Challenges and Coping Strategies of Clinical Instructors in The New Normal

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Abstract — This study aimed to determine the challenges encountered by clinical instructors in the new normal and their coping mechanisms. This study employed a quantitative inquiry to determine the challenges encountered and coping mechanisms employed by clinical instructors in the new normal, involving 75 clinical instructors from four different universities, who participated voluntarily. Data were gathered through a questionnaire from each participant and were analyzed and interpreted. Findings showed that these clinical instructors are greatly challenged in terms of learning resources, learning environment, learners and peers including health risks posed by the pandemic. There is a significant difference between the challenges encountered by clinical instructors in terms of learning environment and the number of seminars and trainings they have attended. This means that the challenges encountered by the clinical instructors are comparable with regards to the number of seminars and trainings they have attended. There is a significant relationship between the monthly income of the respondents and the challenges encountered by the respondents in terms of their learners. This means that the higher the monthly income of the clinical instructor, the more they are challenged to their learners. Nevertheless, these clinical instructors dealt with these difficulties by employing their own coping techniques. clinical teaching can be challenging and frustrating, especially in these difficult times, but as these clinical instructors demonstrated, everything is possible. Conventional education and training is recommended for clinical instructors because it has been proven as effective means of knowledge transfer and skills development. Hence, in clinical education, clinical instructors must be ready for any situation that may arise. instead, clinical instructors adjust and cope up with the challenges they experience and accept this reality. For this situation is unlikely to get better anytime soon.

Keywords — New Normal Education, Challenges, Clinical instructor, Clinical teaching

I. Introduction

Among the various modalities offered, using printed self-learning modules is the method used by most public schools. It is because only a few learners, especially in remote areas, can access the internet since only a few have gadgets and there is a limited internet connection Guiamalon et al., (2021). Clinical environments feature a multidimensional and sophisticated social structure, and the structure's low and difficult control of conditions influences learning. This social structure is comprised of aspects such as clinical setting needs, student and educator characteristics, and instructor-student interaction. Abbas, students must be able to reap the benefits of these elements and conditions. Cos et al. (2021). Clinical teaching can present a number of issues and challenges for both students and educators. This idea states the established learning environments that are responsive to the learners' diversity-interactive environments that are

learning-focused and that efficiently manage the learners' behavior in physical and virtual spaces through the use of polymedia. Students learn more if there is a practice of these modern adaptations of modalities. With the incorporation of different media, the senses of the learners are used, which makes them learn at a concrete level and learn more when the texts being taught to them are presented in a manner that makes them more physically encouraging and appealing Delos Reyes R.J. (2020).

Nursing is a respectable and rewarding job. Nurse educators demonstrate their passion for teaching by incorporating elements such as clinical assessments, the practical application of theory, evaluation, and role modeling into advanced nursing practice, from previous and current experience, and clinical practicum to find success and satisfaction in students' chosen professions. They also empower students to develop their strengths, beliefs, and personal attributes to become a good professional. The fundamental elements of nursing have not changed despite changes to educational environments, education costs, dress codes, clinical hours, and state board exams. Clinical teaching can present a number of issues and challenges for both students and educators. A comprehensive research study looked into the ways students used to deal with problems in advanced nursing education practices. In this study, the difficulties impacting clinical education were explored in this study and classified as either internal or external issues. Excessive student demands, increased faculty workload, and a shortage of more nursing educators were identified as internal problems, while external problems included a limited number of clinical areas and preceptor programs and a decline in educational programs in urban areas.

Facilitating collaboration between academic institutions and hospitals, fostering patient-centered research, and expanding the use of simulation are suggested answers to these issues. Therefore, nurses need to add innovations to develop models to prove how to access care and improve the quality of care. Also, manage nursing clinics with an emphasis on practical training completed at a healthcare facility to cover the lifespan, all attainable education should be acquired together with fundamental competencies to fulfill the demands of an aging and diverse society. According to Singh and Haynes (2020), nurses need to expand their scope of practice, with the full extent of their knowledge and licensure work with physicians to provide cost-effectiveness and the shortage of primary care. Also, Leadership training is critical for faculty, student, and university success. Embracing technology by learning the newest medical techniques, includes schools using a stimulation lab and online courses. Introduction During nursing practice, a nurse faces several clinical issues. Nursing requires a proper and suitable approach for effective and influential techniques. Furthermore, instructors recognize gaps in both the student's knowledge and the instructor's teaching methods. These skills include nurse-patient relationship skills, interactional skills, basic physical examination skills, clinical encounters across the life span, therapeutic communication skills, positive attitudinal skills, etc. Assessing the development of nursing skills in students should be done often, and acquiring these nursing skills should also be a continuous learning process.

As such, in the Philippines, the nursing program resembles some similarities to nursing education programs worldwide. Philippine nursing education program lasts four years and leads to a bachelor's degree in nursing. Act No. 9173, the Philippine Nursing Act of 2002. The major goal is to safeguard and advance the nursing profession by implementing policies that will lead to appropriate nursing education, compassionate working conditions, more significant career opportunities, and a dignified existence for nurses. The clinical nurse serve as clinical worker instructors in healthcare settings, imparting the knowledge and abilities required for the most outstanding care. A well-respected nurse with excellent leadership and organizing abilities is a nurse educator.

To summarize the scope of nursing practice under RA 9173. Nursing - A person shall be deemed to be practicing nursing within the meaning of RA No. 9173 once they initiate and perform nursing services to individuals, families, and communities in any health care setting, whether alone or in collaboration with another. Under Section 38, Article IX of Republic Act (RA) No. 9173, titled "An Act Providing for a More Responsive Nursing Profession, Repealing for the Purpose Republic Act No. 7164, Otherwise Known as the Philippine Nursing Act of 1991 and for Other Purpose," Implementing Rules and Regulations (IRR) are being issued, mandating the Professional Regulatory Board of Nursing, hereafter referred to as the Board, and the Professional Regulation Commission, now known, the Department of Health (DOH), the Department of Budget and Management (DBM) and other concerned government agencies to formulate the necessary rules and regulations that will effectively implement the provisions. The Nursing Act was enacted in the public interest and serves as the legal basis for the nursing profession's recognition and cohesiveness.   The primary purpose of the Act is to ensure statutory regulation by providing all citizens with sound and adequate nursing care. Nursing educators are responsible for fostering an environment in which students can achieve their educational objectives. Learning outcomes strive for high levels of cognitive, emotional, and psychomotor skill in the classroom, laboratory, and clinical settings. Clinical teaching in nursing education is typically done by professors on the faculty of universities or colleges, clinical educators working in hospitals, clinical nurse educators, and nurses working in hospitals. Also, according to Burgess, et al. (2020), Clinical teaching is one of the effective ways to close the gap between theoretical education and practical training in nursing. In addition, learning in the clinical environment has many strengths. It focuses on underlying issues within the framework of professional practice. Both its relevance and active participation inspire learners. Teachers "model" professional thinking, doing, and attitudes.

The ability to teach and learn history taking, physical examination, clinical reasoning, decision-making, empathy, and professionalism as an integrated whole is only possible in this environment. Clinical teaching has come under fire for its unpredictability, lack of intellectual challenge, and haphazard approach despite these potential benefits. In other words, clinical teaching is a method that consistently suffers from implementation issues despite being a sound educational strategy. Furthermore, the lack of clinical expertise of clinical educators, unreasonable clinical evaluation, disproportion between the number of students, and faculty facilities have been

stated as the problems existing in clinical education. However, the Clinical teaching method is essential in nursing education. Nursing faculty also play a pivotal role in contributing to the profession through research and evidence-based practice initiatives, shaping health policy, and participating in the measurement, assessment, and evaluation of curriculum. Broome and Marshall, (2020). Overvalued clinical expertise sometimes considering it the sole requirement for success as a medical teacher and did not emphasize the development of pedagogical skills, it is at times surprising how infrequently the necessity of possessing clinical expertise, currently is discussed within the literature of medical education. However, true mastery of the subject being taught, with excellent pedagogical skills, will likely prove sufficient to meet the needs of learners. Generally, the most successful clinician-educators are acknowledged by their peers for their meaningful educational contributions at national and international conferences rather than owned solely by medical students, residents, and fellows, who may not require as high a degree of clinical expertise among their teachers.

On a practical level, the aspiring clinician educator needs to develop and demonstrate specific areas of clinical knowledge and ideally become their institution's go-to person when those issues arise clinically or require teaching to a group of learners. In addition, faculty members may establish recognized expertise in their broader clinical skills, such as physician and patient communication or physical examination skills, they must develop a plan for staying clinically current in their field and in touch with evolving developments and controversies. At a minimum, this should involve devoting considerable time to consistently reviewing the leading journals in their field, attending institutional teaching conferences and grand rounds, and attending specialty.

The Descriptive-Exploratory design of the research is used in the study. According to Chen Lisa (2018), exploratory research applications include case studies, field observations, and focus groups. Exploratory research is typically undertaken when a researcher has just begun a study and wants to grasp the issue broadly. Explanatory study seeks to justify why specific phenomena behave in a certain way. descriptive research is usually defined as a type of quantitative research , though qualitative research can also be used for illustrative purposes.

Population and Locale of Study. The primary subjects of this research were the clinical instructors in selected universities in the standard teaching. Their challenges and coping strategies they experienced in clinical education. Also, the scheme proposed to address the challenges identified.

II. Methodology

To gather data, the researcher asked the help of the validators to validate the questionnaires. The questionnaire has three parts; the first part is the respondent profile. The second part of the instrument focused on the challenges of the clinical instructors' experience in clinical education in terms of learning environment, learning resources and, learners' condition, peers, of the clinical

instructors. The last part of the instrument focused on the coping mechanism of clinical instructors as to their challenges identified. From the gathered data, an intervention program be proposed to address the challenges. Data Gathering Procedure, the questionnaires were completed, checked, and validated by the validators. After this, the questionnaires were distributed to respondents. Respondents were then selected qualified clinical instructors from the identified universities. The participants were assigned for convenience sampling in which each member has an equal probability of being chosen. For the population of clinical instructors in the identified universities, selective sampling was considered in this study.

III. Results and Discussion

Table 1 presents the profile of the respondents in terms of their years in teaching, sex, age, civil status, highest educational attainment, monthly income, number of years as a clinical instructor, and seminars and training attended related to teaching.

It can be seen on the table that most of the respondents are, teaching for three (3) years with a frequency of 17 or 22.7%, followed by 16 respondents, or 21.3%, teaching for less than a year. Some respondents were, teaching for almost ten years and above, with a frequency of 4 or 5.3%.

The respondents were dominated by males, with 38 or 50.7%, while 37 or 49.3% were females, where most of them are under 31-35 years old with a frequency of 20 or 26.7%. Also, most of the respondents are Married, with a frequency of 39 or 52%, followed by Single respondents with 34 or 29.3%, two (2) are separated.

Most clinical instructors were BSN Graduates with a frequency of 34 or 45.3%, with a monthly income of around Php20,000 and below. When it comes to their years of teaching, most respondents are teaching for five years with a frequency of 58 or 77.3%, and have been mainly participating in 1-3 seminars and training, with 32 or 42.7%. A study by Lacson P. (2022) has shown that most, clinical instructors are young adults and are highly satisfied with their work.

Table 1. Profile of the Respondents n-75

Profile	Category	f	%
Years of Teaching	Less than a year	16	21.3
	1 year	6	8.0
	2 years	9	12.0
	3 years	**17**	**22.7**
	4 years	8	10.7
	5 years	3	4.0
	6 years	2	2.7
	7 years	3	4.0
	8 years	1	1.3
	9 years	2	2.7
	10 years	4	5.3
	13 years	1	1.3
	20 years	2	2.7
	30 years	1	1.3
Sex	**Male**	**38**	**50.7**
	Female	37	49.3
Age	21-25 years old	13	17.3
	26-30 years old	18	24.0
	31-35 years old	**20**	**26.7**
	36-40 years old	11	14.7
	41-45 years old	2	2.7
	46-50 years old	7	9.3
	51-55 years old	1	1.3
	56 years old and above	3	4.0
Civil Status	Single	34	45.3
	Married	**39**	**52.0**
	Separated	2	2.7
Highest Educational Attainment	**BSN Graduate**	**34**	**45.3**
	With Masteral Units	17	22.7
	Master's Degree	23	30.7
	Doctoral Graduate	1	1.3
Monthly Income	N/A	5	6.7
	Php20,000 and below	**29**	**38.7**
	Php20,001 – Php 30,000	27	36.0
	Php30,001 – Php 40,000	8	10.7
	Php40,001 and above	6	8.0
No. of years as clinical instructor	**5years below**	**58**	**77.3**
	6yrs-10yrs	10	13.3
	11yrs-15yrs	3	4.0
	16yrs-20yrs	1	1.3
	21yrs and above	3	4.0
No. of Seniors and Training attended related to teaching	Below 1 year	1	1.3
	1-3	**32**	**42.7**
	4-6	23	30.7
	7-9	10	13.3
	10 and above	9	12.0

Table 2 demonstrates that the respondents occasionally run into all of the indicators. Indicator number 4, which states that "There are not enough resources of hospital equipment for clinical teaching," got the highest weighted mean of 3.11 with a descriptive equivalent of Sometimes, which is followed by indicator number 3 that "No available technical support to specified clinical nursing subjects" with a weighted mean of 2.9. This means that clinical instructors from different colleges sometimes experience a lack of medical equipment and technical support from the institution they are working.

Table 2. Challenges Encountered by the Clinical Instructors in terms of Learning Resources

	WM	DE
1. Instructors' clinical learning modules are not provided.	2.87	S
2. Few interactive classroom tools such as digital tools, interactive classroom activities and educational tools.	3.09	S
3. No Available technical support to specified clinical nursing subjects.	2.97	S
4. There are no enough resources of hospital equipment for clinical teaching.	3.11	S
5. Limited nursing e-learning/ Learning Nurse Resources Network.	3.00	S
6. Lack of digital learning resources including videos, audios, text animations and images.	2.80	S
7. There are no available clinical teaching activities and resources for students.	2.69	S
8. Lack of available RLE work plan.	2.61	S
9.No organizational tool for nursing students: eg. Clinical timeline among others.	2.52	S
10. There are no sample clinical setting orientation, eg nursing policies, other site-specific information, policies followed at the hospital.	2.60	S
Average Weighted Mean	2.83	S

From the study of Matlala et al. (2021), nurses, especially clinical instructors, experience critical shortages or unavailability of equipment, low quality, and poor maintenance of the few that were available. This results in a lack of educational objectives for students that include the acquisition of crucial knowledge.

On the other hand, it can be seen that indicator number 9, "No organizational tool for nursing students:e.g.Clinical timeline among others," got the lowest mean of 2.52 with a descriptive equivalent of sometimes. This means that the clinical instructors do not consider the lack of organizational tools challenging for their learning resources. Naturally, the administrative tools that the students and clinical instructors use are bought by themselves. According to Morris (2022), planners, note taking, and other supplies are the what nurses and clinical instructors do to keep them happy and organized. Being organized is a crucial skill that successful nurses and clinical instructors use to maintain a solid work-life balance.

Table 3 shows the encountered challenges by the clinical instructors in terms of their learning environment.

The succeeding table show Challenges Encountered by the Clinical Instructors in terms of Learning Environment. A real-world learning environment where students in the health professions complete their clinical practicum is an interactive network of forces rich in opportunities for learners to transfer theory to practice. This is why it is essential to address their learning environment problems.

Table 3. Challenges Encountered by the Clinical Instructors in terms of Learning Environment

	WM	DE
1. Lack of comfortable learning environment.	2.72	S
2. Lack of information on clinical educational research.	2.63	S
3. Limited teaching and handling students in line with clinical works.	2.71	S
4. Lack of lesson plan in clinical teaching with motivation in mind.	2.59	S
5. Seldom give personalized feedback on clinical assignments.	2.68	S
6. Poor relationships with students and peers.	2.28	R
7. Limited student connections.	2.47	R
8. Lack of clinical classroom rules for proper behavior.	2.44	R
9.Seldom use positive clinical teaching reinforcement.	2.59	R
10. Limited students update on new techniques and skills.	2.67	S
Average Weighted Mean	2.58	*S*

It can be seen in table 4. that indicator number five (5), "Lack of proper assessment of students/ evaluation of students on the clinical learning," got the highest mean of 2.59 and the descriptive equivalent of sometimes. It is vital for clinical instructors need to obtain information about their students' learning and still, to evaluate their competencies and clinical performances to arrive at decisions about their students' performance.

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Table 4 shows the challenges encountered by the clinical instructors in terms of their learners.

It can be seen in the table on the next page that indicator number five (5), "Lack of proper assessment of students/ evaluation of students on the clinical learning," got the highest mean of 2.59 and the descriptive equivalent of sometimes. It is vital for clinical instructors need to obtain information about their students' learning and still, to evaluate their competencies and clinical performances to arrive at decisions about their students' performances. According to Immonen et al. (2019), formal assessment of nursing students in clinical education serves two purposes: 1) to facilitate learning by enabling students to judge their achievements more accurately and encourage their continuous learning process, and 2) to provide certification of achievements. Though clinical instructors find some challenges in the reviews, and evaluation of students in their clinical learning, they still make sure to give appropriate reviews to their students to develop the things they need to improve

Table 4. Challenges Encountered by the Clinical Instructors in terms of Learners

	WM	DE
1. Lack of motivation of students in clinical teaching.	2.51	S
2. Limited proper orientation of students to the clinical works.	2.53	S
3. Few information on basic knowledge and skills for students clinical learning.	2.49	R
4. No daily monitoring number /attendance of students.	2.56	S
5. Lack of proper assessment of students /evaluation of students on clinical teaching and learning.	2.59	S
6. Lack of guidance to students.	2.36	R
7. Limited theoretical knowledge on certain areas in clinical nursing on students .	2.52	S
8. Does not serve as role model for students.	2.16	R
9. Not supportive to students	2.12	R
10. Lack of empathy to students.	2.13	R
Average Weighted Mean	2.40	*R*

Meanwhile, indicators 9, "Not supportive to students," and 10, "Lack of empathy to students," got the lowest mean of 2.12 and 2.13, respectively. This means they rarely encounter this problem since they know that part of their work is to guide and be considerate to their students, especially the clinical work. According to the study of Soroosh (2021), effective clinical instructors have specific characteristics identified by their students, and most importantly, these are related to communication or connection, teaching skills, and internal motivation. Thus, clinical instructors must be empathic to their students.

Table 5. shows the encountered challenges by the clinical instructors with their peers. Despite the advantages of placing learning in the workplace, peer assistance is a rare strategy to enhance clinical teaching in medical education.

Table 5. Challenges Encountered by the Clinical Instructors in terms of Peers

	WM	DE
1. Seldom cooperate with other members of healthcare team.	2.43	R
2. Does not share information and opinion exchange with members of health care team.	2.23	R
3. Does not participate in decision-making about patient care an treatment.	2.24	R
4. Cannot create an environment that facilitates good working relationship with members of health care team.	2.27	R
5. Cannot stablish interpersonal relationship between the staff and clinical instructor.	2.25	R
6. Lack of team work with the member of the health care team in line with clinical teaching.	2.27	R
7. Seldom discuss problems discuss and reflect together	2.40	R
8. Ca not build relationship with other clinical instructors to improve clinical teaching.	2.16	R
9. Lack of collaboration with other co preceptors, and other staff members.	2.24	R
10.Does not improve psychological empowerment	2.25	R
Average Weighted Mean	2.27	R

It is shown in the table above that clinical instructors rarely encounter problems in terms of their peers. Indicator number one (1), "Seldom cooperate with other members of the health care team," got the highest mean of 2.43 with a descriptive equivalent of Rarely, followed by indicator number seven (7), "seldom discuss problems and reflect together" with 2.40 as its weighted mean. It is vital in a workplace to cooperate and discuss problems to address them. Clinical instructors rarely encounter issues like this since most are part-time workers in an institution. They may have some problems to discuss and reflect especially handling their students during clinical practicum, but they manage to dwell on these issues. In the study of Anderson RM. et al. (2020), one option for improving clinical teaching creating techniques that encourage connections and partnerships amongst dependable coworkers is essential for effectiveness in the therapeutic workplace. By adopting the peer mentor, a colleague can assist a peer in developing their skills and critically reflect on teaching practice. As faculty development models change, it is increasingly important to consider how relationships among facilitators, participants, and professional development programs affect how faculty initiatives are accepted and adopted in different contexts and cultures. Utilizing the benefits that social, professional, and workplace communities of practice provide is currently a top priority.

Table 6 below shows the coping strategies of the clinical instructors on the challenges they encounter in the new normal. The outbreak of the COVID-19 pandemic has disrupted clinical nursing education worldwide, which is why clinical instructors have encountered numerous challenges. Furthermore, to overcome these challenges, clinical instructors should have their coping strategies.

As shown on table 6, the indicator with the highest mean of 4.27 and the descriptive equivalent of Often is indicator eight (8), which states, "I use humor." Looking back at the profile of the respondents, most of them are 31-35 years old, which is still young. Most of the time, young adults use humor to cope with the stress they are encountering.

Table 6. Coping Strategies by the Clinical Instructors on the challenges in the new normal

	WM	DE
1. I try to avoid carrying out an action in the clinical practice area such as negative thoughts, negative actions.	2.52	S
2. I do emotional/ physical distancing.	3.24	S
3. I focus on the positive aspect at work.	3.32	S
4. I address challenges positively.	3.35	S
5. I do situational Controlling of Conditions.	4.20	O
6. I'm open for discussion.	4.19	O
7. I change my perception of the issue at hand.	4.04	O
8. I use humor.	4.27	O
9. I use problem solving skills	3.84	O
10. I use technique to solve problems.	4.04	O
11. I sought my friends and family support.	4.24	O
12. I communicate with peers, discussing shared experiences.	4.20	O
13. I reduce emotional tension.	4.11	O
14. I take a break once in a while.	4.11	O
15. I observe self - Physical care (i.e., diet, physical activity, sleep, hobbies),	4.17	O
Average Weighted Mean	3.85	O

It can be seen in the table above that there is a significant difference between the challenges encountered by clinical instructors in terms of the learning environment and the number of seminars and training they have attended, with an f-value of 3.799 and a significance level of 0.046. This means that the challenges encountered by the clinical instructors are comparable in the number of seminars and training they have attended. The ability to successfully adjust to a new learning environment and to get along with peers and colleagues will benefit clinical instructors by providing them with new perspectives and motivating them to work harder. Studies show that the experiences that clinical instructors encounter during the time of pandemic have posed both threats and opportunities. Humor distracts people from problems and promotes a lighter perspective. According to Liu et al. (2017), humor is the most potent resource in medical education. The results from the study showed that teachers appeared to use humor in a variety of ways. Relating learning to clinical cases was generally liked by medical students in clinical learning. Another research by Chiarello et al. (2020) advocated the positive effects of laughter on remembering lessons in class. Though studies provide insights into using humor in medical education, it still has limitations.

Table 7 below shows the differences between the challenges encountered by the clinical instructors across their profile variables.

Table 7.1 Differences between the Challenges encountered of clinical instructors across their profile variables

	Learning Resource		Learning Environment		Learners		Peers	
	F	Sig.	F	Sig.	F	Sig.	F	Sig.
Sex	2.37	.638	.010	.922	.331	.579	.882	.372
Age	.097	.959	.621	.623	.545	.667	3.716	.069
Civil Status	.021	.887	4.102	.073	.159	.700	1.762	.217
Highest Education Attainment	.827	.387	3.53	.093	.006	.941	1.933	.198
Monthly Income	1.249	.337	2.214	.172	.256	.780	.946	.428
No. of Years as CI	.396	.685	1.045	.395	.914	.439	3.404	.085
Number of seminars and trainings attended	1.109	.407	**3.799**	**.046**	1.110	.407	.278	.840

It is shown that the respondents who have attended 1-3 seminars and training and those who have attended 4-6 seminars and training are comparable in terms of the problems they encountered in their learning environment. Clinical educators can communicate with subject-matter specialists through seminars and trainings. Seminars and training can boost a person's self-assurance and ability to adapt to their surroundings. This means that the challenges encountered by the clinical instructors are comparable in the number of seminars and training they have attended. According to Harari (2020), conventional education and training have proven as practical means of knowledge transfer and skills development.

The table below shows the Post Hoc test on the differences between the learning environment and the number of seminars and training attended by the respondents.

Table7.2 Post hoc test on the differences between the learning environment and number of seminars and trainings attended.

		Mean Diff.	Sig.
Number of Seminars and Trainings attended	1-3	.265	.012
	4-6		

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According to Harari (2020), conventional education and training have proven as practical means of knowledge transfer and skills development. The ability to successfully adjust to a new

learning environment and to get along with peers and colleagues will benefit clinical instructors by providing them with new perspectives and motivating them to work harder.

Table 8. shows the Relationship between the challenges encountered of clinical instructors and their profile variables with an r-value of.267 and a significance level of.020, it is clear from the table that there is a strong correlation between respondents' monthly income and the difficulties they face in raising their students. This means that the higher the monthly income of the clinical instructor, the more they are challenged to their learners.

Table 8. Relationship between the challenges encountered of clinical instructors and their profile variables

		Learning Resources	Learning Environment	Learners	Peers
Year that you are teaching	r-value	.047	.226	.164r	.170
	Sig. (2-tailed)	.692	.051	.160	.145
a.Sex:	r-value	.079	.107	.163	.103
	Sig. (2-tailed)	.498	.361	.162	.377
b.Age:	r-value	-.086	.110	-.052	.053
	Sig. (2-tailed)	.463	.349	.658	.651
c. Civil status:	r-value	.005	.153	.188	.094
	Sig. (2-tailed)	.966	.190	.106	.425
	r-value	-.041	-.007	.020	-.005
d. Highest educational attainment	Sig. (2-tailed)	.729	.953	.864	.969
e. Monthly income	r-value	.193	.203	**.267***	.170
	Sig. (2-tailed)	.097	.081	**.020**	.145
f. no. of years as clinical instructor	r-value	.050	.193	.079	.112
	Sig. (2-tailed)	.670	.097	.499	.338
g. number of seminars and training attended related to teaching	r-value	-.124	-.045	-.040	-.052
	Sig. (2-tailed)	.288	.700	.736	.659

Studies have shown that it is crucial for clinical instructors to comprehend and be able to manage their students due to the interpersonal nature of the student-clinical instructor interaction and the unpredictable and frequently stressful clinical environment in which they engage. Knight (2019). It is therefore, evident that clinical instructors need supporting affect students.

IV. Conclusion

Based on the findings, it was concluded that:

Most of the clinical instructors were BSN graduates. When it comes to their years of teaching, most of the respondents have been teaching for five years and has been participating primarily in 1-3 seminars, clinical instructors are young adult and are highly satisfied with their work regardless of the monthly income they receive.

On the challenges encountered by the clinical instructors regarding their learning resources, learning environment, learners, and peers, "there are not enough resources of hospital equipment for clinical teaching." Also, "there is no available technical support to specified clinical nursing subjects". This means that clinical instructors from different colleges sometimes encounter a lack of medical equipment and technical support from the institution they work.

Moreover, on challenges encountered by the clinical instructors in terms of learning resources nurses, especially clinical instructors, experience critical shortages or unavailability of equipment, low quality, and poor maintenance of the few available. This causes educational goals that include essential knowledge acquisition not to be attained by their students. On the other hand, it can be seen that there is "No organizational tool for nursing students: e.g., clinical timeline among others." This means that clinical instructors do not consider organizational tools a challenge for their learning resources. Naturally, the administrative tools that the students and clinical instructors use are bought by themselves.

Further on the challenges encountered by the clinical instructors regarding the learning environment, where they teach. States that "Lack of comfortable learning environment," and " limited teaching and handling students in line with clinical works," were the challenges encountered by the respondents to cope with both nursing school and the nursing profession. These inconsistencies between the image of their profession, and the reality of the job, make them feel disappointed in the experiences they could give to their students during clinical practicum. Furthermore, on the challenges encountered by the clinical instructors in terms of their learners, It can be concluded that there is a "Lack of proper assessment of students/ evaluation on the clinical learning." It is vital for clinical instructors need to obtain information about their student's learning still, to evaluate their competencies and clinical performances to arrive at decisions about their students' performances.

Though clinical instructors find some challenges in their proper assessment and evaluation of students', clinical learning, they make sure to give appropriate reviews to their students to develop the things they need to improve. The challenges Encountered by the Clinical Instructors with their Peers, it is shown that clinical instructors rarely encounter problems with their peers.

For the coping strategies by clinical instructors on the challenges they encounter in the new normal, studies show that the experiences they meet during the pandemic pose both threats and opportunities. Based on the result, most of the time, young adults use humor to cope with the stress they are encountering. "I use humor. "Looking back at the profile of the respondents, most of them are 31-35 years old and are still young.

The differences between the challenges encountered by the clinical instructors across their profile variables, the result shows that there is a significant difference between the challenges faced by clinical instructors in terms of the learning environment and the number of seminars and

training they have attended, this means that the challenges faced by the clinical instructors are comparable with regards to the number of seminars and trainings they have attended.

Additionally, there is a significant correlation between the respondents' monthly income and the challenges they face in concerning their learners in the study of the challenges clinical instructors face and their profile variables. This implies that the more challenging their relationship with their students is, the higher their monthly income is.

The implications of the results. The ability of clinical instructors to teach with students' social needs in mind is further shown by this study. Affluent educators can influence the in-system variable of instructors' salaries in order to improve student performance.

V. Recommendations

The following suggestions for a potential course of action are made in light of the conclusions mentioned above:

Clinical educators should consider their difficulties and challenges in this new standard environment and develop coping mechanisms. It is recommended that to keep them content and organized, nurses and clinical instructors should give them a comfortable learning atmosphere. They should also equip them with planners, note-taking materials, and other resources. Also it is recommended that the organization they work for supply medical equipment and technical support. It is vital to give nursing students with organizational tools, such as clinical timelines. This indicates that the clinical instructors do not view organizational tools as a difficulty for their educational materials.

Further It is recommended that clinical instructors attend more seminars related to clinical teaching to further develop their clinical teaching abilities. For clinical teachers, conventional education and training are advised because they are a successful method of knowledge transmission and skill development. Additionally, it is recommended that the clinical instructor receive a more excellent monthly salary. Accordingly, the clinical instructor is more likely to challenge their students with a greater monthly salary. Lastly future researchers will need to use the study's findings as a springboard for comparable inquiries in other learning subject areas.

REFERENCES

[1] Act (RA) No. 9173. (1991). entitled "An Act Providing for a More Responsive Nursing Profession, Repealing for the Purpose Republic Act No. 7164, Otherwise Known as the Philippine Nursing Act of 1991 and for other Purpose.
[2] Anderson RM. et al. (2020). How will country-based mitigation measures influence the course of the COVID-19 epidemic.The lancet, 2020 - thelancet.com

[3] Alvarez D. (2021). Psychological Well-Being in Teachers During and Post-Covid-19: Positive Psychology Interventions https://doi.org/10.3389/fpsyg.2021.769363

[4] Anzaldo, G. D. (2021). Modular Distance Learning in the New Normal Education amidst Covid-19. International Journal of Scientific Advances. https://www.ijscia.com/full-text-volume-2-issue-3-may-jun-2021-263-266/

[5] Bdair IA. (2021). Nursing students' and faculty members' perspectives about online learning during COVID-19 pandemic: A qualitative study. Teach Learn Nurs.;16(6):220–6.

[6] Broome M.E., Marshall E.S. (2020). Transformational Leadership in Nursing: from Expert Clinician to Influential Leader. Springer Publishing; New York, NY:

[7] Burgess A, Roberts C, Black K, Mellis C. (2020). Feedback in the clinical setting. https://pubmed.ncbi.nlm.nih.gov/33272265/

[8] Castroverde F.and Acala M. (2021). Modular distance learning modality: Challenges of teachers in teaching amid the Covid-19 Available from:http://www.nln.org/professional-development-programs/competencies-for-nursing-education/nurse-educator-core competency Concept analysis: confidence/self-confidence.

[9] Chiarello et al. (2020). Rapid detection of fast innovation under the pressure of COVID-19- PloS one, 2020 - journals.plos.org

[10] Cos, F. L., Duero M. C., & Paguia, M. R. S. (2021). Teachers in The New Normal: Challenges and Coping Mechanisms in Secondary Schools. https://shorturl.at/klnpI

[11] Dangle & Sumaoang. (2020). DepEd Order No.12 series of 2020.

[12] Delos Reyes, R.J. (2020). Polymedia Based Instruction in Purposive Communication. Puissant, 1, 98-112.

[13] Educ Health Promot. (2022). Oct 31;11: 327. doi: 10.4103/jehp.jehp_598_22.eCollection.

[14] Guiamalon, et.al. (2021). Teachers issues and concerns on the use of modular learning modality.
https://www.researchgate.net/publication/352414719_Teachers_issues_and_concerns_on_the_use_of_modular_learning_modality

[15] Harari (2020). The integration of 21st century skill and virtual learning with COVID-19 O Hiroyuki - AsiaCALL Online Journal, 2021 - asiacall.info

[16] Immonen K .(2019). International journal of Nursing studiesAssessment of nursing students' competence in clinical practice: A systematic review of reviews.

[17] Knight K. (2019). Comparative and International Education, International program and provider mobility in higher education: Research trends, challenges and issues- ojs.lib.uwo.ca

[18] Lacson P. (2022). https://mb.com.ph › 2022/03/10 › lacson-plans-to- A Lacson presidency will 'gradually but surely' adjust salary rates of nurses and teachers in state-run hospitals and educational institutions.

[19] Liu et al. (2024). Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China Published:January 24, 2020DOI:https://doi.org/10.1016/S0140-6736(20)30183

[20] Matlala. (2021). The perceptions of professional nurses regarding factors affecting the provision of quality health care services at selected rural public clinics in the Capricorn district, Limpopo Province

[21] Morin, K. H., & Baptiste, D. (2020). Nurses as heroes, warriors and political activists. Journal of Clinical Nursing 29(15-16). doi: 10.1111/jocn.15353

[22] Murphy T, Akehurst H, Mutimer J. (2020). Impact of the COVID-19 pandemic on the workload of the orthopedic service in a busy UK district general hospital. Injury. 2020;51(10):2142–7.

[23] National League for Nursing. (2020). https://www.nln.org/

[24] Razu Y., et.al. (2021). Islam SMS, Gesesew HA.

[25] Singh A, Haynes M. (2020). The challenges of COVID-19 in nursing education: The time for faculty leadership training is now. Nurse Educ Pract. 2020;47: 102831.11. PMID: 26094961

[26] Soroosh D. (2021). Factors predicting readmission in patients with COVID-19 BMC research

[27] William Morris (2022). Style Notebook: Elegant Journal Planner and Time Management Tool Paperback – Notebook

[28] World Health Organization. situation report (2020). COVID-19: Available from: covid19. Pdf. sfvrsn=81b94e6