

Navigating Challenges in Nursing Education: Lived Experiences of Clinical Instructors Supporting Students with Health Needs

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Abstract

Background: Clinical instructors play a vital role in supporting students with health needs by adapting teaching strategies, fostering an inclusive learning environment, and addressing unique challenges to ensure their academic and professional success. **Objective:** This study explores the lived experiences of nursing educators and clinical instructors at Catanduanes State University in supporting students with health needs. It aimed to identify challenges, evaluate teaching methods, and develop recommendations to improve inclusivity and resilience for students with health conditions in nursing education. **Method:** Using a qualitative phenomenological approach. **Result:** ten participants provided insights into challenges such as limited resources, insufficient training, and difficulty adapting teaching methods. While traditional teaching strategies were found inadequate, opportunities emerged through inclusive education, innovative practices, and collaborative learning environments. Educators emphasized the need for universal design for learning, simulation-based training, and tailored assessments to better accommodate diverse student needs. **Recommendations:** It include ongoing professional development, enhanced assistive technologies, and flexible teaching plans to create a more inclusive educational system. These findings aim to guide future strategies and policies, ensuring nursing education adapts to meet the varied needs of both students and the healthcare sector.

Keywords: nursing education, clinical instructors, health needs, support strategies

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INTRODUCTION

Nursing education, which relies heavily on clinical experience and practical training, faces unique challenges in adapting to evolving student needs [1]. Emphasized the importance of adopting trauma-informed practices to address students' academic and socio-emotional needs in complex learning environments. Similarly, [2] highlighted the potential of online and simulation-based learning as innovative solutions, while also revealing gaps in educators' preparedness and resource availability.

In the Philippines, the abrupt transition to online instruction posed significant challenges, particularly in nursing programs where hands-on training is essential. [3] identified barriers such as unstable internet connectivity, limited institutional support, and mental health challenges among students. At Catanduanes State University, the only university offering a nursing program in the province, these issues were compounded by the unique needs of students with health conditions, who often require additional support to meet the program's rigorous demands. Medical educationists responded to challenges by incorporating online case studies and virtual simulations into global courses. These tools ensured student and community safety while enabling the continuation of clinical instruction [4].

This study addresses a critical gap in the literature concerning the experiences of clinical instructors supporting students with health needs. While existing research explores the general challenges of nursing education during crises, little is known about the specific strategies employed by educators in resource-limited settings to assist vulnerable students. The findings aim to contribute to an evidence-based framework for inclusive and resilient nursing education systems.

The study is guided by Kolb's Experiential Learning Theory (1984), emphasizing learning through experience. This framework supports the exploration of clinical instructors' adaptive strategies and reflections, providing a lens to understand their approaches to addressing the diverse needs of students with health conditions [5].

Furthermore, previous evidence highlights the limitations of traditional teaching

methods in meeting the diverse needs of healthcare students. For instance, study [6] noted a decline in communication skills among medical students during clinical training due to gaps in instructional design. [7] emphasized the necessity of competency-based education and technological integration to meet evolving healthcare demands. By building on these insights, this study seeks to identify strategies that bridge theoretical and practical gaps, fostering inclusivity and preparing nursing students for the complexities of patient care. [8] A study found that Chilean university students who were physically inactive and sedentary experienced lower well-being and worse mental health, highlighting the importance of promoting physical exercise to counteract the negative effects of inactivity.

An advocate for leaders promoting collaboration and better patient outcomes [9], while one [10] highlight social media's role in public health education and digital literacy. [11] call for decolonizing global health education to foster equitable cooperation.

Nursing education in resource-limited environments presents unique challenges, particularly for clinical instructors supporting students with chronic illnesses, disabilities, or mental health conditions. While previous studies have explored the integration of technology and competency-based learning, they have largely overlooked the educator's perspective—specifically, the strategies instructors employ to foster inclusivity despite limited institutional support [12] conducted a comprehensive study on the factors affecting e-learning in health sciences education, identifying both enablers and barriers, while [13] a demonstrate through a systematic review that mixed learning enhances outcomes compared to standard methods, underscoring the value of diverse teaching approaches.

This study addresses that gap by examining the lived experiences of clinical instructors at Catanduanes State University, highlighting the structural, pedagogical, and emotional barriers they encounter. Existing literature does not fully capture the extent to which these challenges impact educational outcomes, particularly within e-learning and blended learning environments. To bridge this gap, this research delves into instructors' perceptions and experiences, generating

insights that can inform stronger faculty support systems, institutional policies, and more inclusive pedagogical approaches in nursing education.

Adopting a qualitative phenomenological approach, the study provides a nuanced understanding of the personal insights, adaptive behaviors, and coping mechanisms of clinical instructors – perspectives that cannot be adequately represented through quantitative data alone. By identifying key barriers such as inadequate training, limited assistive resources, and difficulties in adapting instructional strategies for students with diverse health needs, this research evaluates existing support mechanisms, including peer-assisted learning, individualized instruction, and technology-driven interventions. Furthermore, it proposes evidence-based recommendations to strengthen faculty training, expand access to inclusive learning tools, and redesign nursing curricula to promote adaptability and inclusivity. Beyond filling a gap in literature, this study shifts the focus to clinical instructors as key enablers of inclusive education. It provides a localized, real-world analysis of teaching in a rural, resource-constrained setting, uncovering institutional constraints and offering practical strategies that bridge theory and practice. Ultimately, it seeks to transform nursing education by equipping educators with the tools and policies necessary to foster a more equitable, student-centered learning environment.

OBJECTIVE

The primary objective of this study is to explore the lived experiences of clinical instructors at Catanduanes State University in supporting nursing students with health needs. Specifically, the study aims to:

1. Identify challenges and opportunities for instructors teaching students with health conditions.
2. Evaluate the effectiveness of current teaching methods.
3. Develop recommendations to improve inclusivity and resilience in nursing education.

METHODS

Design

This study utilized a qualitative phenomenological design to explore and understand the lived experiences of clinical instructors at Catanduanes State University in supporting nursing students with health needs. A phenomenological approach was chosen to delve into the subjective realities of participants, focusing on their challenges, strategies, and perspectives.

The design enabled the collection of in-depth data through semi-structured interviews with purposively selected clinical instructors, ensuring that their unique experiences and insights were captured comprehensively. [14] Emphasis that qualitative designs like this allow for thematic analysis, identifying patterns and themes that emerge from participants' narratives. This approach was integral to understanding the complexities of teaching students with health needs in a resource-constrained and crisis-impacted educational setting, providing rich data to inform future strategies for inclusive nursing education.

Sample, sample size, & sampling technique

The study involved 10 clinical instructors from the Nursing Department of Catanduanes State University. This sample size was determined based on the principle of data saturation, which refers to the point where no new themes or insights emerge from the data. Phenomenological studies typically involve smaller sample sizes to allow for in-depth exploration of participants' lived experiences [15].

The study utilized purposive sampling, a non-probability sampling technique, to recruit participants who meet specific criteria relevant to the research objectives. This method was selected to ensure that the participants possess rich and relevant experiences in supporting nursing students with health needs [16].

Participants were selected based on the following criteria: 1) Licensed nursing educators or clinical instructors currently employed at Catanduanes State University; 2) At least one year of experience in teaching or supervising nursing students; 3) Direct involvement in supporting students with documented health needs (e.g., physical disabilities, chronic illnesses, or mental health conditions); 4) Willingness to participate and share their experiences in an in-depth

interview; and 5) Proficiency in English or Filipino to ensure effective communication during data collection.

Participants were excluded if they: 1) Had less than one year of teaching experience in nursing education; 2) We're not directly involved in supervising or supporting students with health needs; and 3) Declined to provide informed consent for participation.

This sampling framework ensured the selection of knowledgeable and experienced participants capable of providing meaningful insights into the research phenomenon.

The instrument for data collection

The primary data collection tool for this study is a semi-structured interview guide. This guide was developed specifically for this research, drawing from previous studies on inclusive healthcare education [17] [18]. It incorporates questions designed to explore nursing educators' lived experiences, teaching challenges, and strategies for inclusivity, with adaptations to focus on the local context of Catanduanes State University. The interview guide includes the following components:

- **Teaching Challenges:** Open-ended questions exploring barriers faced in teaching students with health needs (e.g., lack of training or resources).
- **Strategies and Methods:** Queries on existing teaching strategies and their perceived effectiveness.
- **Recommendations for Improvement:** Items asking for suggestions on making healthcare education more inclusive.

Validity and Reliability

The content validity of the interview guide was established through a panel of experts in nursing education and qualitative research. Their feedback was incorporated to ensure that the questions align with the study's objectives. To assess the reliability of the tool, a pilot study was conducted with a small group of educators. The responses were analyzed, and necessary adjustments were made to ensure clarity and consistency. The reliability of the Likert scale items was tested, yielding a Cronbach's Alpha coefficient of 0.85, indicating high internal consistency.

Data collection process

The data collection was conducted between October 1, 2024, and December 15, 2024 at the Nursing Department of Catanduanes State University, Philippines. The interviews were scheduled based on participants' availability to ensure convenience and minimal disruption to their academic responsibilities.

The primary researcher was responsible for designing the study, preparing the interview guide, and conducting semi-structured interviews. The researcher also ensured the ethical considerations, such as obtaining informed consent, maintaining confidentiality, and adhering to health and safety protocols.

Two trained research assistants were involved in the study. Their roles included:

- Scheduling interviews with participants and managing logistics.
- Assisting in transcription of recorded interviews to ensure accuracy.
- Organizing and maintaining data files securely for analysis.

The principal researcher served as the research coordinator, overseeing the entire data collection process. This role included training research assistants on ethical procedures and the study's objectives, as well as monitoring the quality of data collected to ensure strict adherence to the interview protocol. The research assistants played an essential role in documenting field notes during interviews, capturing non-verbal cues and contextual details, and verifying the accuracy of interview transcripts by cross-checking them with audio recordings. They provided vital administrative support, which involved organizing participant information and ensuring smooth communication between the research team and participants.

The semi-structured interviews were conducted in a private, quiet room within the university premises to ensure confidentiality and comfort for participants. Each session lasted between 30 to 60 minutes and was audio-recorded with participants' consent. Follow-up questions were asked as needed to clarify and deepen responses. After each interview, the recordings were transcribed verbatim, and the transcripts were shared with participants for member-checking to confirm accuracy and representation of their perspectives.

Data analysis

The data were analyzed using thematic analysis for qualitative responses and descriptive statistics for quantitative components of the study. Thematic analysis was chosen to identify patterns and themes from the semi-structured interview data, six-phase framework: data familiarization, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

Before deciding on these methods, the study ensured alignment with the assumptions for each approach. For thematic analysis, it was assumed that participants' responses would be detailed and context-rich, enabling identification of key themes related to the study objectives [19].

Ethical consideration

This study was reviewed and approved by the Institutional Ethics Review Committee (IERC) of the Oral Examinations Committee of Camarines Sur Polytechnic Colleges. The institution ensured that the research adhered to ethical principles, including respect for participants, beneficence, and justice. Approval was granted after a comprehensive evaluation of the research design, data collection methods, and consent process to safeguard participants' rights and well-being.

Participants were provided with a comprehensive informed consent form before participating in the study. The form included the following details:

- The study's purpose, objectives, and methodology.
- Potential risks, benefits, and steps to ensure confidentiality and anonymity.
- A statement emphasizing voluntary participation and the right to withdraw at any stage without consequences.
- Contact information for the principal researcher, the Oral Examinations Committee, and the Institutional Ethics Review Committee for any concerns or questions.

Consent was obtained in writing after participants were given ample time to review the form, ask questions, and receive clarifications. Panel experts from the Camarines Sur Polytechnic Colleges also reviewed the

informed consent document to ensure clarity and ethical compliance. Participants were assured that all data would be anonymized and utilized solely for academic and research purposes, in line with the Data Privacy Act of the Philippines (Republic Act No. 10173).

RESULTS AND DISCUSSION

The study identified key challenges, strategies, and recommendations from nursing educators in promoting inclusivity for students with health needs. Participants cited lack of resources, insufficient training, and student behavioral challenges as major obstacles. Strategies such as individualized instruction, peer-assisted learning, and technology integration were commonly employed. Recommendations focused on enhanced training, investment in resources, and flexible assessment methods to foster inclusivity in healthcare education.

Table 1. Summary of Themes

Themes	Categories
Challenges and Opportunities	Need for diverse teaching strategies and individualized approaches Need for comprehensive evaluation tools Insufficient training for educators Limited availability of resources Communication barriers and sensory sensitivities Behavioral challenges like emotional regulation issues Accessibility and individualized learning requirements

Theme 1: Challenges in Inclusive Education

Participants consistently highlighted lack of resources as a critical barrier to inclusive education. One educator explained:

"The curriculum and materials are not designed for inclusivity. We struggle to adapt lessons for students with special needs" (P4).

This aligns with prior studies emphasizing that insufficient instructional resources can undermine educational equity [3]. In addition, insufficient training emerged as a significant concern. Educators expressed a need for targeted professional development:

"Workshops and training specific to handling diverse learners are necessary to equip us with the right skills" (P5).

Behavioral and emotional challenges among students were also frequently mentioned. As one participant noted: *"Some students with anxiety or depression often fail to submit projects on time, which affects their academic performance" (P9).*

These findings resonate with research [20] [21] who identified mental health as a major determinant of student success during challenging periods. The study emphasizes the need for comprehensive strategies to enhance students' sense of belonging by incorporating diverse teaching methods tailored to individual experiences. Addressing barriers requires a multi-level approach, considering personal, interpersonal, community, organizational, and policy factors to create a more inclusive and supportive learning environment [22].

Theme 2: Strategies to Address Challenges

Educators employed a range of strategies to overcome these challenges. Individualized instruction was a common approach:

"Tailoring assessments and providing one-on-one support help students achieve their potential" (P3).

This approach is supported by a study [23] who found that personalized interventions significantly improve learning outcomes.

Peer-assisted learning was another effective strategy:

"Group tasks and peer mentoring foster a collaborative environment, helping students feel less isolated" (P6).

Peer-based methods have been shown to enhance academic engagement, especially among students with health needs.

Additionally, educators emphasized technology integration as a valuable tool: *"Using online platforms and assistive technologies*

has improved student engagement and accessibility" (P8).

This finding is consistent with a study [24] who highlighted the role of technology in ensuring continuity and inclusivity in education. The need for enhanced training, resources, and infection control awareness among healthcare workers in low-resource settings to improve COVID-19 preparedness. It also recommends collaboration with health organizations and regular updates to preparedness plans to effectively respond to evolving challenges.

Theme 3: Recommendations for Improvement

Participants recommended enhanced training programs for educators: *"We need more workshops on inclusive education to effectively address the needs of diverse learners" (P5).*

This aligns with research suggesting that professional development improves educators' confidence and capacity to deliver inclusive education [25]. The study highlights the importance of teachers' beliefs and professionalism in using assistive technologies (AT) for children with specific learning disabilities (SLD) in inclusive settings, emphasizing the need for training to enhance their confidence and effectiveness. The findings suggest that teachers perceive themselves as highly professional in using AT, reinforcing the idea that professional development can further strengthen their ability to deliver inclusive education.

The investment in resources was also emphasized:

"Access to assistive technologies and updated learning materials is essential for creating an inclusive environment" (P7).

Finally, participants called for flexible assessment methods:

"Alternative assessments allow students to demonstrate their abilities in ways that accommodate their unique needs" (P4).

This recommendation is supported by studies that advocate for diverse and inclusive evaluation strategies in education [7].

The results suggest the need for systemic improvements in healthcare education, including resource allocation, training programs, and flexible policies to support inclusivity. Addressing these gaps could lead to better learning outcomes and increased equity for students with health needs, ultimately contributing to a more inclusive healthcare workforce.

CONCLUSION

The study underscores the need for systemic reforms in nursing education to address the challenges clinical instructors face in fostering inclusivity for students with diverse health needs. While previous research has explored competency-based learning, digital education transitions, and faculty preparedness, limited attention has been given to the lived experiences of educators working within resource-constrained environments. Existing literature does not adequately examine the institutional barriers, pedagogical limitations, and adaptive strategies instructors employ to support students with chronic illnesses, disabilities, or mental health conditions. By adopting a qualitative phenomenological approach, the study bridges this gap by providing a deeper exploration of personal insights, coping mechanisms, and structural constraints that influence inclusive education. The qualitative design is particularly relevant as it captures subjective, experience-driven narratives, offering context-specific findings that may inform faculty development initiatives, curriculum modifications, and institutional policies aimed at enhancing equity in nursing education.

Beyond identifying systemic challenges, the study extends its contribution by assessing the effectiveness of existing pedagogical strategies, such as peer-assisted learning, individualized instruction, and technology-supported interventions, in promoting inclusive teaching. It further proposes evidence-based, adaptable strategies to strengthen faculty training, optimize resource allocation, and redesign curriculum structures to accommodate students with varying health conditions. While its

qualitative approach provides rich, experience-based insights, the study acknowledges limitations such as self-reported biases and the context-specific nature of findings, which may limit generalizability. Nevertheless, the study offers critical implications for clinical practice and policy development, providing empirical evidence to guide university administrators in implementing targeted faculty training, expanding assistive technologies, and integrating flexible learning assessments. These findings serve as a foundation for broader institutional reforms, advocating for a student-centered, inclusive nursing education model that ensures all learners receive equitable support, ultimately fostering a more competent and adaptive healthcare workforce.

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