and above	14	44.71			
Years of Experience Clinical Instructors	**N**	**Mean Rank**	**H Test**	**df**	**p-value**
Less than 1 year	30	58.53	2.037	3	0.56
1-3 years	49	50.98			
4-6 years	12	55.50			
7 years and above	14	46.07			
Years of Experience Working Environment	**N**	**Mean Rank**	**H Test**	**df**	**p-value**
Less than 1 year	30	57.20	3.409	3	0.33
1-3 years	49	52.64			
4-6 years	12	58.58			
7 years and above	14	40.46			

As reflected by Table 20, the results indicated no significant differences in the Strategies Used by clinical instructors to Overcome Challenges when grouped according to years of experience in all categories/areas such as Students ($H = 2.255$, $p = 0.52$), Clinical Instructors ($H = 2.037$, $p = 0.56$) and Working Environment ($H = 3.409$, $p = 0.33$). All p-values were greater than 0.05, the significance level; therefore, the null hypothesis must be accepted at a 0.05 significance level.

This indicates that both novice and experienced clinical instructors use comparable strategies to address the complex requirements of clinical education. Regardless of their tenure, CIs use tactics like student motivation, effective communication, critical thinking promotion, task management, and adaptation to environmental restrictions. The lack of substantial difference in years of experience indicates that the professional identity of a Clinical Instructor—characterized by the need to cultivate skilled and empathetic future nurses—promotes a common set of methods across varying experience levels.

5.6 School

Table 21
Differences in the Strategies Used by the Clinical Instructors to Overcome Challenges when Grouped according to their School Affiliation

Category	School	N	Mean Rank	U	p-value
Students	Public	38	50.66	1184.000	0.55
	Private	67	54.33		

Category	School	N	Mean Rank	U	p-value
Clinical Instructors	Public	38	53.30	1261.500	0.94
	Private	67	52.83		
Working Environment	Public	38	56.05	1157.000	0.44
	Private	67	51.27		

As shown by Table 21, the test results revealed no significant differences in the strategies used by clinical instructors to overcome challenges when grouped according to their school in all categories/areas such as Students (U = 1184.000, p = 0.55), Clinical Instructors (U = 1261.500, p = 0.94) and Working Environment (U = 1157.000, p = 0.44). All p-values were greater than the 0.05 significance level; thus, the null hypothesis must be accepted.

The data ultimately emphasize that the commonality across clinical teachers lies not in their school but in their steadfast dedication to excellent instruction and student advancement. While years of experience may influence viewpoint, they do not differentiate instructors regarding their methodologies; rather, all clinical instructors are united by a common objective to surmount problems for the advancement of their students and the nursing profession.

DISCUSSION

I. Demographic Profile of the Clinical Instructors

The demographic characteristics of clinical instructors are essential for recognizing their teaching efficacy, experiences, and reactions to problems in clinical education. The results provided present a detailed overview of the backgrounds of clinical instructors, offering insight into the structure of the academic clinical teaching workforce. These findings are consistent with and enhance the existing research on nursing education and clinical training. Most of the respondents belong to the 31–40 age group, indicating that the clinical instructors are in the early to middle phases of their professional careers. This age range generally signifies a combination of youthful exuberance and increasing professional maturity. According to Benner (1984) in her important work *From Novice to*

Expert, nurses at this period are frequently evolving from competent to proficient practitioners. Their involvement in clinical instruction at this stage may signify a logical progression in their careers towards mentorship and education.Notably, quite a little fraction of the participants are within the 41–50 age bracket. This may indicate a shift away from clinical instruction positions at this juncture, potentially towards administrative or advanced clinical jobs, or it may represent recruiting and retention trends within institutions.

A significant majority of respondents are female, reflecting the global demographic trend in the nursing profession, which has traditionally and now been dominated by women. The World Health Organization (2024) indicates that women constitute more over 70% of the worldwide health and social workforce, especially in nursing and midwifery. The presence of females in clinical instruction may affect instructional methodologies, mentorship strategies, and student-instructor interactions, as certain research have indicated gendered perspectives in nursing education (Boniol et al., 2022). The significant male minority may indicate a growing gender diversity in the profession, perhaps enhancing learning environments through diverse perspectives and experiences.

Regarding civil status, majority of the clinical teachers are married, whereas the remaining ones are single. Marital and familial obligations may impact instructors' availability and scheduling flexibility, thus affecting clinical assignments and teaching responsibilities (Samra et al., 2021). Married educators may contribute a more stable personal environment that improves their capacity to mentor students effectively, yet the difficulty of managing familial and professional obligations persists in nursing education (Reeves, 2025).

Educational attainment is a robust indicator of pedagogical quality and scholarly readiness. The results indicate that majority of clinical teachers possess a Master's degree, aligning with the Commission on Higher Education (CHED) norms in the Philippines and comparable worldwide criteria. Advanced educational qualifications are crucial for providing instructors with the theoretical and research-based knowledge required for effective clinical instruction (Brauer et al., 2023). The remaining minority are college graduates, indicating potential for continuous academic progression or institutional adaptability in recruitment, especially in fields experiencing a deficit of highly trained educators.

Most of the respondents possess 1–3 years of clinical instructional experience, signifying a rather inexperienced teaching staff. This discovery may indicate recent employment trends or the growth of nursing programs in response to heightened demand. Research indicates that novice educators may exhibit enthusiasm and adaptability, yet they often necessitate organized mentorship to enhance their pedagogical competencies (Weimer, 2021). Merely 12 out of 105 respondents boast 4–6 years of experience, whereas 14 out of 105 have more than 7 years. Although these figures are diminished, they signify a significant cohort of experienced educators who presumably function as mentors or stabilizing forces inside their academic institutions. Proficient clinical teachers

markedly influence student happiness and educational results owing to their enhanced comprehension of clinical judgment, critical thinking, and patient care (Maghsoodi et al., 2025).

The data indicate that the majority of respondents are associated with private institutions, whereas the remaining minority are affiliated with public schools. This distribution may indicate wider national patterns in nursing education, as private institutions frequently surpass public ones in quantity. CHED data indicate that the Philippines possesses a greater number of private nursing schools than state ones, potentially elucidating the increased representation of clinical instructors from private institutions in the sample. It reflects the influence of the private sector in molding the nursing education framework and the necessity for standardization and quality assurance in both sectors (Cabanes et al., 2023).

II. The Challenges Faced by Clinical Instructors in Handling Nursing Students in the Clinical Area

Clinical instructors often face difficult challenges when supervising nursing students in the clinical setting. One major difficulty is ensuring patient safety while allowing students hands-on learning experiences. It is also common for instructors to deal with students who have different learning styles and levels of confidence, which can make teaching more complex. Time pressure, limited resources, and the fast-paced hospital environment add to the stress instructors experience. Despite these challenges, many clinical instructors remain committed to guiding future nurses with patience and dedication. The findings of this study highlight the multifaceted challenges faced by clinical instructors at Northeastern College in supervising nursing students during clinical placements. These challenges are categorized into three major domains: those related to the students, the clinical instructors themselves, and the working environment. Each domain presents unique concerns that can influence the quality of clinical education, student learning outcomes, and the overall clinical teaching experience.

Student-Related Challenges

Among the student-related challenges, "less than average students' preparedness for clinical learning" was rated the highest. This indicates a significant concern among clinical instructors about students entering the clinical area without sufficient theoretical grounding, confidence, or clinical skills. Preparedness is essential for safe and effective learning in the clinical environment. Recent studies affirm this concern, emphasizing that inadequate preparation undermines students' ability to engage meaningfully in clinical experiences and puts additional strain on instructors (Raed Shudifat et al., 2024). Clinical instructors are not only responsible for teaching but also for safeguarding patient safety, making unprepared students a critical issue.

On a more positive note, “lack of orientation before clinical placement” received the lowest mean among student-related challenges. While still a concern, this suggests that some level of orientation is provided, though perhaps inconsistently.

Clinical Instructor–Related Challenges

Clinical instructors also identified challenges related to their own roles, with the most significant being "managing diverse student learning needs." This indicates that instructors often struggle to address varying levels of student competency, motivation, and learning styles. According to Merry et al., (2021), clinical instructors must adapt their teaching methods to accommodate student diversity, but this is often difficult to achieve in fast-paced clinical environments. It requires not only pedagogical flexibility but also time and resources, which may be lacking.

Interestingly, "not being prepared for clinical teaching" received the lowest mean in this category, implying that most instructors feel adequately trained or experienced for their roles. This is encouraging, as faculty development and continuous professional training have been increasingly emphasized in nursing education (Minardi et al., 2024). Nonetheless, even experienced instructors require institutional support to navigate evolving educational demands.

Working Environment–Related Challenges

The working environment also presents occasional but significant barriers to effective clinical instruction. The highest-rated challenge was "overcrowding and lack of space," a well-documented problem in clinical education. Clinical areas that are too crowded compromise the safety, privacy, and learning opportunities for nursing students. This finding aligns with the work of Lobo (2024), who argues that physical space limitations hinder student engagement, reduce instructor visibility, and increase stress among both students and faculty.

In contrast, "lack of clinical staff supervision" was rated the lowest, suggesting that collaboration with clinical staff is relatively adequate in Northeastern College's clinical placement settings. Strong partnerships between academic institutions and clinical staff are essential for supportive clinical environments, and this finding may reflect well-established institutional relationships (Kahulugan et al. 2024).

Although the obstacles encountered by clinical instructors in managing nursing students are neither consistent nor insurmountable, their sporadic occurrence remains significant for nursing education and the development of future nurses. The sporadic challenges—especially with student preparedness, environmental factors, and instructional interactions—can quietly yet profoundly influence the quality of clinical learning experiences. In nursing education, the clinical environment serves as the arena where theoretical knowledge is applied in practice, and any disruption, regardless of its frequency, can adversely affect the cultivation of essential talents such as clinical reasoning, decision-making, and patient care skills.

Moreover, the clinical learning environment is crucial in simulating real-world healthcare dynamics. Intermittent yet unsolved challenges, such as overcrowding or resource scarcity, may render unsatisfactory working conditions normative, quietly

influencing students' conceptions of appropriate clinical practice. Consequently, even if the problems are transient, their ramifications are cumulative—potentially affecting both the quality of education and the type of nurse a student evolves into.

III. The Strategies used by the Clinical Instructors to Overcome the Challenges they Encountered

Student-Centered Strategies

Among the strategies connected to students, "serving as a mentor by providing personal guidance, stress management techniques, and professional role modeling" achieved the highest mean and was consistently utilized by clinical instructors. This highlights the essential need for mentorship in practical nursing education. Moreno et al., (2023) assert that mentorship in clinical environments promotes emotional support, professional development, and the enhancement of clinical abilities in students. The instructor's duty as a mentor beyond mere technical instruction; it includes fostering the student's confidence, critical thinking, and adaptability within the healthcare milieu.

Notably, the strategy of "offering explicit guidelines, organized orientation, and ongoing feedback "attained the lowest mean, indicating that while significant, this structured methodology is applied with less consistency. This discovery is concerning, as explicit expectations and consistent feedback are vital elements of efficient therapeutic instruction (Leenknecht & Carless, 2023). In their absence, students may experience disorientation, resulting in doubt and diminished clinical performance.

Strategies Pertaining to Clinical Instructors

Clinical instructors predominantly utilize “reading updated guidelines, best practices, and teaching techniques pertinent to clinical education” when confronting their issues, indicating a dedication to ongoing learning and competency maintenance. Remaining abreast of pedagogical advancements enables educators to provide pertinent, high-caliber training that aligns with evolving healthcare practices.

In contrast, "participating in self-reflection and soliciting feedback from colleagues" was the least employed method, yet it is significant in enhancing teaching practices. Reflective teaching is universally acknowledged as a key indicator of professional development in educators (Suphasri et al., 2021). The low frequency indicates a possible deficiency in institutional culture or time availability that constrains possibilities for reflection and peer input.

Strategies Pertaining to the Work Environment

The strategy of "encouraging students to engage in the management and stewardship of clinical resources" was identified as the most commonly employed approach for tackling environmental concerns. This demonstrates a proactive and participatory teaching approach that fosters student accountability while optimizing

scarce resources. Engagement of students in resource management fosters the development of organizational and decision-making competencies essential for nursing practice (Madayag et al., 2024).

Conversely, the method of employing moveable partitions and collapsible equipment to enhance spatial flexibility was the least utilized, presumably due to resource limits or physical constraints within the clinical setting. While environmental flexibility enhances learning environments, numerous institutions may be deficient in the necessary infrastructure or financial resources to regularly implement such changes (Muller et al., 2023; Santiago et al., 2021).

This study's findings have substantial significance for nursing education, as they uncover the adaptive tactics employed by instructors to facilitate effective clinical learning under ongoing obstacles. These practices, particularly mentoring and positive reinforcement, foster a supportive learning atmosphere in which students feel led and empowered. The inadequate implementation of organized orientation and feedback indicates a deficiency that may obstruct clarity in expectations and assessment, thereby undermining the uniformity of learning experiences throughout clinical assignments.

By understanding and analyzing the strategies used by clinical instructors to overcome such challenges, nursing institutions can gain insight into best practices that support high-quality clinical instruction. Furthermore, these strategies highlight the importance of adaptability, innovation, and resilience in clinical teaching—qualities that are essential not only for educators but also for the development of competent, confident, and compassionate future nurses. These findings indicate areas in nursing education that necessitate enhanced focus and support to further augment the clinical learning experience and ensure the cultivation of well-rounded, competent, and empathetic future nurses.

IV. Test of Significant Difference on the Challenges encountered by Clinical Instructors in Handling Nursing Students when they are grouped according to Profile Variables

The findings of the study revealed no statistically significant differences in the challenges experienced by clinical instructors across various demographic and professional characteristics, such as age, sex, civil status, highest educational attainment, years of experience, and school affiliation. All computed p-values were above the 0.05 threshold, indicating uniformity in the perception and experience of challenges across the categories assessed.

These findings suggest that the challenges encountered in clinical instruction are not influenced by personal or professional demographics but rather may stem from more systemic and universal issues inherent to the clinical teaching environment. This aligns with recent literature. For instance, Gonzaga and Drateru (2023) reported that clinical instructors face consistent difficulties related to student preparedness, institutional support, and clinical site limitations regardless of their demographic background.

Furthermore, standardizing support structures for clinical instructors—such as orientation programs, continuous training on clinical teaching strategies, and regular feedback loops—can contribute significantly to enhancing the quality of student learning experiences. The lack of demographic differences in perceived challenges reinforces the idea that a unified, policy-driven approach is necessary for systemic improvement.

V. Test of Significant Difference on the Strategies Used by the Clinical Instructors to Overcome Challenges when they are grouped according to Profile Variables

Findings from this study revealed no significant differences in the strategies used by clinical instructors to overcome challenges when grouped according to key demographic and professional variables: age, sex, civil status, highest educational attainment, years of experience, and school affiliation. In all categories—challenges related to students, clinical instructors, and the working environment—the computed p-values exceeded the 0.05 level of significance, indicating uniformity in the approaches employed by instructors regardless of their profile.

This lack of statistical difference suggests that clinical instructors, despite differences in personal or professional characteristics, share common strategic approaches to addressing the difficulties encountered in clinical teaching. This may be due to standardized institutional protocols, shared professional values, and exposure to similar clinical environments. According to Shin et al., (2023), clinical instructors often adopt strategies such as proactive student supervision, collaboration with staff nurses, and reflective practice—regardless of age, sex, or experience—because these are ingrained in faculty development programs and institutional policies.

These findings have meaningful implications for improving the Related Learning Experience (RLE) in nursing education. Since the strategies employed by clinical instructors appear consistent across diverse backgrounds, efforts to enhance clinical education should prioritize system-wide improvements rather than demographic-specific interventions. Institutions should focus on reinforcing effective, evidence-based strategies through continuous faculty development, collaborative practice models, and mentoring programs that support consistent clinical instruction practices.

Furthermore, the results indicate a strong potential for developing standardized best-practice manuals or guidelines for clinical instructors, which could help streamline teaching methodologies, reduce inconsistencies in student learning experiences, and promote equity in clinical education. By recognizing that instructors already share similar strategic approaches, nursing institutions can confidently implement uniform enhancement initiatives such as simulation training, peer coaching, and structured clinical objectives—all of which have been shown to improve clinical learning outcomes.

The findings suggest that enhancing RLE does not necessarily require customization based on instructor demographics but rather a strengthening of institutional support, policy coherence, and professional development structures that foster high-quality, standardized clinical instruction across the board.

Conclusions

Based on the results of the study, the following conclusions were made:

The study found that clinical instructors' challenges are mainly related to student factors, instructor workload, and the clinical environment, including issues on student preparedness, diverse learning needs, duty balance, and workplace limitations. These findings suggest the need for coordinated efforts between schools and clinical facilities to improve support systems and enhance the clinical learning environment. The findings showed that clinical instructors use adaptive strategies such as mentoring, effective communication, flexible teaching, continuous professional development, and resource management to address challenges. This suggests that clinical instructors are proactive and resilient, playing a vital role in maintaining effective clinical education despite constraints.

The study found no significant differences in challenges faced by clinical instructors across profile groups, indicating that these challenges are common regardless of demographics. This suggests that improvements should focus on strengthening institutional, structural, and instructional support systems rather than targeting specific groups. No significant differences were found in the strategies used by clinical instructors when grouped according to profile, indicating that they adopt similar approaches regardless of background. This suggests that effective clinical teaching strategies can be standardized and shared across institutions to improve instruction quality.

Recommendations

Based on the findings of the study, the following recommendations are drawn:

1. The school should require students to pass competency exams in the skills lab before entering clinical areas. This helps ensure they are adequately prepared.
2. Students should have extended week blocks in a single specialty. This allows them to move past basic observation into "mastery," where they can actually manage a patient load.
3. Clinical instructors should set clear learning objectives at the beginning of each assignment and have frequent feedback sessions in order to track students' behavior and development.
4. Clinical Instructors should implement a signed code of conduct that connects behavior—such as punctuality and attitude—to clinical performance and grades.
5. Students should demonstrate an openness to correction and seeking timely feedback from instructors can enhance performance and establish competence.
6. Clinical Instructors apply different approaches based on students' learning needs, offering closer supervision to those who struggle and more independence or peer support for those who perform well.
7. Institutions should offer faculty development programs that emphasize time management, clinical teaching techniques, and prioritization skills to improve instructors' effectiveness in managing multiple responsibilities.

8. Institutions need to develop a systematic and long-lasting incentive system that acknowledges the vital significance of clinical teaching, such as standardized honoraria and performance-based rewards.
9. School administrators form alliances with other clinical locations to more fairly distributed student assignments.
10. Hospital affiliations ought to inform patients about student roles, mentioning student nurses' involvement at the time of admission to promote cooperation and understanding.
11. School institutions support institutional budget planning that gives priority to clinical and teaching resources.
12. School administrators collaborate with hospital administration in order to maintain standards in ventilation, lighting, and sanitation that are favorable to learning environments for students.

Compliance with Ethical Standards

The researcher strictly adhered to ethical standards in conducting the study, ensuring the protection of the participants' dignity and well-being, who represented the study population. The respondents' autonomy was fully respected; informed consent was obtained after the purpose, potential risks, and benefits of the study were clearly explained to promote their understanding. Furthermore, confidentiality was maintained throughout the research process. The identities of the participants were not recorded, and all collected data was treated with strict confidentiality.

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