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The clinical instructors' lived experience in guiding nursing students through their clinical exposure

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Abstract. This study explored the lived experience of clinical instructors in guiding nursing students through their clinical exposure, with emphasis on their roles, challenges, coping mechanisms, and sustained engagement in clinical teaching. Utilizing a qualitative phenomenological design, the study sought to gain an in-depth understanding of how clinical instructors bridge theory and practice while ensuring patient safety and supporting students' professional development. Seven clinical instructors were purposively selected through non-probability sampling based on voluntary participation and inclusion criteria, which required at least four years of clinical teaching experience and current employment at the selected university or institution. Participant anonymity was preserved through the use of pseudonyms. Data were collected through in-depth interviews and analyzed using Colaizzi's method to identify significant statements and generate thematic patterns. Ethical considerations, including informed consent, confidentiality, anonymity, and risk minimization, were strictly upheld throughout the research process. Findings revealed the multifaceted nature of clinical instructors' experiences, encompassing meaningful teaching moments, complex instructional and emotional challenges, adaptive coping strategies, and strong professional commitment. Four major themes emerged from the analysis: (1) Significant Moments That Shaped Clinical Instructors and Their Students, (2) Challenges of Clinical Instructors in Guiding Nursing Students, (3) Coping Mechanisms of Clinical Instructors From the Challenges in Guiding Nursing Students, and (4) Perceptions of Clinical Instructors and Sustained Engagement in Guiding Nursing Students Through Their Clinical Exposure. These themes highlight the essential role of clinical instructors in fostering students' clinical competence, emotional resilience, and professional identity while balancing educational responsibilities with patient care demands. The study underscores the need for enhanced institutional support, collaborative academic-service partnerships, and leadership approaches that prioritize instructor well-being and professional development. Such measures are crucial to sustaining effective, resilient, and high-quality clinical nursing education.

Keywords. Clinical Instructors, Lived Experience, Nursing Students, Clinical Exposure, Clinical Guidance, Nursing Education, Clinical Training

Introduction

Background of the Study

In nursing education, the integration of theory and practice is fundamental, with theoretical knowledge serving as the underpinning foundation for practical application. This inseparable relationship ensures that nurses not only acquire a theoretical understanding but

also apply it effectively in real-world healthcare scenarios. As a scientific discipline, nursing depends on applied research and evidence-based theories. While professional knowledge is presented as theory in classrooms, laboratory sessions play a crucial role in converting this knowledge into practical skills. In hospital-based clinical practice, these skills are then applied, facilitating the delivery of patient-centered and purposeful care (Saifan et al., 2021). Clinical instructors, as vital members of academic and practice communities, play an important role in fostering cooperation among students, teachers, and healthcare professionals during clinical placements. As emphasized by Melrose (2022), the role of the clinical instructor is two-fold: to facilitate students' progression and prepare them for entry-to-practice competencies. To do so, Clinical instructors must transition from practitioners to competent educators, displaying a thorough mastery of the curriculum, regulations, and procedures at both the program and course levels. Hence, through mentorship that extends beyond the classroom, they not only provide practical insights, contextual understanding, and hands-on experience but also play a crucial role in molding future healthcare professionals by allowing students to apply theoretical concepts to actual patient care scenarios.

The pivotal experiences of clinical instructors in guiding nursing students through their clinical exposure are intrinsic to the educational process. However, these dedicated educators occasionally face a multitude of challenges and distinct experiences that intricately contribute to the molding of their roles as both educators and mentors. These challenges encompass issues such as having severe workload, providing clinical practice areas, having an excessive number of students, implementing the nursing care plan, dealing with inadequate physical environment in hospitals, and difficulty with health care team members. All of which clinical instructors collectively perceive these challenges as significantly detrimental to the overall teaching process (Gülten Sucu et al., 2019). Comprehending these challenges is essential as it reveals their potential ramifications on the caliber of nursing education and the readiness of students to face real-world healthcare scenarios.

By delving into the lived experiences of clinical instructors, a wealth of valuable insights surfaces, laying the groundwork for continuous enhancement in nursing education programs. This comprehension cultivates an environment primed for the refinement of teaching methodologies and the advancement of program development, ultimately fortifying nursing students with the capabilities to navigate the challenges of dynamic healthcare settings. The study's profound significance lies in its revelation of the intricate experiences of clinical instructors, exposing the nuances and hurdles they confront while guiding nursing students through clinical exposure. Clinical instructors balance clinical and instructional expertise, demonstrating effective teaching qualities and collaborating with students and colleagues across institutions (Melrose, 2022). In the face of evolving healthcare environments, the insights garnered from this study may offer invaluable guidance for curriculum development, teaching methodologies, and support systems tailored to the needs of clinical instructors. Recognizing and addressing the challenges confronted by clinical instructors stands as a cornerstone for the ongoing enhancement of nursing education, consequently positively impacting the caliber of care provided by future nursing professionals.

As a pivotal guide in translating theoretical knowledge into real-world application and during this critical juncture, clinical instructors draw not just their wealth of expertise and knowledge but also their clinical experiences as they facilitate the seamless transition for nursing students, ensuring the synthesis of classroom learning in authentic healthcare settings and exploring their personal experiences as they guide nursing students in clinical exposure.

Moreover, this research efforts specifically expand to examining how clinical instructors feel in this role, identifying the challenges they encounter and uncovering the coping mechanisms they employ. In aiming for a comprehensive understanding of the lived experiences within this crucial facet of nursing education, the study seeks to offer invaluable insights that nurture an environment conducive to effective clinical instruction, safeguarding the well-being of both clinical instructors and nursing students on their joint path to shaping the future of caregiving. In doing so, this research aspires not only to cultivate skilled practitioners but also to mold compassionate educators, ensuring that clinical instructors play a transformative role in forging and shaping the next generation of nurses.

Statement of the Problem

This study aimed to explore the lived experience of clinical instructors in guiding nursing students through their clinical exposure.

Theoretical Framework

Experiential learning theory, conceptualized by psychologist David Kolb, centers on the principle of learning through direct engagement. This theory delineates a dynamic learning process where knowledge is actively generated through firsthand experiences. Kolb's model outlines a sequential four-stage cycle—comprising concrete experience, reflective observation, abstract conceptualization, and active experimentation—that constitutes an iterative pathway to effective learning. Importantly, Kolb's experiential learning theory underscores the interconnected nature of our experiences, encompassing thoughts, emotions, and environmental factors, and their profound influence on the learning journey (Practera, 2021).

Kolb's theory outlines experiential learning as a sequential progression involving four stages. Initially, individuals participate in a concrete experience, encountering novel situations or reinterpreting familiar ones from a fresh perspective. For instance, one considers a nursing student aiming to master a recent clinical procedure, exemplifying this initial phase. Following the concrete experience, learners progress to reflective observation, where they reflect on the meaning and implications of the encountered situation. In the scenario of a nursing student, this involves reviewing the procedure's execution, identifying strengths, and acknowledging areas for improvement. The subsequent stage, abstract conceptualization, entails adapting one's thinking or generating new concepts based on insights from the experience and reflective observation. For instance, a nursing student may recognize the importance of thorough preparation before initiating a clinical procedure. Ultimately, the cycle culminates in active experimentation as learners apply newly developed ideas to real-world contexts, evaluate their effectiveness, and make necessary adjustments. This dynamic process may unfold swiftly or gradually over time. In the nursing student's case, consistent observation of improved procedural efficiency with adequate preparation reinforces the importance of being ready before procedures (Practera, 2021).

Kolb's Experiential Learning Theory significantly applies to this current research. The theory's four-stage progression, starting with the concrete experience stage, reflects the hands-on encounters nursing students have during their clinical exposure, facilitated by crucial guidance from clinical instructors. This journey includes not only the practical application of theoretical knowledge but also the pivotal role of clinical instructors in ensuring active engagement and meaningful learning experiences. Following the concrete experience, the reflective observation stage emphasizes the importance of clinical instructors in fostering

reflective practices among nursing students. Instructors guide students in contemplating the meaning of their clinical encounters, enhancing the connection between theory and practice. Subsequently, the abstract conceptualization stage aligns with the cognitive processes involved in integrating theoretical knowledge into practical applications. Clinical instructors, drawing on their experiences, play a vital role in assisting students in adapting their thinking and forming new concepts.

Ultimately, the active experimentation stage corresponds to the practical application of knowledge in real-world healthcare settings. Clinical instructors, based on their lived experiences, actively guide and support nursing students during this phase, where students experiment with applying theories to diverse clinical scenarios. Kolb's Experiential Learning Theory serves as a robust conceptual framework, highlighting the parallel journeys of clinical instructors and nursing students within the dynamic realm of healthcare education. Moreover, with Kolb's Experiential Learning Theory, it could help understand how clinical instructors facilitate experiential learning for nursing students during their clinical exposure.

Conceptual Framework

Kolb's Experiential Learning Theory is utilized in this study, offering a comprehensive framework. This theory, developed by psychologist David Kolb, posits that learning is an active process that occurs through engagement with experiences. The four-stage cycle in Kolb's theory—concrete experience, reflective observation, abstract conceptualization, and active experimentation—aligns with the dynamic journey of clinical instructors guiding nursing students through their clinical exposure.

In the context of this study, the first stage, concrete experience, mirrors the hands-on encounters nursing students undergo during clinical exposure, facilitated by the guidance of clinical instructors. These experiences are crucial for the integration of theoretical knowledge into practical applications. The second stage, reflective observation, emphasizes the role of clinical instructors in fostering reflective practices among nursing students. Instructors play a key part in guiding students to contemplate the meaning and implications of their clinical encounters, thereby enhancing the connection between theory and practice.

Moving forward, the third stage, abstract conceptualization, is particularly relevant to the research as it involves adapting thinking and forming new concepts based on insights derived from experiences and reflective observation. Clinical instructors, drawing on their wealth of experiences, contribute significantly to assisting students in integrating theoretical knowledge into their practical applications. Lastly, the fourth stage, active experimentation, corresponds to the practical application of newly acquired knowledge and skills in real-world healthcare settings. Clinical instructors, based on their lived experiences, actively guide and support nursing students during this phase, allowing them to experiment with applying theories to diverse clinical scenarios. Overall, Kolb's Experiential Learning Theory serves as an insightful and adaptable framework, illuminating the experiential learning processes involved in both clinical instructors and nursing students in the dynamic field of healthcare education.

The participant profile outlined in the conceptual framework specifically targets clinical instructors employed at a selected institution or university and with a tenure of at least four years. The choice of the selected institution or university as the research site is deliberate, aiming to capture the contextual nuances inherent in nursing programs and clinical resources across different institutions. This deliberate selection enhances the relevance of the findings to the local clinical instructor community, thereby laying a solid groundwork for this study. By

anchoring the inquiry in the specific institutional context, the study is carefully designed to address the distinct needs, challenges, and realities of its participants, thereby enhancing its applicability and potential impact. From the rich lived experiences shared by the participants, four central themes emerge.

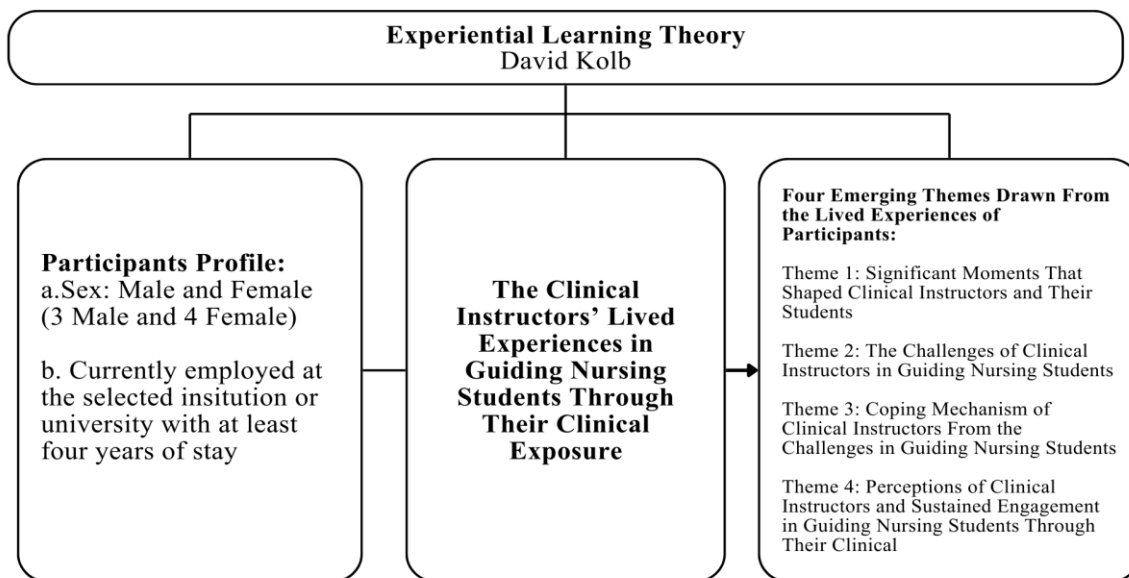


Figure 1. Schematic Diagram of the Conceptual Framework

Scope and Limitation

The study aimed to explore the lived experiences of clinical instructors as they guided nursing care through clinical exposure. It involved interviews with clinical instructors with the following inclusion criteria: 1.) actively employed at the selected institution or university and 2.) with at least four years of service. On the other hand, the exclusion criteria included clinical instructors with fewer than four years of employment at the institution, those not actively engaged in clinical supervision during the study period, and administrative faculty without direct student supervision responsibilities. A total of seven clinical instructors, four females and three males, participated in the study. The selection criteria sought a balanced representation; however, this was limited by the availability of male clinical instructors who met the specified criteria in the selected facility. It should be emphasized that the findings of the study might be applicable only to the participating individuals and might not be intended to serve as a benchmark for stress levels or experiences of clinical instructors beyond the defined study population. The limitations of the study included difficulty in recruiting willing participants, the limited number of eligible male clinical instructors, and the restriction of participants to clinical instructors from the selected university only. Data collection commenced around October 2024 to May 2025.

Significance of the Study

This study may be significant to the following stakeholders:

University Administrators. The research may hold importance for nursing education institutions by providing valuable insights into the dynamic interaction between theory and

practice. This understanding could inform curriculum development, teaching methodologies, and faculty training programs to better align with the needs of both students and instructors.

Healthcare Administrators. Hospitals and healthcare facilities may stand to benefit from this study as it sheds light on the preparation and guidance provided to nursing students during their clinical exposure. Understanding the experiences of clinical instructors could contribute to the development of strategies that enhance the integration of theoretical knowledge into practical skills within the healthcare setting.

Nursing Academic Leaders. Individuals involved in developing nursing curricula could draw valuable insights from this study to ensure that educational programs effectively bridge theory and practice. This premise could lead to more relevant and impactful curricular designs that better prepare nursing students for the challenges of real-world clinical settings.

Clinical Instructors. The study is particularly relevant for clinical instructors as it explores and validates the significance of their lived experiences in guiding nursing students. Insights gained from this research could enhance their teaching methods and strategies, fostering effective guidance during clinical exposure.

Nursing Students. The findings of this study may be significant for nursing students as they directly benefit from the lived experiences of clinical instructors. Understanding how instructors bridge theory and practice could inform students about the practical aspects of their education, contributing to a more comprehensive learning experience.

Future Researchers. The research may contribute to the existing body of knowledge on the lived experiences of clinical instructors, serving as a foundation for future studies in nursing education. Researchers in related fields could build upon these findings to explore additional aspects of the instructor-student relationship, further enriching the scholarship on clinical guidance in nursing education.

Definition of terms

The following terminologies are defined conceptually and operationally.

Challenge. It refers to a situation or responsibility that is demanding and complex, requiring significant effort, perseverance, and competence to manage effectively and achieve a successful outcome (Meng et al., 2023). In this study, it refers to the complex professional, emotional, and instructional demands faced by clinical instructors as they guide nursing students in clinical settings while balancing student learning needs, patient safety, and institutional expectations.

Clinical Exposure. It is a teaching and learning approach that encourages early interaction of medical students with patients, taking place in social or clinical settings to enhance the understanding of health, illness, disease, and the roles of health professionals (Ewnte & Yigzaw, 2023). In this study, it encompasses hands-on experiences where nursing students apply theoretical knowledge in real healthcare settings, fostering the development of essential clinical skills, critical thinking abilities, and a deeper understanding of nursing practice through direct interactions with patients and healthcare teams in hospitals or clinics.

Clinical Instructors. They are individuals playing a vital role in enhancing nursing students' clinical competence by directing the application of theoretical knowledge to practical situations, encouraging autonomy, decision-making, and creativity, underscoring the importance of recognizing attributes that hinder students' development of clinical competence (Sadeghi et al., 2019). In this study, they are educators who guide and facilitate the application of theoretical knowledge to clinical practice, fostering the development of nursing students' skills and competence in real healthcare settings.

Coping Mechanisms. It refers to the strategies individuals employ to manage stress and regulate uncomfortable emotions, often through problem-focused or emotion-focused approaches, which can be beneficial in handling stress but may also have negative effects if used inappropriately (Bailey, 2022). In this study, they refer to the deliberate strategies and adaptive behaviors used by clinical instructors to manage stress, regulate emotions, and effectively respond to the professional, emotional, and instructional challenges encountered while guiding nursing students in clinical settings.

Lived Experience. It refers to the portrayal of an individual's encounters and choices, along with the wisdom acquired through these experiences and decisions (Talking HealthTech, 2022). In this study, it involves the accumulation of knowledge, skills, and understanding through direct involvement or exposure to events, situations, or activities, assimilating information over time and linking real or potential occurrences in the past, present, and future.

Nursing Practice. It refers to the practice that encompasses direct and/or indirect patient care, nursing administration, education, research, or consultation within the specialty represented by the credential, requiring qualifications that may be fulfilled by a Registered Nurse and may also be suitable for another licensed care provider (Oncology Nursing Certification Corporation, 2020). In this study, it refers to the application of clinical, administrative, educational, research, or consultative roles within the scope of nursing, involving direct or indirect patient care.

Nursing Students. A nursing student is tasked with patient care within the framework of hospital policies, operating under the supervision of a clinical instructor to acquire hands-on experience (Zippia, 2020). In this study, a nursing student, enrolled in a nursing program, strives to acquire the requisite theoretical knowledge and hands-on training to become a skilled and successful professional nurse in the future.

Perceptions. This is a cognitive process in which individuals receive and interpret sensory input from their environment, integrating raw stimuli with prior knowledge, context, and experiences to form meaningful understanding (Keenan, 2024). In this study, it refers to the clinical instructors' awareness, understanding, and interpretation of their roles, responsibilities, and experiences in guiding nursing students throughout clinical practice.

Sustained Engagement. It refers to a continuous, purposeful commitment by individuals and groups to practices that promote long-term environmental sustainability and equitable human well-being, involving cognitive shifts, behavioral adaptation, and informed advocacy within complex social, economic, and ecological systems (Sustainability Directory, 2025). In this study, it refers to the ongoing commitment, motivation, and active involvement of clinical instructors in guiding nursing students through clinical exposure, driven by a strong sense of purpose, professional fulfillment, and dedication to student development and patient-centered care despite the challenges of clinical teaching.

Review of Related Literature

The review includes conceptual and research literature relevant to the research problems. They are presented using the thematic approach.

Significant Moments That Shaped Clinical Instructors and Their Students

Magtagñob et al. (2025) highlighted significant moments that shaped both clinical instructors and nursing students, particularly through instructors' experiences in supporting students with health needs. Using a qualitative phenomenological approach, nursing educators and clinical instructors at Catanduanes State University reflected on pivotal clinical and

teaching encounters that required adapting strategies, addressing limited resources, and responding to diverse student challenges. These moments revealed how overcoming constraints in training, teaching methods, and support systems influenced instructors' professional growth while fostering inclusivity, resilience, and meaningful learning experiences for students, ultimately shaping more responsive and compassionate nursing education practices.

Additionally, Lim et al. (2019) aimed to investigate the role of clinical nursing instructors' lived experiences in clinical practicum, revealing four main themes and twelve subthemes. The identified themes are: 1) Recognizing and conducting the roles of clinical nursing instructor, encompassing aspects like providing support, coordinating clinical activities, and mentoring; 2) Participating in improving integrative nursing competency, involving contributions to cognitive and functional competency enhancement, fostering desirable professionalism, and facilitating a deeper understanding of nursing; 3) Experiencing difficulties in performing the role, including challenges from institutional limits and personal knowledge and experience gaps; 4) Experiencing the value of being a clinical nursing instructor and accomplishing personal growth, demonstrated through efforts to broaden knowledge, develop educational competency, and create opportunities for self-reflection .

Moreover, Madhani (2025) described that clinical instructors play a vital role in helping nursing students apply theoretical knowledge to real clinical settings, yet many are employed part-time, hired without prior teaching experience, and provided with limited clinical teaching orientation, leaving them inadequately prepared for their roles. Content analysis revealed that instructors faced unclear course expectations, complex evaluation tools, difficulty addressing student failure, lack of performance feedback, and increased workload during the pandemic, all of which affected their effectiveness and underscored the need for clearer guidelines, stronger institutional support, and adequate resources to enhance clinical teaching and student learning.

While in the perspective of the nursing students, significant moments in clinical practice play a crucial role in shaping both their professional socialization and the influence of clinical instructors, as reflected in meaningful encounters involving instructors' fairness, awareness of students' presence, communication, and clinical competence. Students emphasized that supportive interactions, positive care environments, acceptance within the clinical setting, and instructors who demonstrated strong clinical experience and caring behaviors served as pivotal experiences that guided their professional identity formation, highlighting how instructors' actions and role modeling can either facilitate or hinder students' growth as future nurses (Taylan et al., 2021).

Moreover, significant moments in clinical education where clinical instructors' positive behaviors—particularly their teaching skills, clinical competence, and professional conduct—shaped nursing students' learning experiences and engagement. Students consistently rated instructor behavior highly across sex and year level, reflecting meaningful and effective instructor–student interactions that fostered focused attention, active participation, and meaningful learning processes. The strong positive correlation between instructor behavior and student engagement highlights how these pivotal instructional moments contribute to a supportive and engaging clinical learning environment, reinforcing the influential role of clinical instructors in shaping students' clinical education experiences (Cabag & Legaspi, 2025).

The Challenges of Clinical Instructors in Guiding Nursing Students Through Their Clinical Exposure

The findings conducted by Younas et al. (2019) highlighted a multitude of obstacles faced by nurse educators, encompassing concerns about workload, time constraints, insufficient student-educator ratios, underdeveloped curriculum, limited resources, and constrained clinical teaching settings. The research underscores the crucial need for support from regulatory bodies and educational authorities to address these challenges, advocating for the development of policies to enhance overall teaching and learning conditions, provide avenues for professional development, and foster collaboration among educators to better prepare student nurses (Younas et al., 2019).

In addition, Gülten Sucu et al. (2019) revealed similar challenges, including a heavy workload, limitations in clinical practice areas, excessive student numbers, challenges in implementing nursing care plans, inadequate hospital environments, and difficulties with healthcare team members. Clinical instructors collectively perceived these challenges as significantly detrimental to the overall teaching process .

Other experiences and challenges encountered by clinical instructors in guiding nursing students in their clinical exposure includes four key themes in supervising at-risk nursing students in clinical settings: concurrently supporting student learning and ensuring patient safety, navigating the delicate balance between responsibilities and professional omissions, and navigating the delicate balance between responsibilities and professional omissions. The study's findings highlight the complexities of monitoring at-risk students on instructors, patients, educational institutions, and other students. The findings provide light on the complex personal and professional problems that instructors confront while supervising at-risk nursing students (Rodger & Jukes, 2021).

Furthermore, Munangatire et al. (2024) noted that ensuring nursing students' clinical competence remains a persistent challenge in nursing education. Clinical instructors face difficulties arising from variations in students' competence across academic levels and training sites, which affect the consistency of clinical guidance. The study highlights that instructors' own competence significantly influences students' clinical development, placing pressure on clinical instructors to maintain high professional and teaching standards. Additionally, limitations related to certain modes of learning present further challenges for instructors in effectively facilitating students' clinical competence development.

Based on nursing students' perspectives, their experiences during clinical education highlight how their vulnerability, uncertainty, and stress shape their attitudes, motivation, communication, and behavior, directly relating to challenges faced by clinical instructors. Students often exhibit hesitant or negative attitudes when confronted with unfamiliar clinical situations, reflecting emotional vulnerability rather than disinterest. Their motivation can wane under the pressures of clinical demands, but supportive interactions with instructors, peers, and staff strengthen resilience and engagement. Communication barriers arise as stress and self-doubt reduce confidence in interacting with patients and asking questions, while behavioral challenges, such as avoidance of tasks or reactive responses, often reflect attempts to cope with clinical stress. The study emphasizes that meaningful support, mentoring, and a psychologically safe environment can transform these vulnerabilities into adaptive behaviors, enhanced motivation, improved communication, and more positive attitudes, providing instructors with evidence-based strategies to address these common challenges in guiding nursing students during clinical exposure (Aryuwat et al., 2024).

The Coping Mechanism of Clinical Instructors From the Challenges in Guiding Nursing Students Through Their Clinical Exposure

In the research article written by Dintwe, Gause, and Sehularo (2025), it was discussed that moving from clinical practice into an academic role is a notably demanding phase for newly appointed nurse educators, often necessitating the adoption of multiple coping mechanisms to adjust effectively. This shift is commonly associated with expanded teaching duties, research expectations, increased workload, and challenges in achieving work–life balance, which can result in ineffective coping when adequate support is absent. This reveals four primary coping categories: problem-focused, emotion-focused, meaning-focused, and support-based coping. The findings showed that participants drew heavily on their clinical background, assertiveness, conflict resolution abilities, and boundary-setting practices to manage academic responsibilities. However, despite employing these strategies, the transition remained challenging for many, underscoring the critical role of institutional support in strengthening coping capacities and promoting successful adjustment to academic roles.

Additionally, a study conducted by Zeb et al. (2022) sheds light on how clinical instructors deal with the challenges of guiding nursing students through clinical exposure. Although it does not directly address this aspect, the study emphasizes how these educators model stress management to students based on their own experiences. The research identifies six key themes in the educators' collective experience, including sharing personal stories, building trusting relationships, fostering open discussions on stress, demonstrating stress management techniques, supporting students expressing concerns, and initiating efforts to address student issues by involving management. The synthesis underscores the continuous need for nurse educators to actively foster a culture of shared stress experiences, utilize personal narratives to connect with students, and improve students' stress management abilities through practical demonstrations, empowering them to communicate their challenges effectively. Moreover, the study advocates for nursing institutions to develop policies expanding the role of nurse educators in supporting student stress management. It calls for collaborative initiatives between institutions and educators to establish effective mechanisms and resources for alleviating student stress, urging policymakers and administrators to work with educators in strengthening existing mechanisms and reassessing policies aimed at aiding students in managing both clinical and academic stress.

According to Ball (2021), university faculty face challenges in the dynamic college environment, dealing with various job demands that can lead to burnout—a long-lasting response to job-related stress. Given the importance of burnout in occupational research and its association with negative outcomes like turnover and decreased performance, the study examines coping strategies and self-efficacy as potential ways to reduce burnout among faculty. The research distinguishes between research and non-research universities based on the Carnegie Classifications and involves five universities in the Eastern United States. The findings reveal that faculty in both types of institutions experience burnout levels similar to those in the medical field. Approach-based coping strategies are effective in reducing burnout, while avoidance-based strategies may worsen it. Surprisingly, self-efficacy does not show a significant correlation with burnout, leading the study to investigate possible reasons for this result. In conclusion, burnout is a critical concern for individual faculty members and higher education institutions, highlighting the benefits of using approach-based coping strategies to alleviate burnout levels.

Furthermore, the high levels of physical, emotional, and mental well-being reported by Noblezada et al. (2025) provide a foundation for understanding how clinical instructors cope with the challenges of guiding nursing students during clinical exposure. Instructors with strong well-being are better equipped to manage stress, maintain motivation, and employ effective coping strategies when faced with demanding clinical teaching situations. Their overall wellness not only supports sustained engagement and professional performance but also enhances their ability to implement coping mechanisms that address students' learning needs, communication barriers, and behavioral challenges, ultimately contributing to a more positive and effective clinical learning environment.

Lastly, the high workload and varied lifestyle management of clinical instructors described by Noblezada and Guanzon (2025) directly influence the coping mechanisms they employ when guiding nursing students during clinical exposure. Instructors who experience heavy academic, clinical, and administrative demands must rely on effective stress management, social support, and personal strategies to navigate challenges such as students' learning difficulties, communication barriers, and behavioral issues. Enhancing lifestyle management and providing targeted support not only promotes instructor well-being but also strengthens their ability to cope effectively, sustain engagement, and maintain high-quality clinical instruction.

Perceptions and Feelings of Clinical Instructors in Guiding Nursing Students Through Their Clinical Exposure

As emphasized by Daniela Lillekroken (2022), the primary category, "A Privilege But Also a Challenge," captures nurse educators' perspectives on instructing fundamental care in a simulated learning setting. This central theme is substantiated by two subcategories, "Fundamental Care is Crucial to Nursing Education" and "Setting a Positive Example," elucidating the importance of fundamental care in nursing education and the role of nurse educators in guiding students to attain essential learning outcomes. The research indicates that a well-rounded approach, incorporating both lectures and interactive activities such as simulations, proves effective in teaching fundamental care. Furthermore, the study underscores the synergy between theoretical teaching and practical simulations as an approach to instill fundamental care skills in students. The practical implications emphasize the significance of nursing education in equipping students with the ability to apply high-quality fundamental care in real-world situations, emphasizing the necessity for comprehensive skill development. In addition, educators consistently report that a deep passion for the nursing profession, coupled with the fulfillment of witnessing students' growth, competence, and professional success, serves as a powerful source of motivation that sustains their engagement and long-term commitment, enabling them to remain resilient and dedicated despite ongoing professional challenges and workplace stressors (Abdulcader & Bantugan, 2025; Bahramnezhad & Keshmiri, 2025).

Despite being described as "A Privilege But Also a Challenge," yet Melrose (2022) stated clinical instructors have emerged as indispensable pillars in nursing education, particularly with the transition from hospital-centric training to university-based settings. In the dynamic realm of clinical settings, clinical instructors shoulder the responsibility of guiding students towards the attainment of entry-to-practice competencies. These seasoned professionals are required to seamlessly blend clinical prowess with instructional acumen, embodying the traits of effective educators. Moreover, beyond their dual expertise, clinical instructors are entrusted with a multifaceted role that involves a deep understanding of program

curricula. Collaboration stands as a cornerstone of their responsibilities, necessitating effective partnerships with both students and colleagues across academic and clinical landscapes. This collaborative ethos is instrumental in creating an environment where students not only achieve learning outcomes but also experience avenues for personal and professional growth (Melrose, 2022).

Furthermore, the exploration of higher education trends reveals an increased workload for nursing educators, especially novice nurse educators. The heightened workload results from the expectation for nurse educators to teach both classroom theory and clinical curriculum, intending to integrate theory and practice for student learning. However, this integration has placed considerable role strain on novice nurse educators, underscoring the importance of institutions adopting a reasonable workload model. Study participants expressed ambiguity about their roles, lacking an understanding of expectations, contributing to the strain associated with their new positions. This ambiguity-induced role strain aligns with existing literature, highlighting the emotional challenges faced by educators in this transitional phase (Shajani, 2020).

Likewise, the study's findings indicate a complex transition from clinical practice to academia, evoking negative emotional reactions and a steep learning curve for participants. Novice educators, burdened with expectations, reported feeling overwhelmed and emotionally stressed, adversely affecting their overall performance. The analysis illuminates participants' feelings of isolation and intimidation in their new roles, with the steep learning curve attributed to expectations from both academic institutions and clinical settings. Although the study does not delve into specific coping strategies for role ambiguity, it underscores the need for future research to explore effective strategies to support nurse educators during this challenging transition (Shajani, 2020).

Moreover, the intrinsic and extrinsic motivators identified by Tufano et al. (2023) can help explain why clinical instructors remain engaged in guiding nursing students through clinical experiences. Just as nurse educators persist due to a passion for teaching, professional growth, and meaningful contributions, clinical instructors are more likely to sustain their commitment when they find personal satisfaction in mentoring students, opportunities for professional development, and supportive work environments. Intrinsic motivators, such as the fulfillment of shaping competent nurses and witnessing student growth, appear particularly influential in maintaining engagement, while extrinsic factors like recognition, flexible scheduling, and career advancement further support long-term participation in clinical teaching.

Synthesis

This study delves deeply into the multifaceted experiences of clinical instructors as they navigate the intricacies of guiding nursing students through clinical exposure. It comprehensively investigates the challenges, perspectives, emotions, and coping mechanisms that shape the instructor-student dynamic in clinical settings. The first theme unveils the nuanced and dual nature of the instructor's role, shedding light on the emotional and cognitive dimensions of their experiences while mentoring students through clinical learning journeys. The second theme zeroes in on the specific hurdles faced by instructors, such as workload pressures, time constraints, and resource limitations, particularly during students' hands-on clinical experiences. Finally, the study delves into the coping strategies employed by instructors, showcasing their resilience and adaptability in navigating the complexities inherent

in clinical education, thereby enriching our understanding of effective teaching practices in this context.

Overall, this study offers a thorough and insightful exploration of the intricate experiences encountered by clinical instructors in their crucial role of guiding nursing students through clinical exposure. The diverse range of subtopics explored within this overarching theme contributes significantly to the depth and richness of the investigation, providing a detailed analysis of the myriad challenges, perspectives, emotions, and coping mechanisms that are intrinsic to the clinical instructor's journey in facilitating nursing students through their hands-on clinical experiences. This comprehensive approach does not only enhance the understanding of the complexities involved but also underscore the vital importance of effective support and guidance for both instructors and students in the realm of practical clinical education.

Methods

This section outlines the components of the study pertaining to its methodology, encompassing aspects, such as design, participants, instrument, data gathering procedure, data analysis, and ethical considerations.

Research Design

This research utilized a qualitative phenomenological approach to delve into the lived experiences of clinical instructors as they guided nursing students through their clinical exposure. The researcher used interviews as the primary method to gather data on the participants' lived experiences. As noted by Good (2023), this approach aids researchers in understanding the perspectives of the audience, increasing awareness of the subject under study, and generating new theories regarding audience experiences within a specific controlled environment. This is especially beneficial for topics requiring a deep understanding of audience thoughts, emotions, and experiences. This study aimed to enrich comprehension of how clinical instructors guided nursing students through clinical exposure, providing valuable insights for refining curriculum, teaching methodologies, and support structures tailored to meet the needs of clinical instructors. Furthermore, the objective is not only to nurture skilled professionals but also to cultivate empathetic educators, ensuring that clinical instructors have a transformative impact on shaping the future generation of nurses.

Participants

Seven participants were purposefully selected for the study using the non-probability purposive sampling technique. The selection was based on voluntary participation through invitation letters. Among the seven participants, four were female and three were male, all involved in teaching and guiding nursing students. The chosen participants were asked for pseudonyms to protect individual anonymity. The inclusion criteria stipulated that participants: 1) must have been clinical instructors with at least four years of service at the institution, and 2) must have been current employees of the selected institution or university.

Participants, who received invitations via letters, were selected through a randomized draw from a list of clinical instructors meeting the inclusion criteria—specifically, having at least four years of employment at the selected institution or university and were actively employed at the said institution or university at the time of the study. This method aimed to prevent biases and included individuals in the sampling frame based on specific qualities

relevant to the study. Clinical instructors were considered participants if they provided sufficient data to address the research questions regarding their lived experiences in guiding nursing students through clinical exposure.

On the other hand, exclusion criteria included clinical instructors with fewer than four years of employment at the institution, those not actively engaged in clinical supervision during the study period, and administrative faculty without direct student supervision responsibilities.

Participation in the study was entirely voluntary, and participants retained the right to withdraw at any stage of the research process without incurring any penalty, coercion, or adverse consequences to their professional roles, employment status, or institutional standing. Withdrawal from the study occurred if participants voluntarily chose to retract their informed consent, either verbally or in writing, at any point prior to or during data collection. Any data obtained from participants who withdrew were excluded from analysis unless explicit permission was granted to retain previously collected information.

Instrument

This study used an unstructured interview guide to explore the lived experiences of clinical instructors in guiding nursing students through their clinical exposure. The unstructured guide was designed to facilitate data collection for research investigating the challenges, emotions, perceptions, and coping mechanisms of clinical instructors in guiding students in real-world healthcare scenarios.

The interview guide was divided into two separate sections. The first part focused on gathering qualitative profiles, demographic details, duration of experience as clinical instructors, and the specific areas of specialization of the participants.

The second section of the interview guide was dedicated to a comprehensive exploration of the experiences of clinical instructors in guiding nursing students through their clinical exposure. At the heart of this segment was a central question aimed at uncovering the participants' lived experiences in this role, delving into their intricate emotions, perspectives, challenges, and coping strategies during the process of guiding nursing students through clinical exposure. Specifically, participants were asked, "Can you share your lived experiences as a clinical instructor in guiding nursing students through their clinical exposure?" To gain deeper insights, participants were prompted with probing inquiries such as, "Can you recall a specific moment with your nursing students in guiding them in their clinical exposure that deeply impacted you?" and "What specific challenges did you face while guiding nursing students through their clinical exposure, and how did these challenges impact your role as a clinical instructor?" Additionally, participants were encouraged to reflect on their emotional responses through questions like, "How did you address challenges arising from a high number of students during clinical instruction?" and "What strategies did you employ to ensure a quality learning experience for each student?"

Data Gathering Procedure

A formal request letter was drafted and submitted to the dean of the College of Nursing seeking approval to conduct the study. Additionally, an outline of the research interview guide was presented to the guidance office for validation purposes. Upon approval of both the request letter and research interview guide, the data collection process commenced, adhering to strict ethical guidelines and ensuring the utmost confidentiality of participants. Clinical instructors selected for participation were contacted through a Messenger App by which they received an

electronic invitation and a consent letter containing detailed information about the purpose, procedures, potential risks, and benefits of the proposed study. Clinical instructors who were interested in participating formally indicated their willingness by replying to the message via the same Messenger App and expressing their interest in taking part in the study. For participants who wished to review the interview guide in advance, a copy was provided to further support informed decision-making and ensure fully informed consent prior to participation.

Face-to-face interviews were conducted with the selected participants in private and convenient locations within the school premises, as determined by the participants' availability and personal preference. These settings were chosen to ensure confidentiality, minimize interruptions, and promote a comfortable environment conducive to open and in-depth discussion. All interviews were carried out in accordance with established health and safety protocols to safeguard the well-being of both participants and the researcher. It should be emphasized that participants were not coerced into participating in the interview. Once participants confirmed their willingness to participate in a face-to-face meeting, the researcher sent personalized messages to each participant, detailing the location and agreed date for the in-depth interview.

The interview started by creating a relaxed environment for the participant, initiating with questions about their current emotional state and aspirations for the upcoming year to establish a positive tone. Additionally, participants were asked for pseudonyms to protect their anonymity, which were also used in the transcription notes. In the main interview, the researcher reiterated the significance of the study, revisited the content of the consent letter, and emphasized the voluntary nature of participation, ensuring the confidentiality of the participants' identities and responses. Participants were also reminded that the research was free from any conflict of interest. This included assurances that there was no undue influence on the participants, a declaration that the researcher also served as a clinical instructor, and a discussion of measures taken to prevent biases and subjectivity throughout the interview and study. To ensure impartiality, a separate interviewer conducted the interview, while the researcher was present to observe and listen.

The interview was conducted as an open and conversational dialogue between the participant and the interviewer, focusing on exploring the lived experiences of clinical instructors in guiding nursing students through their clinical exposure. Each interview lasted for a minimum of 45 minutes and a maximum of two hours, with the duration determined by the participant's pacing, level of engagement, and comfort. This flexible time frame allowed participants to share their experiences in-depth without feeling rushed or fatigued.

All responses were audio-recorded with the participants' consent, transcribed verbatim, and subsequently sent to the participants through a Messenger App for verification, validation, and approval for use in the study. The verified transcripts were compiled and securely stored in a private, password-protected document accessible only to the researchers, ensuring confidentiality and data security.

Data Analysis

Information was gathered from seven carefully selected participants and assessed using Colaizzi's method (1978, as cited in Northall et al., 2020), which offers strategies to analyze data and develop trustworthy findings, thereby augmenting phenomenological methods and ensuring dependable research outcomes. Colaizzi's method was useful in exploring subjective

experiences and gaining a deeper understanding of the lived world of individuals, especially in this study, which delved into the lived experiences of clinical instructors in guiding nursing students through their clinical exposure. It assisted in the organization, analysis, and presentation of the narrative data obtained from the eight clinical instructors, aiding in the categorization and thematic analysis of their responses. Moreover, it emphasized the importance of rigor and validation to enhance the trustworthiness of the research findings. This approach had valuable implications for exploring the lived experiences of clinical instructors in guiding nursing students, revealing the challenges and intricate emotions that clinical instructors grappled with as they engaged in guiding students, the formidable obstacles they encountered, and the unique ways in which they coped with these challenges.

Using this research approach allowed for a detailed investigation of each data point, enabling a thorough exploration of the clinical instructors' lived experiences in guiding nursing students. The implementation of Colaizzi's method followed a step-by-step procedure that began with data familiarization. During this initial step, the researcher immersed herself in the transcripts or textual data through multiple readings to gain a thorough understanding of the topic at hand. Following that, relevant statements were identified, with the researcher extracting vital phrases directly connected to the examined phenomena, emphasizing the main points of participants' experiences. After forming meanings, an analysis of each identified statement was conducted to generate explicit meanings by dissecting the statements and exploring their underlying implications. The subsequent step involved grouping these extracted statements into themes, identifying patterns, relationships, and recurring notions that represented the fundamental elements of the phenomenon.

Progressing in the process, the next step involved developing a thorough depiction of the phenomenon based on the identified themes, providing a comprehensive and detailed narrative of the experiences. Following this, validation was sought by sharing the comprehensive description with participants or peers to verify its faithful representation of the participants' experiences. The subsequent step encompassed the refinement and definition of themes, with meticulous attention to improving clarity and precision in conveying the phenomenon. Finally, the researcher undertook structural descriptions and integration, amalgamating the themes to construct a coherent narrative that effectively conveyed the phenomenon and encapsulated the depth of the findings.

The study upheld reliability and rigor by following the guidelines established by Lincoln and Guba (1985, as cited in Stahl & King, 2020) to assess the credibility, confirmability, transferability, and dependability of this qualitative research. Credibility was established through extended interviews with participants, ensuring data saturation and cultivating genuine and reliable accounts. Transferability was ensured through non-probability purposive sampling guided by clear inclusion criteria, capturing a diverse range of clinical instructors' experiences. Detailed descriptions of interviews and transcripts also provided rich context for readers to assess applicability to other settings. To maintain the researcher's objectivity and the study's dependability, a time-stamped documentation of all research materials, including notes, transcripts, and data files, was created to accurately track changes. Lastly, confirmability was maintained by practicing reflexivity, acknowledging the researchers' own influence on interpreting participants' perspectives. This transparency enhanced the confirmability of the study's findings.

Ethical Considerations

Clinical instructors navigated the complexities of facilitating nursing students' clinical exposure while simultaneously encountering challenges inherent in clinical teaching environments. Recognizing the sensitive nature of these experiences, the researcher remained committed to upholding the highest ethical standards throughout all phases of the study. Ethical approval for the conduct of this research was obtained from the Research Ethics Review Committee (RERC) prior to participant recruitment and data collection.

Before the commencement of interviews, informed consent was secured from both the College of Nursing administration and the participating clinical instructors. The consent form explicitly assured participants of anonymity and confidentiality throughout the research process. Participants were asked to provide preferred pseudonyms, which were used in all transcripts, records, and reports. All data collected were used exclusively for the researcher's academic pursuit and related scholarly output.

The informed consent process involved a comprehensive explanation of the study's objectives, research procedures, participant selection criteria, duration of participation, and the voluntary nature of involvement. Potential risks and benefits associated with participation were discussed, along with provisions for reimbursement, dissemination of research findings, confidentiality measures, and participants' rights to decline or withdraw from the study at any time without penalty. The researcher's contact information and a declaration of no conflict of interest were also included, clarifying that although the researcher served as a clinical instructor, no undue influence was exerted on participants.

The findings derived from the interviews might be utilized in the researcher's academic pursuit, conference presentation, and peer-reviewed publication. To ensure data security, all signed consent forms, audio recordings, and interview transcripts were securely stored for a period of two years following the completion of the study. Physical documents were kept in a locked cabinet, while electronic files were stored in password-protected digital folders accessible only to the researcher. These measures ensured protection against unauthorized access, loss, or misuse of data.

Upon completion of the mandated data retention period, all research materials will be permanently and securely disposed of. Electronic files will be irreversibly deleted from all storage devices, and hard-copy documents will be shredded to prevent reconstruction. Audio recordings will likewise be erased to uphold participant confidentiality.

To further safeguard anonymity and privacy, no identifying information was disclosed during data collection, analysis, or reporting. Interviews were conducted in private settings, and consent was obtained prior to audio recording. Participants were reminded of their right to withdraw at any stage of the study without consequences, and any data associated with withdrawn participants were excluded from analysis. Participation was entirely voluntary, and no coercion or undue pressure was applied at any point in the research process.

Results and discussion

This section outlines the findings and analyses of the gathered data using thematic presentation, along with the narratives extracted from detailed interviews conducted with seven participants with at least four years of stay and employed at the selected university or institution.

Profile of Clinical Instructor Participants

Table 1 presents the demographic profile of the participants. The lived experiences of the clinical instructors varied according to several factors, including age, length of service at the selected university or institution, years of experience as clinical instructors, and assigned area of duty. Data obtained from the interviews revealed a total of seven participants, consisting of four females and three males, with ages ranging from 34 to 55 years. The youngest participant was 34 years old, while the oldest was 55 years old.

Moreover, the participants' length of service at the selected university or institution ranged from 4 to 14 years, with four years being the minimum as specified in the inclusion criteria and fourteen years being the maximum. Similarly, their years of experience as clinical instructors ranged from 4 to 14 years. In addition, the participants were assigned to various hospital areas, including the Delivery Room, Nursery, Floor 1 Medical Ward, West Tower Medical Ward, Obstetric Ward, Intensive Care Unit (ICU), Male Medical Ward, Operating Room, Medical-Surgical Ward, Pediatric Ward, and Recovery Room.

Table 1
Demographic Profile of the Participants

Participant	Sex	Age	Length of Stay in USLS	Number of Years as a Clinical Instructor	Area of Duty
Mazel	F	48	4	4	Delivery Room, Nursery
X	F	34	4	4	Floor 1 Medical Ward, West Tower Medical Ward
Celestial	F	55	6	6	Obstetric Ward, Delivery Room
Dee	F	55	6	13	Pediatric Ward
Carl	M	51	4	12	Intensive Care Unit (ICU), Male Medical Ward
Uni	M	38	4	4	Operating Room (OR), Med-Surge Ward, Intensive Care Unit (ICU)
Wilbert	M	55	14	14	Pediatric Ward, Recovery Room

Mazel

Mazel is a 48-year-old female clinical instructor who has been serving at the selected university or institution for four years. She has also accumulated four years of experience as a clinical instructor. In the course of her professional duties, she is assigned to the Delivery Room

and Nursery, where she actively contributes to the clinical training and supervision of nursing students. During the interview, it became evident that Mazel was deeply engaged when discussing her clinical experiences, often comparing her early years as a novice clinical instructor with her current practice. She articulated her thoughts in a highly detailed and reflective manner and consistently demonstrated an effort to provide meaningful and sincere insights, frequently pausing to gather her thoughts before responding. Notably, she occasionally shared lighthearted jokes, which contributed to a relaxed and enjoyable interview atmosphere. Overall, these observations underscore Mazel's significant contribution to the discourse, highlighting both her sincerity and her profound engagement with the topic.

X

X is a 34-year-old female clinical instructor who has been part of the selected university or institution for four years and has accumulated the same length of experience in her role as a clinical instructor. She is assigned to the Floor 1 Medical Ward and the West Tower Medical Ward, where she actively facilitates students' clinical exposure through close supervision and guidance. During the interview, X displayed strong engagement when discussing her experiences in the clinical ward, conveying her insights with clarity and simplicity. She effectively modulated her tone according to the subject matter, using a more informative approach when addressing emotional aspects and a more optimistic tone when discussing social experiences. Additionally, she consistently provided responses that exceeded the expected scope of the questions, reflecting her openness, willingness to assist, and genuine interest in contributing meaningful insights to the study.

Celestial

Celestial is a 55-year-old female clinical instructor who has been employed at the selected university or institution for six years, during which she has gained an equivalent length of experience in her role as a clinical instructor. She is currently assigned to the Obstetric Ward and Delivery Room, where she provides hands-on instruction, close supervision, and professional guidance to nursing students as they gain practical experience in maternal and newborn care. During the interview, Celestial displayed great enthusiasm in sharing her experiences mentoring students in both the ward and delivery settings. Her communication reflected a careful balance of warmth and professionalism, conveying confidence and expertise in managing complex clinical situations with empathy and precision, while fostering a supportive learning environment for her students.

Dee

Dee is a 55-year-old female clinical instructor who has been serving at the selected university or institution for six years and brings with her thirteen years of experience in her role as a clinical instructor. She is currently assigned to the Pediatric Ward, where she provides hands-on instruction, close supervision, and professional guidance to nursing students as they develop the skills and sensitivity required in caring for pediatric patients. During the interview, Dee demonstrated enthusiasm in sharing her experiences mentoring students in the pediatric setting. Her communication reflected a nurturing and compassionate approach, combined with firm clinical competence, highlighting her ability to address the unique needs of children while creating a supportive and reassuring learning environment for her students.

Carl

Carl is a 51-year-old male clinical instructor who has been affiliated with the selected university or institution for four years, bringing with him 12 years of experience in clinical instruction. He is assigned at the Intensive Care Unit (ICU) and the Male Medical Ward, where

he plays a key role in providing hands-on instruction, guidance, and supervision to nursing students, fostering both their practical skills and confidence in delivering patient care within demanding clinical settings. During the interview, Carl's responses were notably thorough and conveyed with a calm, assured presence. His tone consistently reflected competence and confidence, highlighting his deep expertise as a clinical instructor. Furthermore, his clear and articulate explanations revealed meticulous attention to detail and a genuine dedication to teaching, demonstrating his commitment to equipping students with the best possible clinical knowledge and practice.

Uni

Uni is a 38-year-old male clinical instructor who has been at the selected university or institution for four years, bringing an equal length of experience in his role as a clinical instructor. He is currently assigned to the Operating Room (OR), the Medical-Surgical Ward, and the Intensive Care Unit (ICU), where he provides hands-on instruction, guidance, and supervision to nursing students, helping them cultivate essential clinical skills, critical thinking, and confidence required for patient care in diverse and high-acuity hospital settings. During the interview, Uni demonstrated great enthusiasm in sharing his experiences, conveying his thoughts in a clear, direct, and easily understandable manner. His responses reflected a thoughtful and deliberate approach, as he often paused to organize his ideas before speaking, showcasing both sincerity and honesty in his reflections.

Wilbert

Wilbert is a 55-year-old male clinical instructor who has been part of the selected university or institution for fourteen years, with an equal span of experience as a clinical instructor. He is currently assigned at the Pediatric Ward and Recovery Room, where he provides focused guidance to nursing students in caring for pediatric patients and supporting post-operative recovery. In these specialized areas, he offers hands-on instruction, close supervision, and mentorship, helping students build essential clinical skills, confidence, and critical thinking required for managing the unique needs of children and patients recovering from surgery. During the interview, Wilbert demonstrated genuine enthusiasm when reflecting on his experiences mentoring students, conveying his insights clearly and thoughtfully. He skillfully adjusted his tone to match the nature of his discussion, and his deliberate pauses before responding highlighted a sincere and honest approach, underscoring his dedication to both teaching and fostering competent, compassionate future nurses.

Introduction to the Four Themes:

This study explores the diverse experiences of clinical instructors as they guide nursing students through the complexities of patient care in clinical settings. Based on the participants' interview responses, key statements were extracted and systematically organized into emerging themes. These four themes provide a comprehensive exploration of the experiences, challenges, strategies employed, and perceptions of being a clinical instructor in guiding nursing students through their clinical exposure.

In the first theme, "Significant Moments That Shaped Clinical Instructors and Their Students," clinical instructors recount meaningful experiences that left a lasting impact on both their teaching practice and their students' professional growth. Through real-life clinical encounters, instructors highlight moments that serve as powerful learning opportunities, shaping students' skills, emotional resilience, and professional identity. At the same time, these experiences bring a sense of fulfillment to the instructors, as witnessing student progress, patient

recovery, and positive feedback reinforced the value and purpose of guiding nursing students in clinical settings.

In the second theme, “The Challenges of Clinical Instructors in Guiding Nursing Students,” clinical instructors describe the complex difficulties they encounter while supervising students in real clinical environments. These challenges stem from variations in students’ competence, emotional readiness, motivation, and communication skills, as well as the demands of ensuring patient safety and meeting clinical objectives. Through their experiences, instructors reveal the emotional, professional, and ethical pressures involved in balancing effective teaching with the realities of fast-paced and high-risk healthcare settings.

In the third theme, “Coping Mechanism of Clinical Instructors From the Challenges in Guiding Nursing Students,” participants share how they adapt and respond to the demands of clinical teaching. Clinical instructors highlight the strategies they employ to manage stress, support diverse learners, and maintain professional standards despite ongoing challenges. These coping mechanisms—rooted in patience, resilience, effective communication, and structured guidance—demonstrate instructors’ ability to sustain effective clinical instruction while fostering a supportive and safe learning environment.

The fourth theme, “Perceptions of Clinical Instructors and Sustained Engagement in Guiding Nursing Students Through Their Clinical Exposure,” clinical instructors reflect on how they view their role and what motivates them to remain committed to clinical teaching. Despite the challenges encountered, instructors express a strong sense of purpose, professional fulfillment, and dedication to shaping future nurses. Their perceptions highlight intrinsic motivation, passion for teaching, and commitment to the nursing profession as key factors that sustain long-term engagement in guiding students through their clinical experiences.

Overall, the four themes collectively highlight the experiences of clinical instructors in guiding nursing students, including the challenges they face, the coping strategies they employ, and the perceptions that sustain their commitment. Together, they emphasize instructors’ resilience, adaptability, and passion, as well as their crucial role in shaping competent and confident future nurses, underscoring the need for continued support and development in clinical education.

Theme 1: Significant Moments That Shaped Clinical Instructors and Their Students

According to the data gathered, clinical instructors shared significant moments that profoundly influenced both their teaching practice and their nursing students’ development during clinical exposure. From these narratives, three major subthemes emerged: “Transformative Learning Through Real Clinical Experiences,” “Professional Fulfillment in Guiding Nursing Students,” and “Affirmation and Validation of Teaching Efforts”. The first subtheme highlights how real-life clinical situations, such as critical incidents, patient recovery, and emotionally charged encounters, served as powerful learning opportunities that shaped students’ clinical competence, emotional maturity, and professional identity. Meanwhile, the second subtheme reflects the sense of fulfillment experienced by clinical instructors as they witnessed student growth, received affirmation from patients and families, and observed positive patient outcomes. The third subtheme underscores how positive feedback from patients and families, coupled with visible student progress, served as strong validation of instructors’ teaching efforts, reinforcing their sense of effectiveness and purpose. Collectively, these subthemes illuminate the reciprocal and deeply meaningful nature of clinical instruction,

demonstrating how pivotal moments in clinical settings not only enhance student learning but also strengthen instructors' professional satisfaction and commitment to mentorship in nursing education.

Clinical instructors and students experienced transformative learning as they navigated real-life challenges and critical moments in the clinical setting. Nursing students faced emotionally intense situations that became pivotal learning experiences, shaping their professional growth, resilience, and clinical competence. As Carl described,

Well, in the Intensive Care Unit, sometimes students develop what you might call a close connection with their patients, especially after 2 or 3 days of exposure. So it happened that we had a code, and one of the students could not continue because she became very emotional. She could not even assist in administering medication because she was crying. After that, I told them that there are times when we need to maintain a barrier between the patient and our emotions, because sometimes we cannot do what we need to do as nurses in order to save them.

This experience illustrates Madhani's (2025) assertion that the role of clinical instructors is multifaceted, requiring not only the teaching of technical skills but also the provision of emotional guidance and support. Such authentic clinical encounters serve as powerful opportunities for transformative learning, allowing students to develop critical thinking, confidence, and professional identity while navigating complex and emotionally challenging patient care situations.

In addition, several clinical instructors—namely, Mazel, Celestial, and Dee—shared that their role as clinical instructors is deeply fulfilling, heartwarming, and rewarding. They emphasized that the satisfaction they derive from teaching extends beyond imparting clinical knowledge to students. As Mazel expressed, "It's fulfilling as a Clinical instructor, *indi lang nga ma bombard ng mga knowledge sa concept sang area, but as well as i-observe and maintain mo mentally stable ang students...*" (It is fulfilling to be a clinical instructor, not only because you are able to provide students with extensive knowledge about the concepts of the clinical area, but also because you are able to observe and maintain their mental and emotional stability...). This perspective is supported by Lim et al. (2019), who explored the lived experiences of clinical nursing instructors in clinical practicum and identified four key themes: recognizing and fulfilling the clinical instructor role, contributing to the development of students' integrative nursing competencies, facing challenges arising from institutional and personal limitations, and experiencing professional fulfillment and personal growth through clinical teaching.

Moreover, one clinical instructor described how positive feedback from patients and their families, along with witnessing students' growth, strengthened his sense of accomplishment and professional effectiveness. These meaningful encounters emerged as significant moments that deepened his appreciation of the clinical instructor role. As Wilbert highlighted,

So probably, one experiences nga *indi ko malimtan...* It's not just one but mostly every time we end our exposure—when the parents or the patient's significant other would compliment our students. That's a very good affirmation for me at least na we did something that is good. Those are moments that really made me appreciate the work of being a clinical instructor. As well as you see your patients be discharged, *daw ka nami na kayo.* (So probably, there are

experiences that I cannot forget—not just one, but almost every time we end our clinical exposure—when the parents or the patient’s significant others compliment our students. That serves as a very good affirmation for me, at least, that we were able to do something good. Those moments truly made me appreciate the role of being a clinical instructor. Additionally, seeing patients eventually get discharged feels very fulfilling.)

Kolb’s Experiential Learning Theory provides a meaningful lens for understanding this experience. Wilbert’s sense of fulfillment originates from repeated concrete experiences in the clinical setting, such as guiding students during patient care, receiving positive feedback from patients’ families, and witnessing patient recovery and discharge. These experiences lead to reflective observation, where he recognizes the impact of his guidance on student performance and patient outcomes. Through abstract conceptualization, he internalizes the belief that effective clinical instruction and mentorship directly contribute to positive learning and care experiences. This understanding then informs active experimentation, motivating him to continuously refine his teaching strategies and mentoring approaches in future clinical exposures. Overall, Kolb’s experiential learning cycle illustrates how significant clinical moments not only shape student learning but also reinforce clinical instructors’ professional fulfillment and sustained engagement.

Table 2:
Significant Statements on Theme: Significant Moments That Shaped Clinical Instructors and Their Students

Theme	Subtheme	Significant Statement
<i>(1) Significant Moments That Shaped Clinical Instructors and Their Students</i>	<i>(1a): Transformative Learning Through Real Clinical Experiences</i>	<p><i>Mazel, 48 years old</i></p> <p>“Dapat you should not be the stressors of the students. May isa ako ka situation o experience to a student nga it was endorsed to me na medyo depressive nga student. So during our exposure sa area, medyo ato lang na sya sa kilid nga ga pungko, wla sya ga communicate with the group and then of course indi man ta mag bombard into knowledge o question and answer, but of course isa dra himuon mo is that you have to observe ang students kung ano iya weaknesses, ano imo obrahon to lift up kay since it was endorsed sa imo nga depressive nga student.... Nakapa deliver sya that’s the time to open up sya nga, ‘hala ms. indi ako gali useless.’”</p> <p><i>“Supposedly you should not be the stressors of the students. I have had this situation or experience with a student, where a depressive student was endorsed to me. So during our exposure in the area, he/she was seated at the</i></p>

corner of the room and not communicating with the group. Then, of course I cannot bombard into knowledge or do question and answer, but of course, one thing you can do is you observe the students if what are his/her weakness, what you should do to lift up (his/her mood), since it was endorsed to me he/she maybe depressive.... Then he/she assisted in delivering and that was the time he/she opened up and told me, 'Ms. I am not that useless at all'."

X, 34 years old

"Amo to siguro one time... It's really, handling gid ya patients nga almost dying. I mean bala oo, bisan bala ang students indi prepared sa amo nga ma kita nila nga dying ang ila patient... So I told them nga that's the reality. Some of the patients would come here (at the hospital) 50/50 (50% chance of survival and a 50% chance of death). Some would be lucky and would go out na relief, but some would not gonna make it."

"That one instance... It's really handling patients who are almost dying. I mean yes, even the students are not prepared to see their patients dying... So I told them that's reality. Some of the patients would come here (at the hospital) 50/50 (50% chance of survival and a 50% chance of death). Some would be lucky and would go out relieved, but some would not be able to make it."

Dee, 55 years old

"I can still vividly recall how my students felt during their first exposure, look in their faces were unforgettable. A student was assigned to a pediatric patient who was crying, restless, and reluctant to cooperate with care, my student was visibly nervous hands shaking slightly while preparing to take vital signs for the first time to a real patient and kept looking back to me for reassurance. I felt I needed to be there close to her side offering quiet guidance and encouragement, taught her how to pacify the baby. When the student successfully completed the procedure, the relief and pride on her face

was evident. Later, during post conference reflection, the student shared that it was the first time she felt like a “real nurse”.

Carl, 51 years old

“Well in the Intensive Care Unit, sometimes students have this or what you call this, get in-touch to their clients especially after 2 or 3 days of exposure. So it so happened that we have this code and that the students cannot do it anymore because she is so emotional. So she cannot do it even to assist in giving medication because she is just crying. After that, I told them that ‘there are times we need to have this barrier, between the patient and our emotions, because sometimes we cannot do as a nurse that we need to do in order to save them (Patients)’.”

***(1b):
Professional
Fulfillment in
Guiding Nursing
Students***

Mazel, 48 years old

“It's fulfilling as a Clinical instructor, indi lang nga ma bombard ng mga knowledge sa concept sang area, but as well as i-observe and maintain mo mentally stable ang students. That's why may mga students nga makita mo nga ara bakal sila sa guidance counselor because wla ta kabalo nga kita man gali kisa ang stressors sa students or kita ang isa ka instruments nga ma lift ang ila self-esteem to continue ang being a nursing student kag magka graduate sila, noh?”

“It is fulfilling to be a clinical instructor, not only because you are able to provide students with extensive knowledge about the concepts of the clinical area, but also because you are able to observe and maintain their mental and emotional stability. That is why there are students whom you see often seeking guidance from the guidance counselor, because we do not always realize that we, as clinical can sometimes be sources of stress for students. At the same time, we can also be one of the instruments that help lift their self-esteem, encourage them to continue as nursing students, and eventually graduate, right?”

Celestial, 55 years old

“One memorable moment was when a student successfully assisted in a challenging delivery for the first time. Despite feeling nervous, the student remained composed and applied what they had learned. It was heartwarming to know I played a role in their growth.”

Dee, 55 years old

“Being a Clinical Instructor for quite some time now I always believe that it is one of the most challenging yet rewarding roles in nursing education. Guiding students through their first real encounters with patients most specially that I am handling level 2 who are exposed to the areas for the first time. Seeing a student progress from a simple task to performing procedures competently.”

Wilbert, 55 years old

“So probably, one experiences nga indi ko malimtan ... its not just one but mostly every time we end our exposure when the parents or the patient’s significant other would compliment our students thats a very good affirmation for me at least na we did something that is good. Those are moments that really made me appreciate the work of being a clinical instructor. As well as you see your patients be discharged, daw ka nami na kayo.”

“So probably, there are experiences that I cannot forget—not just one, but almost every time we end our clinical exposure—when the parents or the patient’s significant others compliment our students. That serves as a very good affirmation for me, at least, that we were able to do something good. Those moments truly made me appreciate the role of being a clinical instructor. Additionally, seeing patients eventually get discharged feels very fulfilling.”

***(1c): Affirmation
and Validation
of Teaching
Efforts***

Theme 2: The Challenges of Clinical Instructors in Guiding Nursing Students

Based on the data collected, clinical instructors encountered a range of challenges while guiding nursing students during their clinical exposures. With that, three significant subthemes come to the forefront: “Variations in Students’ Competence, Learning Pace, and Preparedness,” “Emotional Challenges, Fear, Anxiety, and Confidence Issues in Clinical Practice,” and “Attitude, Motivation, Communication, and Behavioral Challenges.”

Collectively, these three subthemes highlight that clinical instruction is challenged not only by skill and knowledge gaps, but also by emotional readiness and attitudinal factors, reinforcing the need for patience, adaptability, and supportive supervision in nursing education.

The first subtheme, “Variations in Students’ Competence, Learning Pace, and Preparedness,” captures difficulties arising from differences in students’ cognitive abilities, skill levels, learning speed, and readiness for clinical exposure. Clinical instructors emphasized the challenge of adjusting supervision strategies to accommodate fast and slow learners while ensuring patient safety. As mentioned by Wilbert,

One challenge is the different degree of intelligence, different degree of skills of each student. So you cannot really generalize everybody. Some of the students are very good and very fast in processing information and fast in doing procedures. There are also students that are slow. Sometimes it seems the students don’t know anything when they go to the hospital. That is one of the challenges because, of course, you cannot ask them to do something that they do not know how to do.

These experiences align with research reflecting the challenges clinical instructors face due to differences in students’ abilities, readiness, and progression, requiring instructors to continually adjust supervision and teaching strategies; research shows that nursing students experience varying levels of challenges during clinical training depending on their academic level and preparedness (Negm et al., 2024), and that students’ development of clinical competence is influenced by both educational and instructor-related factors (Munangatire et al., 2024), with students themselves reporting expectations for tailored instructional approaches to meet diverse learning needs (Padagas, 2020).

The second subtheme, “Emotional Challenges, Fear, Anxiety, and Confidence Issues in Clinical Practice,” reflects the emotional and psychological struggles of students during clinical exposure, particularly fear, anxiety, and low self-confidence, which may lead to errors or hesitation in performing procedures. As shared by Dee, “Supervising students at the clinical settings the most common challenges I encountered was how to manage students’ anxiety and their lack of confidence, especially during their first hospital exposure being level 2 students. Many students were afraid of pediatric patients knowing they are too delicate and interacting with them can be too difficult.”

These observations are consistent with the findings of Rodger and Jukes (2021), who underscored the complexity of supervising at-risk nursing students in clinical environments. Emotional distress, particularly during early clinical experiences, can increase students’ vulnerability and compromise their performance, thereby intensifying the responsibilities of clinical instructors. This parallels Rodger and Jukes’ (2021) assertion that instructors must carefully balance supporting student learning with safeguarding patient safety while navigating emotional, ethical, and professional demands. Consequently, students’ emotional struggles add to the personal and professional pressures faced by clinical instructors, emphasizing the importance of heightened awareness, emotional guidance, and close supervision to help students build confidence and clinical competence.

Furthermore, these student-related emotional challenges are further compounded by broader clinical and institutional constraints identified by Gülten Sucu et al. (2019), such as heavy workloads, limited clinical practice areas, excessive student numbers, inadequate hospital environments, and difficulties in collaborating with healthcare team members. When such

structural challenges coexist with students' fear and anxiety, the clinical learning environment becomes more demanding, intensifying the burden on clinical instructors. Together, these findings suggest that emotional struggles among students do not occur in isolation but are often amplified by contextual limitations within clinical settings, thereby significantly affecting the overall teaching–learning process and requiring clinical instructors to exert additional effort to support students while maintaining safe and effective patient care.

Lastly, the third subtheme, “Attitude, Motivation, Communication, and Behavioral Challenges,” encompasses issues related to students' attitudes toward learning, motivation, compliance with instructions, and communication barriers, including cultural and language differences that affect rapport-building and clinical performance. As X mentioned,

One challenge: tingah ulo. Ka budlay gid ya. I mean gina test gid ya patience mo when it comes to instructions – not following instructions, bago ka lang gid nag instruct ga smile smile, no questions pagka dugay-dugay sala na. Sometimes challenging man especially ang foreign students ta bala, diba? Challenging when it comes to the interviews, rapport sa patients, but at some points may ara kamo patient nga maka-inchindi at the same time didto ko nga nakita nga bisan ga English speaking ga struggle when it comes to translation pero palangga sila sang patient nila. Last na lang, attitude of students when it comes to learning. Some are really receptive, some are lagging. Ga lag sila kung gina tawag mo sila. Pero amo lang na you need patience. (One challenge: stubborn or hard-headed. It's really difficult. I mean, it truly tests your patience when it comes to giving instructions – not following instructions, you just finished giving instructions, they're smiling, they have no questions, and then after a while, everything is wrong. Sometimes it's also challenging, especially with our foreign students, right? Challenging when it comes to interviews and building rapport with patients, but at some point, you have patients who are understanding, and at the same time that's when I noticed that even though the students speak English, they still struggle with translation—but their patients really love them. Lastly, the students' attitude toward learning. Some are really receptive, while others are lagging behind. They hesitate or fall behind when you call on them. But that's just how it is—you need patience.)

These experiences are consistent with the findings of Rodger and Jukes (2021), who emphasized that student behavioral and attitudinal challenges significantly increase the emotional and professional demands placed on clinical instructors, particularly as they strive to balance student support with patient safety. Moreover, this highlights that nursing student's attitudes, motivation, communication, and behaviors are strongly influenced by vulnerability, stress, and uncertainty in clinical settings. Students may appear hesitant, unmotivated, or withdrawn, and communication can be impaired by self-doubt and fear of judgment, while behavioral challenges often reflect coping with clinical pressures rather than incompetence. The research emphasizes that supportive mentoring, positive feedback, and a psychologically safe environment can strengthen resilience, improve engagement, enhance communication, and promote adaptive behaviors, providing clinical instructors with evidence-based strategies to guide students effectively during clinical exposure (Aryuwat et al., 2024).

Table 3
Significant Statements on Theme: The Challenges of Clinical Instructors in Guiding Nursing Students

Theme	Subtheme	Significant Statement
(2) The Challenges of Clinical Instructors in Guiding Nursing Students	2a): Variations in Students' Competence, Learning Pace, and Preparedness	<p>Celestial, 55 years old "Challenges include managing different learning paces among students, ensuring patient safety, and handling limited resources in the clinical setting. "</p> <p><i>"Challenges include managing different learning paces among students, ensuring patient safety, and handling limited resources in the clinical setting. "</i></p> <p>Wilbert, 55 years old "One challenge is the different degree of intelligence, different degree of skills of each student. So you cannot really generalize everybody. Some of the students are very good and very fast in processing information and fast in doing procedures. There are also students that are slow. Sometimes it seems the students don't know anything when they go to the hospital. That is one of the challenges because of course you cannot ask them to do something that they do not know how to do."</p> <p>Carl, 51 years old "Sa ICU, there are certain students really that are slow or were slow and you need to adjust also."</p>
	(2b): Emotional Challenges, Fear, Anxiety, and Confidence Issues in Clinical Practice	<p>Dee, 55 years old "Supervising students at the clinical settings the most common challenges I encountered was how to manage students' anxiety and their lack of confidence, especially during their first hospital exposure being level 2 students. Many students were afraid of pediatric patients knowing they are too delicate and interacting with them can be too difficult."</p> <p>Wilbert, 55 years old "Another one is fear, that's one of the</p>

challenges. Fear make them (students) make mistakes. Especially ang mga injections and other invasive procedures. Students having this amount of fear, they tend to make mistakes.”

Uni, 38 years old

“...Sometimes sa Infection Control Committee (ICC) lain nga mahaboyan sang basurahan. Makita sang ICC, masinggitan ang student, te amo na ga pa stress sa akon kung singgitan ang student indi ako comfortable with it.”

“....Sometimes in the Infection Control Committee, students would discard at a different designated trashbin. When the ICC see this, the student gets shouted at, and that’s what stresses me—when students are being yelled at, because I’m not comfortable with that.”

Mazel, 48 years old

“Amo na ang pinaka challenging ko sa students na medyo may ara unstable ang iya mental state... Also, may ara ko students nga budlay i.handle, but actually graduate na to sila. This group tamad gid ni sila mag kuha FHB, vital signs.”

“These are some of the most challenging experiences I’ve had with the students, especially dealing with students who have somewhat unstable mental states... Also, I had students who were difficult to handle, but they have already graduated. This group was really lazy when it came to taking the fetal heartbeat (FHB) and vital signs.

X, 34 years old

“One challenge: tingah ulo. Ka budlay gid ya. I mean gina test gid ya patience mo when it comes to instructions – Not following instructions, bago ka lang gid nag instruct ga smile smile, no questions pagka dugay-dugay sala na. Sometimes challenging man especially ang foreign students ta bala, diba? Challenging when it comes to the interviews, rapport sa patients, but at some points may ara kamo patient nga maka-inchindi at the same time didto ko nga nakita nga bisan ga english

***(2c): Attitude,
Motivation,
Communication,
and Behavioral
Challenges***

speaking ga struggle when it comes to translation pero palangga sila sang patient nila. Last na lng, attitude of students when it comes to learning. Some are really receptives, some are lagging. Ga lag sila kung gina tawag mo sila. Pero amo lang na you need patiences.”
“One challenge: stubborn or hard-headed. It’s really difficult. I mean, it truly tests your patience when it comes to giving instructions – Not following instructions, you just finished giving instructions, they’re smiling, they have no questions, and then after a while, everything is wrong. Sometimes it’s also challenging, especially with our foreign students, right? Challenging when it comes to interviews and building rapport with patients, but at some point, you have patients who are understanding, and the same time that’s when I noticed that even though the students speak English, they still struggle with translation—but their patients really love them. Lastly, the students’ attitude toward learning. Some are really receptive, while others are lagging behind. They hesitate or fall behind when you call on them. But that’s just how it is—you need patience.””

Wilbert, 55 years old

“Another one is attitude. There are some students having very good attitudes who are ready and eager to learn. But there’re also students who are just there because they have to be there because of requirements. They don’t really have the heart for the career. So those who are really eager and interested are those who really excels. And then sometimes take time for those who are not so interested and you have to supervise them more because they might not have the capacity, might have the energy, or the interest to do the procedures. So they often don’t do anything, diba? Because they don’t have the interest. So yes, attitude is very important.”

Uni, 38 years old

“Mostly mga wrong preparation sa medication. Mga lain assessment nga ma refer sa doctor, kag

mag abot ang doctor mangakig. Sometimes sa Infection Control Committee (ICC) lain nga mahaboyan sang basurahan. Makita sang ICC, masinggitan ang student, te amo na ga pa stress sa akon kung singgitan ang student indi ako comfortable with it.”

“Mostly, wrong preparations for medication. Different assessments being referred to the doctor, and which sometimes causes the doctor to get angry when they arrive. Sometimes in the Infection Control Committee, students would discard at a different designated trashbin. When the ICC see this, the student gets shouted at, and that’s what stresses me—when students are being yelled at, because I’m not comfortable with that.”

Theme 3: Coping Mechanism of Clinical Instructors From the Challenges in Guiding Nursing Students

A thorough analysis of the data collected from participants revealed that clinical instructors shared a wide array of experiences that shaped not only their professional practice but also their ability to navigate the complex challenges of guiding nursing students. These narratives highlighted the coping mechanisms and adaptive strategies instructors employed to manage stress, support student learning, and uphold patient safety while fostering effective and productive clinical environments. From these insights, two subthemes emerged: “Patient-Centered and Adaptive Clinical Teaching” and “Patience-Driven Emotional Support and Professional Guidance.” Together, these two subthemes synthesize the instructors’ experiences into instructional adaptability and emotional–professional support, capturing both the technical and human aspects of coping in clinical instruction.

The first subtheme, “Patient-Centered and Adaptive Clinical Teaching,” describes how clinical instructors tailor their instructional methods to accommodate variations in students’ abilities, learning speeds, and levels of preparedness, while consistently prioritizing patient safety and clinical goals. This subtheme emphasizes the importance of adaptability, individualized support, and clear structure in promoting effective clinical learning. As reflected in X’s experience,

When it comes sa slow... different kinds of learners: may slow learners, ga adjust ka gyapon medyo ano ka na lang... deep breathing, amo na lng gid na siguro, diba? Deep breathing ka na lang kay no. 1 it's your job to teach. Also, simple lang establish rules kag dapat since you are a student patiha lang na. It's not that I'm strict, but it's also for them, para indi ta mag alang-alang both us and the school that we are in, amo lang na. Tapos, patience lang gid Ms. As in patience lang gid always. (When it comes to slow... different kinds of learners. There are slow learners, and you still have to adjust. You just have to... take deep breaths, that's probably all you can do, right? Just take deep breaths because, number one, it's your job to teach. Also, simply establish rules, and since they are students, they just have to follow them. It's not that I'm being strict as a clinical instructor, but it's also for their own good, so that

both we and the school are respected—that’s all. And then, you really just need patience, Ms. Really, always just patience.)

These experiences are closely aligned with the findings of Dintwe, Gause, and Sehularo (2025), who noted that nurse educators transitioning from clinical practice to academic roles must rely on a range of coping strategies to manage heightened teaching responsibilities and workload demands. The educators in their study employed problem-focused and emotion-focused coping strategies—such as drawing on clinical expertise, setting boundaries, and regulating emotions—to effectively navigate instructional challenges. Similarly, X’s adaptive teaching practices reflect the application of these coping mechanisms in real clinical settings, highlighting how instructors’ ability to remain patient, flexible, and structured enables them to respond to diverse learner needs while sustaining safe, patient-centered clinical education.

The second subtheme, “Patience-Driven Emotional Support and Professional Guidance,” captures the emotional and relational dimension of clinical instruction, emphasizing patience, understanding, emotional support, and confidence-building to help students cope with fear, anxiety, mistakes, and stressful clinical encounters. As shared by Dee, “I coped with this by being patient and supportive, demonstrating procedures, allowing supervised practice which is very important in order for them to gain confidence.”

These experiences are strongly supported by the findings of Zeb et al. (2022), who emphasized that clinical instructors actively model stress management and provide emotional scaffolding through trusting relationships, open discussions about stress, and practical demonstrations of coping techniques. By sharing experiences, encouraging dialogue, and offering hands-on support, instructors empower students to express concerns and develop effective stress management skills. Similarly, Ball (2021) underscores the importance of approach-based coping strategies—such as active support, engagement, and guidance—in mitigating burnout among faculty. Together, these studies reinforce that patience-driven emotional support and proactive guidance are not only beneficial for students’ confidence and stress management but also serve as adaptive coping strategies for instructors themselves, helping sustain effective teaching practices in demanding clinical and academic environments.

Table 4

Significant Statements on Theme: Coping Mechanism of Clinical Instructors From the Challenges in Guiding Nursing Students

Theme	Subtheme	Significant Statement
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(3) Coping (3a): Patient-Centered and Mazel, 48 years old
 Mechanism of Centered and “So what I did is para indi man gid mag-miss ang

**Clinical
Instructors
From
Challenges
Guiding
Nursing
Students**

***Adaptive Clinical
Teaching***

ila FHB monitoring is first and second hour ako nag kuha sang FHB, then after that sa third hour nga wala sila gyapon, very few lang nag kadto. So gn pa decide ko sila ‘you have to go home or gusto nyo mag vital sign sa pasyente? Kay ako willing ako mag puli kita ya tanan. Indi ta na lang ni tapuson.’ So (after) what i did, nag check na sila vital sign.

So una is, talk nyo lang. Talk lang anay in a nice way nga indi man sya ma insulto. Then kung indi gid makuha, always tell the group “kung amo ta sini permi, mapuli na lng ta early. Wla ta case.” So amo lng na ang approach.

So actually its not about ma adjust ang students sa clinical instructor. it should be the clinical instructor adjust to the students and as well as the students adjust to the clinical instructor. So from the start of the duty, may ara kita gina tawag nga orientation in the area. So in that orientation may ara ka dira objectives nga in the end of the day or in the end of the 3 days exposure, amo ni dapat i.learn ta. So dapat may ara kita sina sang scenarios kay kung wla kita scenarios daw ma lost ang mga students kag ma hambal ‘Ms. ma ano ta?’”

“So what I did, to make sure their FHB monitoring would not be missed, was that during the first and second hours I personally took the FHB, then by the third hour, they still were not there—only a few of them showed up. So I made them decide: ‘You either go home, or do you want to take the patient’s vital signs? Because I’m willing for us to go home. Let’s just not finish this.’ After what I did, they checked the vital signs.

Theme 4: Perceptions of Clinical Instructors and Sustained Engagement in Guiding Nursing Students Through Their Clinical Exposure

According to the data gathered, clinical instructors expressed varied perceptions of their role in guiding nursing students throughout their clinical exposure. In exploring these perspectives, two significant subthemes emerged: “Perceived Responsibilities and Impact of Clinical Instructors” and “Intrinsic Motivation and Passion for Teaching Despite the Hurdles.”

Under the first theme, “Perceived Responsibilities and Impact of Clinical Instructors,” clinical instructors emphasized their role in guiding, mentoring, and supporting nursing students throughout their clinical exposure. For example, Celestial stated, “As a clinical instructor, I see

my role as a bridge between theory and practice. It's about being a mentor, a role model, and a source of support for students. My aim is to create an environment where they feel confident to ask questions, make mistakes, and learn without judgment.”

This perspective aligns with Melrose (2022), who emphasized that clinical instructors serve as indispensable pillars in nursing education, particularly in the transition from hospital-centric training to university-based settings. In dynamic clinical environments, instructors are tasked with guiding students to achieve entry-to-practice competencies while integrating clinical expertise with instructional skills, exemplifying the qualities of effective and supportive educators.

Moreover, this subtheme also emphasizes the influence of the clinical instructors on students' skill development, confidence, and professional growth. X noted that,

Number one, of course, being a clinical instructor, number one your role is very important in molding the minds of your students, kay nga a... during a clinical exposure it really means that you are applying the theories they have learned from the classroom, diba? Also, ang role sang clinical instructor, you make or train the students to become independent, but of course responsible for their actions. (Number one, of course, as a clinical instructor, your role is very important in molding the minds of your students, because... during clinical exposure, it really means they are applying the theories they have learned in the classroom, right? Also, the role of the clinical instructor is to make or train them (students) to become independent, but of course responsible for their actions.)

Wilbert echoed this sentiment, emphasizing that

Our role as a clinical instructor is very important and very vital, especially with students, in my experience, because I was in Level 2, so that is one of the first clinical experiences that you will have. So whatever I'll teach them would be the basis for their succeeding exposure. So if they have like traumatic experience or did not learn anything, it would be a reflection or it would be their basis of succeeding exposures.

These insights align with the findings of Lillekroken (2022), who described nurse educators' dual role as both a privilege and a challenge in guiding students through fundamental care. The study underscores that effective instruction requires a combination of theoretical teaching and practical application, highlighting the importance of educators in fostering essential skills, setting positive examples, and preparing students to apply high-quality care in real-world clinical settings.

The second subtheme, “Intrinsic Motivation and Passion for Teaching Despite the Hurdles,” explores the inner drive and dedication of clinical instructors to continue teaching despite the challenges they encounter, reflecting their passion for nurturing future nurses and their commitment to the profession, which participants like Dee shared, “My motivation comes from a strong sense of purpose. Despite the demands and challenges that comes with the job the fulfillment of contributing to the growth of future members of the nursing profession makes this role rewarding and worth all the challenges I encounter.”

Such findings are supported by research showing that nurse educators' persistence in their teaching roles is strongly linked to intrinsic motivators like love of teaching, professional satisfaction, and a desire to support the next generation of practitioners (Tufano et al., 2023). Similarly, educators report that their passion for the nursing profession and the joy of witnessing

students' growth and success are key factors that sustain their engagement and commitment, even in the face of professional challenges and workplace stressors (Abdulcader & Bantugan, 2025; Bahramnezhad & Keshmiri, 2025).

Table 4

Significant Statements on Theme: Perceptions of Clinical Instructors and Sustained Engagement in Guiding Nursing Students Through Their Clinical Exposure

Theme	Subtheme	Significant Statement
(3) Perceptions of Clinical Instructors and Sustained Engagement in Guiding Nursing Students Through Their Clinical	(3a): Perceived Responsibilities and Impact of Clinical Instructors	<p>Mazel, 48 years old</p> <p>“Mag-hmbal ka role, medyo malapad na na sya. Medyo broad na sya nga definition because your role is not only as a CI, indi ka lang mag-focus as a teacher, indi ka pwede maka focus nga my role is only a teacher. But sometimes, there are some situation especially to those students nga medyo may mga emotional concerns sa ila family gina bitbit na nila during clinical exposure, dira na man dra magsulod si CI as a mother sa isa ka student, noh? Ulo-ulohan mo sya, you have to give advice nga i-pursue ang imo nga gn start nga career.</p> <p>What else? Your role is to be a good colleague sa imo co-worker. So amo na sya. So not only a teacher, but actually it is a whole package. As a responsible CI, as a ikaw ang taga patawa sa ila when it comes nga medyo depress sila o medyo na suboan sila.</p> <p>So its a really big definition sang role as CI. Tanan-tanan guro ubrahon sang isa ka teacher sa students para ma pursue nila ang gusto nila nga journey. It is part of the success sang students is the behind the... correction... In every success there is always a behind situation nga isa na dra is the teacher naga encourage sa imo to pursue and nag succeed ka.”</p> <p><i>“When you talk about the role, it’s quite wild. A bit broad in terms of definition because your role is not only as a CI—you can’t just focus on being a teacher. You can’t say your role is only as a teacher. But sometimes, there are situations, especially with students who bring emotional concerns from their family during clinical</i></p>

exposure. That's when the CI steps in almost like a mother to a student, right? You guide them, give advice, and encourage them to pursue the career they have started.

What else? Your role is to be a good colleague to your co-workers. So that's it—So not only a teacher, but actually it is a whole package. As a responsible CI, you're also the one who can lighten the mood when a student is feeling down or depressed.

So its a really big definition regarding the role as CI. Maybe, one teacher would do everything in order to help students pursue the journey they want. It is part of the success of the students is the behind the... correction... In every success there is always a behind situation where one is a teacher who encourages you to pursue and to succeed."

X, 34 years old

"Number one of course, being a CI no. 1 your role is very important in molding the minds of your students, kay ngaa... uhmm... during a clinical exposure it really means that you are applying the theories they have learned from the classroom, diba? Also, ang role sang CI, you make or train them (students) to become independent, but of course responsible of their actions."

"Number one, of course, as a CI, your role is very important in shaping the minds of your students, because... during clinical exposure, it really means they are applying the theories they have learned in the classroom, right? Also, the role of the CI is to make or train them (students) to become independent, but of course responsible for their actions."

Celestial, 55 years old

"As a clinical instructor, I see my role as a bridge between theory and practice. It's about being a mentor, a role model, and a source of support for students. My aim is to create an environment where they feel confident to ask questions, make mistakes, and learn without judgment."

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students. My aim is to create an environment where they feel confident to ask questions, make mistakes, and learn without judgment."

Dee, 55 years old

"I take this role seriously; being a clinical instructor means being present, approachable, and supportive while helping students grow into competent, compassionate, and responsible nursing professionals."

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Wilbert, 55 years old

"Our role as a CI is very important and very vital especially with students in my experience because I was in level 2, so that is one of the first clinical experiences that you will have. So whatever I'll teach them would be the basis for their succeeding exposure. So if they have like traumatic experience or did not learned anything, so it would be a reflection or it would be their basis of succeeding exposures"

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Uni, 38 years old

"Mentor. Teacher and mentor. Advocate"
"Mentor. Teacher and mentor. Advocate"

Carl, 51 years old

"Well, it's a big responsibility. So you need to be updated, especially with the latest trend, because every year it's not only the students learning, but also as well as the CIs. Okay, we (CIs) are also

learning not only from the books, but also from experiences and from the students themselves.”

“Well, it’s a big responsibility. So you need to be updated, especially with the latest trend, because every year its not only the students learning, but also as well as the CIs. Okay, we (CIs) are also learning not only from the books, but also from experiences and from the students itself.”

Mazel, 48 years old

“Kung despite the challenges, once you loved the job ma continued mo gid na sya, but not go in to the point nga 80 years old ga continue ka pa sa imo profession kay because you loved your job... no... Just lived a day one at a time. Day by day, noh?”

(3b): Intrinsic Motivation and Passion for Teaching Despite the Hurdles

Samtang ara pa imo work, loved mo lng gid sya and then you set a goal nga if okay na and stable everything, so siguro may ara gid na the right time, the right age for you mag rest ka na.

But as you are still a CI, do your best lang gid, para ma appreciate man sang students as well as the institution ang imo effort and worth.”

“If despite the challenges, once you loved the job, you will continue doing it, but not go in to the point that you’re already 80 years old and you still continuing in the profession just because you love your job... No.... Just lived a day at a time, day by day, right?”

As long as you still have your job, just truly love it and then set a goal that when everything is already okay and stable, so maybe there will be the right time and the right age for you to rest.

But as you are still a CI, do your best, so that the students, as well as the institution, will appreciate your effort and your worth.”

X, 34 years old

“Number 1 is the feedback of the student itself. You would always see the comment of the students nga amo ni sya nga klase nga CI and one

time na shock ko ato bala syempre part time pa lang ko to then na list ka sa merit award, and then gina question ko akon self, ‘ngaa nag merit man ko man?’ Somehow na batian sang student and hmbal nila, ‘ngaa ma tingala ka pa Ms. how? kay ikaw man lang ga tudlo inchakto.’

Also, when you are in your 4th day or 5th day of your duty, ga feedback kita, wala ka man ga hmbal nga ga compare but pero ga hmbal sila “Ms. ka nami.” Also, even a single thank you from your students, okay ka na ya.”

“Number one is the feedback from the students itself. You would always see comment of the students about what kind of CI you are and one time, I was really shocked—That one time, of course I was still part-time then—when I was listed for a merit award, and then I questioned myself and thought, ‘Why did I even get a merit?’ Somehow, a student overheard me and said, ‘Why are you still surprised, Ms.? It’s because you’re the only one who teaches correctly.’

Also, when you are in your 4th day or 5th day of your duty, we do feedback, I’m not saying that you are comping, but the students would say, ‘Ms., you’re really good.’ And even just a single “thank you” from your students is already enough.”

Celestial, 55 years old

"My inspiration comes from my students' successes and their expressions of gratitude. Knowing that I contribute to their professional journey and help improve patient care keeps me motivated."

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“My motivation comes from a strong sense of purpose. Despite the demands and challenges that comes with the job the fulfillment of contributing to the growth of future members of the nursing

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“My motivation comes from a strong sense of purpose. Despite the demands and challenges that comes with the job the fulfillment of contributing to the growth of future members of the nursing profession makes this role rewarding and worth all the challenges I encounter.”

Wilbert, 55 years old

“Seeing those graduates we have are already successful. So thats already a reward itself na you see them professional already, be colleagues na. Its really ano... its makes you value your job better.

Another of course, being a teacher is something special, you get that may not be all the times but the respect from your students. You get that tiny flick of yun parang pride nga ‘Studyante ko yun’.

So that’s one of the motivations and maybe siguro I really enjoyed what I want in life, even if may highs and lows still that’s what I really want and I enjoyed teaching so maybe that’s what made me endure despite the challenges. So, ang nami nga motivation is your inner desire for the work.”

“Seeing those graduates we have are already successful. So thats already a reward itself that you see them professional already, be colleagues. It really... it's makes you value your job better.

Another, of course, being a teacher is something special, you get that may not be all the time but the respect from your students. You get that tiny flick of pride, thinking, ‘That was my student.’

So, that’s one of the motivations and maybe I really enjoyed what I want in life, even if may highs and lows still that’s what I really want and I enjoyed teaching so maybe that’s what made me endure despite the challenges. So the best motivation is your inner desire for the work.”

Uni, 38 years old

“Actually damo-damo na ako nga challenges nga na encountered, damo-damo naman ako times nga gin patawag man, iban man it was excruciating, however, still ang students ang ga inspire sa akon because namian ko nga ma learn sila. And it also inspires me to study even though indi ko namian mag-tuon pero wala ako choice ti matuon gid ko. In a way it is also a motivation to study kay I need to deliver nga inchakto nga ano sa students. I really don’t care kung ano hambalon sang iban sala ka as long tun.an ko and gn share ko sa students that’s a thing for me.”

“Actually, I’ve encountered many, many challenges. I’ve also been called in many times, and some of those were excruciating. However, still the students inspire me because I enjoy seeing them learn. And it also inspires me to study even though I don’t really like studying, but I don’t have a choice, so I really have to study. In a way, it is also a motivation to study because I need to deliver the correct information to the students. I really don’t care what others say about me being wrong, as long as I study and share that to my students and that’s a thing for me.”

Carl, 51 years old

“So we’ll not stop from here, you’ll be encountering a lot of challenges. The most important thing is you have this goal because you want to help students to become a full pledge nurse, to be a better nurse, because you don’t know someday they’ll be one to take care of you.”

“So we’ll not stop from here, you’ll be encountering a lot of challenges. The most important thing is you have this goal because you want to help students to become a full pledge nurse, to be a better nurse, because you don’t know someday they’ll be one to take care of you.”

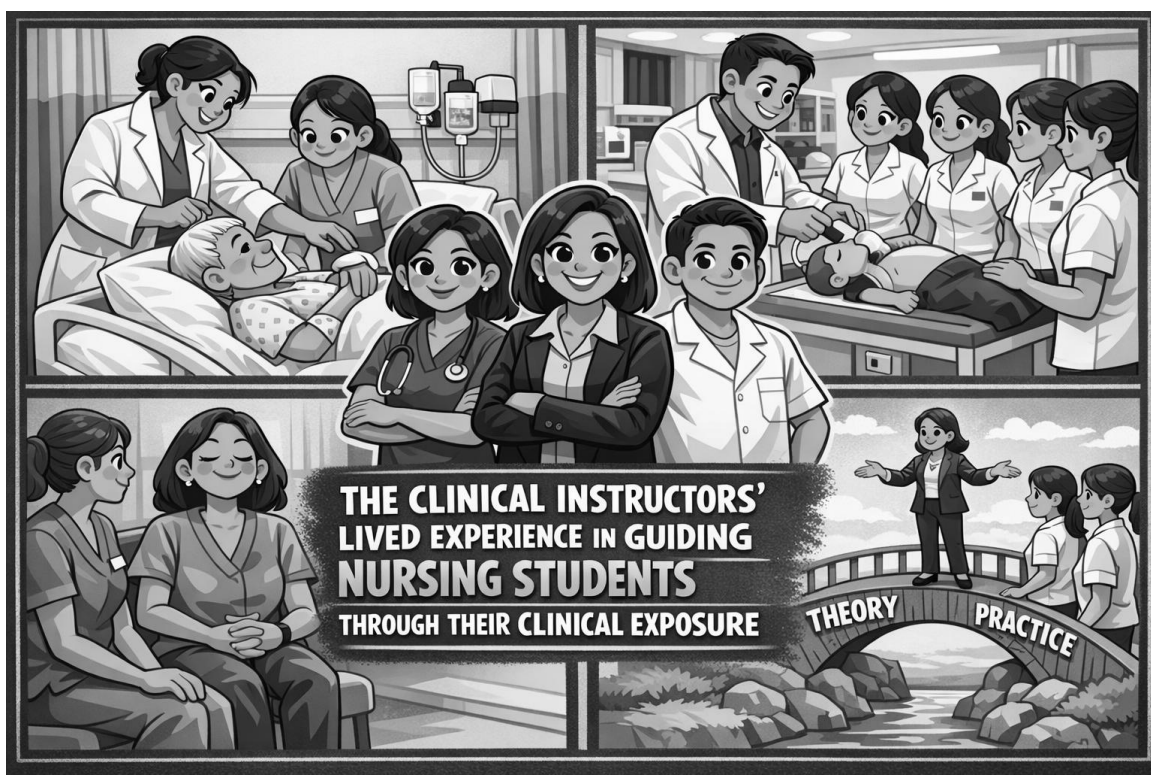
This simulacrum illustrates the lived experiences of clinical instructors in guiding nursing students through their clinical exposure, anchored on four emerging themes from the study. The quadrants represent significant moments that shape instructors and students through meaningful bedside learning; the challenges instructors face in adjusting teaching pace, managing diverse learners, and balancing responsibilities; the coping mechanisms they employ,

such as calm presence and emotional regulation; and their perceptions that sustain engagement, highlighting their role as mentors who bridge theory and practice.

At the center, the three clinical instructors symbolize the multifaceted identity of clinical instructors as clinicians, teachers, and role models, uniting the four themes. Their placement underscores a continued commitment to fostering a safe and supportive learning environment where nursing students are encouraged to ask questions, learn from mistakes, and grow with confidence, reflecting the resilience and dedication inherent in clinical nursing education.

Figure 2

Simulacrum: Guiding Care: Clinical Instructors' Lived Experiences



Conclusion

This study captures the depth and complexity of clinical teaching as experienced by nursing educators. Through the exploration of their narratives, this study highlights the meaningful moments, challenges, coping mechanisms, and perceptions that shape clinical instructors' roles in guiding students within real healthcare settings. It illuminates how instructors balance patient safety, student learning, and emotional support while navigating the demands of clinical education. By integrating their lived experiences, this study provides valuable insights into the multifaceted nature of clinical instruction, underscoring the pivotal role of clinical instructors in fostering professional growth, resilience, and competence among nursing students.

The study encapsulates how meaningful clinical experiences serve as pivotal moments that shape both nursing students' professional development and clinical instructors' sense of purpose and fulfillment. Real-life clinical situations, including emotionally intense and critical

patient care encounters, foster transformative learning by enhancing students' clinical competence, emotional resilience, and professional identity while requiring instructors to provide both technical instruction and emotional guidance. At the same time, instructors experience deep professional satisfaction as they witness students' growth, receive affirmation from patients and families, and observe positive patient outcomes such as recovery and discharge. These experiences validate instructors' teaching efforts, reinforce their effectiveness as mentors, and strengthen their commitment to nursing education, illustrating the reciprocal and deeply rewarding nature of clinical instruction for both learners and educators.

Aside from the various perceptions of experience of the clinical instructors, they also encountered a myriad of challenges in the course of their duties, encompassing multifaceted aspects of student competence, emotional readiness, and professional behavior. These challenges spanned from variations in students' knowledge, skills, learning pace, and preparedness for clinical exposure, to managing fear, anxiety, and low self-confidence that often hinder students' performance, particularly during initial hospital experiences. In addition, instructors faced difficulties related to students' attitudes, motivation, communication barriers, and behavioral issues, including failure to follow instructions and challenges arising from cultural and language differences, all of which intensified the demands of clinical supervision while maintaining patient safety. These challenges highlight the complex and demanding nature of the clinical instructor role, suggesting the need for strengthened institutional support such as structured student orientation, continuous faculty development programs, smaller clinical group assignments, and enhanced mentoring strategies to better equip instructors in addressing diverse student needs and fostering a more supportive and effective clinical learning environment.

Despite facing challenges, clinical instructors developed coping mechanisms to navigate obstacles by integrating instructional adaptability with emotional and professional support. Through patient-centered and adaptive clinical teaching, instructors tailor their methods to accommodate diverse student abilities and learning speeds while prioritizing patient safety and clear structure. This approach relies heavily on patience and regulating emotions to manage the transition from clinical practice to teaching roles. Furthermore, instructors provide patience-driven emotional support and professional guidance, using supervised practice and open dialogue to help students overcome anxiety and build confidence. These strategies not only facilitate student learning but also serve as vital tools for instructors to mitigate burnout and maintain effective teaching practices in demanding environments.

One of the extracted themes of this research was "Perceptions of Clinical Instructors and Sustained Engagement in Guiding Nursing Students Through Their Clinical." Perceptions of their role in guiding nursing students throughout their clinical exposure exhibited a spectrum of viewpoints. Instructors view themselves as vital bridges between theory and practice, serving as mentors and role models who create safe, non-judgmental environments for learning. This role is considered essential for shaping students' minds, fostering independence, and establishing the foundational competencies required for future clinical success. By integrating clinical expertise with instructional skills, these educators act as indispensable pillars who significantly influence the skill development, confidence, and professional growth of their students.

Clinical instructors maintain deep engagement with their responsibilities through a strong sense of purpose and intrinsic motivation that persists despite professional hurdles. This dedication is fueled by a passion for nurturing the next generation of nurses and the fulfillment found in witnessing student growth and success. Such commitment is often linked to

professional satisfaction and a desire to contribute meaningfully to the nursing profession, which helps educators navigate workplace stressors and the demands of the job. To enhance these outcomes, educational institutions should implement structured support systems that promote the exchange of adaptive teaching methods and emotional resilience strategies, fostering a sustainable balance between technical instruction and the human dimensions of clinical guidance.

In light of the insights gained from the research, the following implications outline how the research findings could affect the various sectors involved in clinical nursing education and suggest future paths for academic study.

The findings underscore a pressing need for structural support for those on the front lines of education. For university administrators, the data suggests that the emotional and professional labor involved in guiding students requires more than just academic oversight; it necessitates a strategic investment in instructor wellness programs and reduced student-to-teacher ratios to ensure quality guidance.

For healthcare administrators, the findings imply that the clinical environment must be more conducive to teaching. This affects the sector by highlighting the need for stronger "academic-service partnerships" where hospital staff and instructors collaborate more closely to reduce the friction instructors often feel when navigating busy wards with novices. Future studies could investigate the administrative impact of providing dedicated "Teaching Wards" on both instructor satisfaction and student retention.

For nursing leaders, the study implies that the role of a clinical instructor is high-stakes and prone to burnout, necessitating a shift toward more supportive, transformational leadership styles within nursing colleges. This affects the sector by prioritizing the mental and professional health of the educators who shape the next generation. For clinical instructors themselves, the research serves as a reflective tool, implying that their lived experiences—both the triumphs and the hardships—are central to the evolution of nursing pedagogy. It suggests that they should move toward a community-of-practice model where shared experiences are used to develop better mentoring strategies. Future action research should focus on developing standardized peer-support frameworks for instructors to process the challenges faced during clinical exposure.

The implications for nursing students are rooted in the realization that the quality of their clinical exposure is deeply tied to the well-being and preparation of their instructors. The findings imply that a more supported instructor leads to a more psychologically safe and enriched learning environment for the student, directly affecting their clinical competence and confidence.

Finally, for future researchers, this study provides a qualitative baseline for understanding the "human element" of clinical instruction. While this research captures the essence of the experience, it reveals a need for further inquiry. Future scholarly efforts should transition toward longitudinal studies that track how an instructor's lived experience changes over a career span or explore how different clinical specialties (e.g., mental health versus critical care) alter the nature of instructor-student guidance.

Moreover, drawing upon the evidence established in this study, the following recommendations and suggestions elucidate the transformative potential of these findings for the clinical nursing landscape. Firstly, to support clinical nursing education, the researcher recommended that the university administrators should move beyond oversight and actively implement systems that help faculty share teaching methods and emotional support strategies.

By creating peer-mentoring groups and workshops, the institution allows experienced instructors to teach others how to balance student learning with patient safety while managing the stress of their roles. These programs should also focus on providing instructors with the right instructional strategies to handle challenges like student communication barriers and varying skill levels.

Additionally, administrators should reduce faculty workloads by assigning smaller groups of students to each instructor. This change allows for better supervision and gives instructors the time needed to provide emotional support, which helps students overcome anxiety and build confidence. By lowering these demands and offering continuous development, the university can help prevent instructor burnout and create a more effective learning environment for everyone.

Secondly, healthcare administrators and nursing leaders should work together with schools to create a better environment for both teachers and students. This includes making the orientation process easier and acknowledging that instructors are the essential link between classroom lessons and keeping patients safe in the hospital. To keep instructors from getting overwhelmed or burnt out, leaders should set up mentoring programs and support systems that help them handle the daily stress of the job.

For the clinical instructors, they are encouraged to continue utilizing patient-centered and adaptive clinical teaching by tailoring their instruction to match the unique learning speed and ability of each student. This approach involves maintaining a clear, organized structure to ensure patient safety while using patience and emotional control to manage the transition from being a nurse to being a teacher. It is also helpful for instructors to prioritize emotional support and keep communication open during supervised practice. By doing this, they can help students move past their anxiety and build the genuine confidence needed to succeed in a real healthcare setting.

While for the nursing students, they are encouraged to engage actively in supervised practice and maintain open communication with their instructors to address common hurdles like fear and low self-confidence. It is beneficial for students to view their clinical exposure as a transformative opportunity to build more than just technical skills; it is a time to develop emotional resilience and a strong professional identity. By embracing real-life patient encounters and the guidance of their mentors, students can turn challenging clinical moments into pivotal experiences that shape their future careers and clinical competence.

Lastly, future researchers are invited to further explore the lived experience of clinical instructors, specifically focusing on how long-term intrinsic motivation and professional fulfillment impact faculty retention. It would be beneficial to investigate the effectiveness of specific emotional regulation techniques in preventing burnout within high-pressure clinical settings. Also, researchers in related fields can build upon these findings to explore additional aspects of the instructor-student relationship, further enriching the research on clinical guidance in nursing education.

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