

Teaching In The Shadows: Lived Experiences Of Clinical Instructors During COVID-19 Pandemic

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Abstract — In the hushed corridors of adversity, clinical instructors become beacons of unwavering dedication, illuminating paths through the pandemic's shadowy maze. The quiet challenges and enduring resilience resonate with a steadfast dedication to enhancing the quality of nursing education's future amid the hidden obstacles of the educational landscape. This study delved deeply into the lived experiences of clinical instructors during the COVID-19 pandemic, capturing the resilience, adaptability, and unwavering professionalism they showcased amidst emotional, mental, and professional struggles. Using a mixed-method research design, the study conducted qualitative interviews to capture the nuanced experiences of clinical instructors and quantitative questionnaires to identify teaching challenges during the pandemic. The interview responses were carefully transcribed and analyzed, resulting in ten detailed case studies that provided depth and meaning to the instructors' experiences. Despite significant emotional and professional challenges, clinical instructors showed resilience and adaptability in shifting from in-person to online teaching. The study highlighted their commitment to maintaining nursing education quality during adversity. For School Administrators, developing adaptable instructional policies and providing regular training to clinical instructors is essential for enhancing clinical education quality, especially in response to challenges like the COVID-19 pandemic. Policymakers should revise educational laws to better recognize clinical instructors' roles and allocate resources for their professional development. Clinical instructors should reflect on the study's findings to improve their adaptability and seek additional support and training. Healthcare professionals can use the study to implement effective care policies and advocate for the support and recognition of clinical instructors. Society should recognize the crucial role of clinical instructors and support initiatives to improve healthcare education. Future researchers should use the study as a basis for exploring different aspects of clinical education and focus on specific challenges or innovations in healthcare teaching.

Keywords — COVID-19 Pandemic, Lived Experiences, Clinical Instructors, Flexible Learning

I. Introduction

The sudden surge of pandemic caused by the Coronavirus disease (COVID-19) had left the world in the shadows and had created unprecedented challenges – economically, socially, and politically across the globe. This pandemic was more than just a health crisis, as it also caused to educational crisis. The suddenness, uncertainty, and volatility of COVID-19 left the education system in a rush to address the changing learning landscape (Batubara, 2021). During the worldwide lockdowns and quarantines, it was reported that there was a 50% decrease in the study hours and academic performance of students, 55% of them are more likely to have delayed graduation, and 41% have impacted their major choice (Aucejo, et. al., 2020).

With nearly 1.6 billion students being affected by educational institutions announcing their

closure one after another across different countries, the COVID-19 pandemic has recorded the largest disruption in the history of education systems (Pokhrel, 2021). The call is for higher education institutions to develop a resilient learning system using evidence-based and needs-based information so that responsive and proactive measures can be instituted (Raghunathan et al., 2022). Coping with the effects of COVID-19 in higher education institutions had demanded a variety of perspectives among its stakeholders. Efforts were focused on development of response plans, mobility effects, and campus dynamics (Rumbley, 2020).

As one of the consequences of the pandemic, the majority of the courses were interrupted – and nursing education is not an exception. Countless nursing universities and colleges were forced to close for public safety (Manullang, 2020). Nursing students were ordered out of healthcare settings to limit virus exposure and working nurses were ordered to not only provide therapeutic assistance for the sick, but also to give the best possible life, basic and psychosocial care support. (Jiang et al., 2020).

The demand for healthcare workforce including qualified nurses has immensely increased to the point that some countries have accelerated their graduation, deployment, and qualifications (Flotte, 2020). These measures lead to necessary constraints, precautions and halting clinical experiences. Clinical Instructors from different institutions were left with no choice but to rapidly shift into a mode of teaching and learning that is qualitatively different from the traditional approaches which has resulted to shifts in modality and professional demands in the day-to-day lives of the instructors (Ali, 2020). Contents that were only previously possible to be taught in a physical simulated area had to be quickly converted to online delivery. Instructors were forced to navigate and deliver course content and clinical practice placement via available online platforms, which had resulted to academic stress, physiological distress and major adjustments in their respective teaching methods and classroom management (McKay et al., 2022).

The unexpected implementation of the online teaching and learning, or the new normal had depicted some challenges in the part of Clinical Instructors primarily due to lack of readiness. New learning environments were introduced and ordered to be utilized without proper training and assessment in terms of the effectiveness of the platform and so is the readiness and acceptance if its users – clinical instructors and students (Bdair, 2021).

In view of the conditions observed by the researcher, this established his strong interest to pursue this present undertaking. As such, he explored the lived experiences of clinical instructors during the paradigm shift to online learning at selected nursing institutions in region 3 during the occurrence and influx of COVID-19 pandemic. Meanwhile, the sudden shift of face-to-face classes to online classes is in line with the directives stipulated under Commission on Higher Education Memorandum Order No. 16 series of 2020, as lifted from the official website of the Commission on Higher Education, which directs that all Higher Education Institutions (HEIs) must implement a hybrid learning modality in response to the global surge of pandemic so as not to hamper the delivery of education in the country.

Statement of the Problem

This study was conducted to determine the lived experiences of clinical instructors during the COVID-19 pandemic.

Specifically, it was intended to answer the questions:

1. What is the profile of the respondents in terms of:
 - 1.1 age;
 - 1.2 gender;
 - 1.3 highest educational attainment;
 - 1.4 civil status;
 - 1.5 years of experience in clinical instruction?
2. What is the lived experience of the clinical instructors during the COVID-19 pandemic?
3. What are the problems encountered by clinical instructors during the COVID-19 pandemic?
4. What intervention measure can be proposed to address the problems encountered by the clinical instructors?
5. What is the implication of the findings of the study in the nursing profession?

Literature Review

Impact of COVID -19 pandemic in Nursing Education

According to Hoofman and Secord (2021), the COVID-19 pandemic has not only disrupted the economy and healthcare but also significantly impacted the education sector. This has led to a shift from traditional classroom setups to online education, resulting in adverse effects, changes, and health consequences, particularly for young learners below high school level. The lack of established guidelines has raised concerns about the quality of education and the delivery of skills and knowledge.

Aragasi and Pangandaman (2021) found that the pandemic led to challenging adjustments, predetermined situations, fear of infection, difficulties in effective teaching, technological challenges, the need for psychosocial assistance, uncertainty, and a willingness to explore new methods.

Marzo et al. (2021) concluded that a significant proportion of the study participants were experiencing mild to severe symptoms of depression and anxiety. This is particularly alarming as the pandemic continues to escalate across the country. De los Santos and Labrague (2021) demonstrated that the fear of COVID-19 is associated with community nurses' work-related distress and may influence their intention to leave their jobs and the nursing profession. There is a pressing need to assess the factors contributing to this fear to better address nurses' psychological well-being and prevent turnover intentions.

Pasay-an et al. (2021) highlighted that the experienced uncertainties among nurses were recorded as the most pressing problem during the pandemic. Nurses were not only afraid of getting infected themselves but also feared the potential health-related crises that their families might face.

Anastacio (2020) indicated that the challenges and difficulties arising from the pandemic served as opportunities for nurses to unleash and further develop their potentials as compassionate and humane healthcare providers. Furthermore, nurses, being at the forefront of healthcare, should

be assured of safety and protection.

Tudy (2020) concluded that the pandemic has tested the limits of human endurance due to the extreme pressure experienced during lockdowns and restrictions.

Galehdar et al. (2020) revealed that clinical instructors faced numerous challenges, including the fear of infecting their families, distress about time management, emotional strain from delivering bad news, fear of contamination, the emergence of obsessive thoughts, discomfort from wearing personal protective equipment, conflicts between fear and conscience, and public ignorance of preventive measures.

Gilo et al. (2020) asserted that the physical, mental, and psychological impacts of frontline work have negatively affected nurses, leading some to consider leaving their positions.

Flexible Learning in Nursing Education

Flexible learning in nursing education is increasingly vital, especially amid challenges like the COVID-19 pandemic, offering adaptability, accessibility, and personalized experiences to enhance the quality of education. It fosters resilience and adaptability among students and educators, allowing for a shift from traditional to online and blended learning methods. These flexible modalities, including online courses and hybrid programs, enhance inclusivity, benefiting diverse learners and those in remote or underserved areas. Additionally, personalized learning empowers students to align their education with individual needs and career goals, while technological integration provides innovative tools like virtual simulations and telehealth, enriching clinical skills and facilitating collaboration. Despite its benefits, challenges such as technological barriers and the digital divide need addressing to ensure effective implementation. Embracing flexible learning approaches is pivotal for nursing education's evolution, meeting the dynamic needs of students, educators, and the healthcare system, ultimately improving patient care and shaping the future of the nursing profession.

According to the study of Mendoza (2020) it showed that flexible learning in nursing education improved nursing students' engagement, satisfaction, and academic performance. It highlighted the need for clinical instructors to innovate and continually explore other teaching methods to deliver quality-based nursing education. Furthermore, according to the study of Lee et.al. (2021) it concluded that students in the flexible learning group had higher grades and better learning outcomes than those in the traditional group.

In another study by Dizon (2021) it was found out that nursing students' experiences with flexible learning were deemed effective. This approach offered increased flexibility and convenience for both clinical instructors and nursing students, while also fostering self-directed learning and critical thinking

Therefore, according to the referenced studies, flexible learning in nursing education is recommended as it can enhance student engagement, satisfaction, and academic performance. Additionally, it offers broader access to high-quality nursing education for a more diverse student population.

Online Teaching in Nursing Education

The advent of online teaching has revolutionized the educational landscape, with nursing education being no exception. Accelerated by the COVID-19 pandemic, online teaching offers increased flexibility and access to high-quality nursing education. While it presents opportunities for enhanced student engagement and academic performance, it also raises questions about the effectiveness of virtual learning in developing clinical skills and preparing nursing students for real-world healthcare settings. Thus, effectiveness of online learning in nursing education in the Philippines revealed that student's engagement, their satisfaction and academic performance are considered. As such, clinical instructors are keen to deliver effective instruction amidst the newly implemented teaching modality (Tiongson and Baustista, 2020). According to the study of Guevara et.al. (2021) it was found out that clinical instructors and nursing students in the Philippines have tremendously adjusted to the newly installed teaching and learning modality which involved the use of modern technology to dispense effective learning at the height of the pandemic.

In contrast, according to the study of Tiongson (2021) the efficiency of online teaching and learning in nursing education in the Philippines, especially during the peak of the pandemic, as it was the sole modality suitable for delivering nursing education. Clinical instructors adapted by devising new teaching approaches, although they encountered challenges such as slow-paced topical transitions and limited student participation during oral recitations. Additionally, a study by Bautista and Tiongson (2021) identified several influencing factors on online learning, including the clinical instructors' utilization of modern technology in preparing and conducting online classes, the teaching strategies employed in online education, the readiness of nursing students, and institutional support for online class implementation.

Moreover, based on the study of Mendoza et al. (2021) it showed that academic performance and face-to-face teaching in nursing education was insignificant to consider. Thus, online teaching prevailed as clinical instructors continued to innovate and restructure their ways and methods in teaching clinical concepts. However, according to the study of Carioso (2021) the features and limitations of online educational platforms influenced the teaching methods employed by clinical instructors. The study also determined that online teaching in nursing education was effective, leading to its continued adoption and implementation.

Experiences of Clinical Instructors During Pandemic

The COVID-19 pandemic has significantly impacted various sectors, with the education sector undergoing profound changes. Clinical instructors, in particular, have faced unique challenges in adapting to new teaching methodologies and ensuring the delivery of quality education amidst unprecedented circumstances.

Clinical instructors have a vital role in ensuring that nursing students achieve the program and clinical objectives set by the institution and other directly involved governing agencies. They have come up to five subcategories in assessing the effectiveness of a clinical instructor and these are professionalism, internal motivation, competency, teaching skills and clinical experience (Souroush et.al., 2021).

It is also logically perceived that clinical teaching is the heart of teaching nursing, and it

involves showing the appropriate procedures and good practices to students in a physical setting.

But due to the pandemic, teaching and learning activities had to be halted to prioritize the safety of students and instructors. Yet, this does not mean that education must be fully stopped, thus a new teaching methodology was introduced – online teaching which were categorized into two: synchronous and asynchronous (Rashid, et.al. 2020).

Problems Encountered by Clinical Instructors During Pandemic

The COVID-19 pandemic has significantly reshaped the landscape of healthcare and education, presenting unprecedented challenges and disruptions across various sectors. In the realm of nursing education, clinical instructors, who play a vital role in bridging theoretical learning with practical clinical skills, have faced a myriad of unique challenges during this tumultuous period. The abrupt shift to online teaching, limitations in hands-on clinical training opportunities, emotional and mental well-being concerns, technological barriers, and the need for rapid curriculum adaptation to address evolving healthcare guidelines and practices have all posed significant obstacles for clinical instructors.

According to the study of Arshad et al. (2022) it showed that clinical instructors accepted the change in teaching platforms as an opportunity to improve their skills and dive deeper into the use of technology. They were able to incorporate technology in preparing their lecture materials and found out new strategies on motivating students to participate during discussions. Yet, problems still arise as there were issues on electricity supply and internet connection.

The study of Gause et al. (2021) concluded that virtual remote learning, along with the preparedness of information technology infrastructure in both rural and urban areas, could adapt to the new methods of teaching and learning. Additionally, a lack of access to high-end equipment was identified as one of the main challenges.

Based on the study of Agaton and Cueto (2021) it was revealed that parents were forced take on a more significant role in the education of their children and have had to juggle working from home which led to lack of focus and productivity, as well as increased stress. The study also showed that parents were overwhelmed and underprepared to support their children's learning, especially because they had limited experience with online education.

According to the cited studies, the changes brought about by the COVID-19 pandemic led to an unexpected transition from traditional face-to-face instruction to virtual or online modalities, affecting a broad spectrum of individuals. Beyond students and educators, this substantial shift also impacted parents, policymakers, regulatory bodies, and society at large.

II. Methodology

The study employed a mixed-method research design to determine the lived experiences of clinical instructors during the COVID-19 pandemic, aiming to identify the problems they encountered and the potential interventions for these problems. As described by Cameron (2019), mixed-method research encompasses the collection, analysis, and interpretation of both quantitative

and qualitative data within a single study or across multiple studies to investigate a phenomenon.

The quantitative component of the study focused on profiling the respondents in terms of age, gender, highest educational attainment, civil status, and years of experience as clinical instructors, as well as outlining the problems encountered by the clinical instructors. Meanwhile, the qualitative aspect delved into the real-life experiences of clinical instructors during the COVID-19 pandemic, capturing the emotions they felt and the impact of the pandemic on their lives.

The study was conducted among selected nursing institutions in Central Luzon with 100 clinical instructors who were chosen using purposive sampling, according to the inclusion criteria: Having at least one year of teaching experience; 2) Being actively engaged in teaching during the initial months of the COVID-19 pandemic until the present; (3) Willing to participate in the study.

In the qualitative component, interviews using interview guide served as the primary tool to capture the lived experiences of teaching during the COVID-19 pandemic. Conversely, the quantitative part utilized a questionnaire to identify the profile of the respondents and the challenges faced in teaching amid the COVID-19 pandemic.

Prior to conducting the study, the researcher obtained permission from the College Deans of the selected nursing institutions in Central Luzon, where the chosen participants are currently employed. Upon receiving permission, informed consent was obtained from the participants, who were then briefed about the study's purpose and ensured that each met the predefined criteria. Face-to-face interviews were scheduled based on the availability and convenience of the participants. Anonymity was strictly maintained by not disclosing any personal information of the participants, and confidentiality was ensured for all information shared by the participants to protect their privacy.

For the qualitative part, responses from each interview were transcribed and analyzed. Ten case studies were formulated to give depth and meaning to the experiences shared. The researcher thoroughly reviewed the transcriptions to become familiar with and fully comprehend the participants' descriptions. Significant statements that encapsulated the essence of the experiences were then highlighted.

For the quantitative part, descriptive statistics, including frequency and percentage, were employed to analyze the data.

III. Results and Discussion

I. Demographic profile:

Table 1. Distribution of Respondents According to Age

Age	f	%
24-28	14	9
29-33	28	28
34-38	28	28
39-43	19	19
44-48	10	10
49-53	1	1
Total	100	100

The table above showed that most of the respondents were 29-33 years old (28%) and 34-38 years old (28%).

Table 2. Distribution of Respondents According to Gender

Gender	f	%
Male	20	20
Female	80	80

The table above showed that most of the respondents are female with a frequency of 80 or (80%).

Table 3. Distribution of the Respondents in terms of Highest Educational Attainment

Highest Educational Attainment	f	%
Master's Degree Undergraduate	22	22
Master's Degree Graduate	30	30
Doctorate Degree Undergraduate	8	8
Doctorate Degree Graduate	40	40
Total	100	100

The table above showed that most of the respondents are Doctorate degree graduates with a frequency of 40 or 40%.

Table 4. Distribution of the Respondents in terms of Civil Status

Civil Status	f	%
Single	27	27
Married	72	72
Widow/Widower	1	1
Total	100	100

The table above showed that most of the respondents are married with a frequency of 72 or 72%.

Table 5. Distribution of the Respondents in terms of Years in clinical instruction

Years in Clinical Instruction	f	%
1- 3 years	44	44
4 to 8	9	9
9 to 13	13	13
14 to 18	25	25
19- 24 years	9	9
Total	100	100

The table above showed that most of the respondents were serving in the academe for not more than 3 years at the time when the study was conducted.

II. LIVED EXPERIENCES OF CLINICAL INSTRUCTORS DURING THE COVID -19 PANDEMIC

Teaching during the pandemic is like teaching in the shadows where variety of experiences, emotions and even challenges, problems and opportunities may arise. It is like living without clear directions that makes clinical instructors wonder if they would still exist to see the light of the day. The perils of COVID -19 pandemic imbued diverse realizations and life reflections which the participants still hold today, making these realizations as concrete milestone to continually serve their institutions in the continued pursuit of excellence and quality-based education.

Table 6. Illustrative Text of the Lived Experiences

Participant	Illustrative Text of Lived Experience
Case # 1	Fear of the Unknown
Case # 2	Harsh Reality
Case # 3	Suffering Servant
Case # 4	Missed Opportunities
Case # 5	Silent Struggle
Case # 6	Sorrowful Toil
Case # 7	Reign of Dread
Case # 8	Shackles of Prejudice
Case # 9	Braveheart
Case # 10	Silent Teardrops

Case 1: Fear of the Unknown

Case 1 is a 38-year-old male clinical instructor who completed his master's degree in nursing and currently on his 10th year of service in his institution. The total experience of the participant is described as "Fear of the Unknown." It is like walking through the darkness and not knowing where to go. The first encounter with the pandemic has brought a sudden feeling of shock

where no one is prepared and has no idea how to deal with it. As verbalized by the participant as "*nung nag pandemic kase talaga even me nashock sa gravity ng impact.*" There was also an expression of some mixed emotions of anxiety and sadness, wondering what would happen ahead.

However, as time went by, the participant subjectively managed his expectations through trying to understand the issues and challenges brought about by the pandemic specifically on the transition of online teaching and learning. There was also a realization for the need to adjust with the situation and expressed a feeling of hope with the help of the school administration in trying to establish organizational homeostasis and vigor in the pursuit of goals for quality education despite the impact of the COVID -19 pandemic.

Case 2: Harsh Reality

Case 2 is a 34-year-old female clinical instructor who completed her master's degree in nursing and currently on her 6th year of service in the institution where she works. The total experience of the participants is described as "Harsh Reality." It's like unintentionally facing the truth, but it needs to be accepted since it's the reality unfolding. An outright feeling of navigating a tumultuous emotional landscape, oscillating between disbelief and a poignant reality check. Initially, she harbored skepticism and even perceived the pandemic as a potential fabrication for attention or profit. As verbalized by the participant, "*alam mo sir una ko napanood sa news yang pandemic, di ako convince to the point na nasabi ko sa asawa ko na hindi naman totoo yan, na gawa-gawa lang yan para mapansin sila at syempre kumita.*" The participant also expressed feelings of concern and distress due to the tragic experiences they endured when the pandemic initially hit the community. She was extremely stressed to the extent that she struggled with the abrupt transition from face-to-face teaching to online instruction. Despite this, the participant proactively adapted by taking various measures to meet the requirements of online teaching while also caring for her family. She recognized the necessity to adapt to the current teaching demands and began participating in various webinars, forums, and online meetings. She also came to a profound realization that, despite the challenges, the adjustments she made during the pandemic led to positive outcomes and enabled her to maintain excellence amidst difficult circumstances.

Case 3: Suffering Servant

Case 3 is a 49-year-old male clinical instructor who completed his doctorate degree in nursing and currently on his 18th year of service in his institution. The total experience of the participant is described as "Suffering Servant." It is like sacrificing a life for the purpose of benefiting others, for their greater good and welfare. The first encounter with the pandemic has implicated extreme sadness because many of the professional nurses sacrificed their lives for ensuring the safety of the general public. As strongly verbalized by the participant, "*sir talaga naman nakakalungkot lalo na sa profession natin madameng nagsasacrifice ng buhay because of pandemic.*" The realization of the participant's extreme sadness is caused by his exhaustion in fulfilling his duties as nurse and a clinical instructor as well. The participant consistently felt pressured and anxious, grappling with uncertainty about what may happen on his life and seeking for answers because he cannot believe to the fact that pandemic has broken so many lives. There was also recognition of the importance of preparations not only for teaching but also for the duties and responsibilities of a professional nurse. The participant subjectively managed to cope with online teaching during pandemic by consistently interacting with his peers in order to pursue quality-based instruction amidst these challenging times.

Case 4: Missed Opportunities

Case 4 is a 30-year-old female instructor who completed his master's degree in nursing and currently on his 5th year of service in her institution. The total experience of the participant is described as "Missed Opportunities." It's like missing out on a significant opportunity due to unforeseen circumstances that arose at an inopportune moment. As the participant strongly verbalized, ***"I can say na it was a wrong timing... as in wrong talaga si pandemic, nakakaasar lang."*** The initial realization the participant had upon hearing about the pandemic was the profound loss of time. There was also an expression of frustration because of the many missed opportunities that should have been held if pandemic did not transpire. The participant recognized the necessity for adjustments, especially with the abrupt transition from face-to-face to online teaching. The participant also shared that while she missed a significant opportunity due to the pandemic, she still found joy in online teaching and continues to enjoy it, even though her dream of working abroad was hampered.

Case 5: Silent Struggle

Case 5 is a 46-year-old single male instructor who completed his doctorate degree in nursing and currently on his 16th year of service in his institution. The total experience of the participant is described as "Silent Struggle." It is like living with an empty personality for depression comes intensively within the inner self. As verbalized by the participant, ***"ang kwento ng experience ko during pandemic can be described as melancholic, nadepressed talaga ako noon to the point na I almost lost my mind."*** The feeling of emptiness and losing vigor as well as enthusiasm are much heavier than losing a job. The mixed emotions were expressed as the participant gradually recalled the saddest experiences he encountered. The depression that almost paralyzed him, made him realized the greater negative implication of the pandemic. The participant also realized that facing lockdown and restrictions caused him such depression since he described himself as an outgoing person who was used to going out daily. There was a realization that support system was a big contributory factor to survive in life and in work. The emotional journey he went through during the pandemic highlights the profound impact of the crisis on mental health and the importance of seeking help and finding coping mechanisms to navigate through such challenging times.

Case 6: Sorrowful Toil

Case 6 is a 43-year-old widow who completed her doctorate degree in nursing and currently on her 12^h year of service in her institution. The total experience of the participant is described as "Sorrowful Toil." It is like mourning for the loss of the very special love of life while taking duties and responsibilities within the scope of work. As the participant verbalized, ***"I was confined for almost 3 weeks, 18 days to be exact and spent the whole time of pandemic grieving for the lost of my husband. Kinuha ng pandemic ang husband ko saakin."*** There was an extreme emotion flowed as the participant mourned for the loss of her husband during pandemic. The participant also managed to express that while she was grieving for the loss of her husband, she then continually adapted for the changes made in the clinical instruction. As time went by, struggles were adamant for it stayed during the course of implementing online teaching. There was even a realization that the attendance to webinars and online training helped the participant progressively adopt to the

newly implemented modality while she was at the state of mourning. Doubled efforts was one of the key elements made by the participant in order to proceed with a quality-based education under her extreme loss.

Case 7: Reign of Dread

Case 7 is a 52-year-old female college dean who completed her doctorate degree in nursing and currently on her 18th year of service in her institution. The total experience of the participant is described as “Reign of Dread.” It is like acting fearfully while holding key position in the middle of the contested and pressured situation. It was likewise manifested when the participant was so fearful that she might not have sufficient strength to carry the whole college as she was diagnosed with the COVID -19 virus. As the participant verbalized, *“Naku sir during that time I felt a lot of pressure and fear during that time. Kasi ang hirap hindi natin alam gaano katagal magsstay ang pandemic at ano mga course of actions ang pwedeng gawin lalo nasa leadership tayo.”* There was also an expression of a sudden and intense sense of terror. This emotional response was compounded by the uncertainty of the situation, not knowing how long the pandemic would last and what actions should be taken, particularly in a leadership role. There was also a realization that mental and psychological strength were cultured in order to keep the focus on track and continue working hard since the whole college was on her shoulders. The delegation of tasks and cooperation of all the subordinates became key fiber to survive the pandemic under the delicate balance of work and personal life.

Case 8: Shackles of Prejudice

Case 8 is a 35-year-old male instructor who completed his master’s degree in nursing and currently on his 7th year of service in his institution. The total experience of the participant is described as “Shackles of Prejudice.” It is like a chain was attached on a physical body caused by rampant discrimination arising from negative perceptions and impressions. It is likewise experienced when the participant was being discriminated against for being a nurse and a healthcare worker during the time of pandemic where his neighbors kept on isolating him because they were afraid to be infected by the virus. As the participant verbalized, *“...isa ako sa mga nadiscriminate noon kasi healthcare worker ako.”* The participant's realization of discrimination made him fearful, especially since he was personally concerned about contracting the virus. The participant also shared challenges in juggling the responsibilities of a healthcare professional with online teaching. This brought about an understanding of the need to diversify teaching methods to ensure interactivity and relevance. Further, a supportive environment and cooperation among colleagues became the key thrusts for surviving the toughest demands of the pandemic.

Case 9: Braveheart

Case 9 is a 28-year-old female instructor who completed his master’s degree in nursing and currently on her 5th year of service in her institution. The total experience of the participant is described as “Braveheart.” It is like facing triumphs despite of uncertain results, holding a firm love and belief to succeed and conquer the impossibilities. It was likewise manifested by the participant when she joined as front liner during pandemic to serve the people rather than staying at home and watch the community vanish in peril. As the participant verbalized, *“So nung nagcancel po ng classes due to lockdown and restriction protocols, instead of staying at home I opted to go out*

and join the the battle of COVID -19 pandemic.” The expression was pronounced with clear and hopeful emotions reminiscing the greater obstacles being faced by the participant as she worked as front liner and eventually, fulfilled her duties as a clinical instructor. As time went on, despite facing significant challenges in online teaching, such as dealing with intermittent internet connections, she continued to educate her students meaningfully. Her dedication and compassion stemmed from her love for nursing and her commitment to educating future nurses. There was also an understanding that passion for one's work gives it significance, and this significance can be realized through the pursuit of excellence.

Case 10: Silent Teardrops

Case 10 is a 37-year-old male instructor who completed his master's degree in nursing and currently on his 7th year of service in his institution. The total experience of the participant is described as “Silent Teardrops.” It is like crying caused by extreme sadness where the voices are silent while crying. It is likewise manifested when the participant suddenly felt cold nights and loneliness as he experienced the gravity of the pandemic. As verbalized by the participant, *“Super namiss ko sila to the point na there's this one-night na while I'm having a video call with them diko napigilang hindi umiyak. Hagulgol talaga ako nun sir, kasi alam mo yon, parang napuno na yung emosyon ko”* There was also mixed emotions of sadness and difficulty as the participant recalled his exposure to the pandemic. There is also a realization that his feelings of sadness affected his ability to teach and work, especially since he was alone and far from his family. He also found that online teaching presented challenges, as some students struggled to answer even simple questions. Ultimately, the participant recognized that his sadness his family was the primary motivation that enabled him to endure the sadness, loneliness, and emotional strain, allowing him to continue his work as a clinical instructor, striving for effective and efficient instruction.

DISCUSSION

During the COVID-19 pandemic, clinical instructors navigated a tumultuous emotional landscape that deeply affected their psychosocial and psychological well-being. Anxiety and fear dominated their mental state, leading to a pervasive sense of uncertainty and paranoia about future outcomes, severely disrupting their work and personal lives.

Depression cast a long shadow, as the abrupt shocks and disruptions caused by the pandemic resulted in a profound imbalance in managing their professional responsibilities and personal well-being. This emotional upheaval was intensified by the pressure to deliver quality education in a virtual setting, overwhelming workloads, and the expectations to meet the educational needs of their students during these unprecedented times.

Stress was an ever-present burden, manifesting as burnout. Clinical instructors described their minds as bewildered and their bodies as physically exhausted due to the relentless pressure and pain experienced throughout the pandemic. This chronic stress led to feelings of irritability and discomfort, negatively influencing their professional standing and overall life perspective.

Feelings of fear and pain were pervasive, especially when clinical instructors' family members contracted the virus. Despite their deep concerns, they felt incapacitated to provide

support due to the extreme workloads and high expectations from superiors and nursing students. Additionally, they faced discrimination, as they risked their lives to provide proper clinical instruction while exposing themselves to healthcare services.

These emotional experiences were further supported by studies such as Aragasi and Pangandan (2021), which highlighted the anxiety and lack of psychosocial support among clinical instructors, and Marzo et al. (2021), which underscored the emotional toll of the pandemic on their mental state and composure.

Despite these challenges, clinical instructors exhibited remarkable resilience, endurance, and commitment to their work and family duties during the pandemic. They adapted to the changes imposed by the pandemic, learned to manage their time and instructions using online platforms, and continued to collaborate with peers to deliver quality education.

On the positive side, endurance emerged as a crucial asset, enabling clinical instructors to withstand the challenges posed by the pandemic and support their families. Effort, hard work, perseverance, and diligence were key factors in mitigating the pain and feelings of neglect. Adaptation became essential as clinical instructors adjusted to the evolving demands and needs of their learners during the pandemic.

These positive experiences are consistent with the findings of Dizon (2021), which revealed an increase in flexibility and convenience for both clinical instructors and nursing students, as well as the promotion of self-directed learning and critical thinking.

Conversely, clinical instructors faced various challenges, including stress, limited professional growth opportunities, inadequate administrative support, overwhelming teaching schedules, limited access to professional training and seminars, lack of psychological support, difficulty achieving work-life balance, and feelings of pressure and discomfort.

Stress was particularly prominent among clinical instructors due to excessive workloads and additional tasks, leading to feelings of detachment and fatigue. Unclear career advancement opportunities were also a concern, with instructors often feeling stagnant in their roles without opportunities for promotion.

Furthermore, a lack of administrative support was evident, as the administration failed to provide essential resources such as reliable internet connections and relevant instructional materials. The demanding teaching schedules forced clinical instructors to expedite their lessons, often resulting in superficial coverage of topics and a failure to delve deeply into important subjects.

The administration's response to these challenges was inadequate, particularly in addressing the psychological needs of the instructors. Despite the evident stress and psychological difficulties faced by the instructors, the administration did not provide sufficient psychological support to alleviate the negative effects of the pandemic.

These findings are corroborated by Kaveh's study (2023), which highlighted the challenges faced by clinical instructors, including mental and physical exhaustion, while teaching online during the COVID-19 pandemic.

III. PROBLEM ENCOUNTERED BY THE CLINICAL INSTRUCTORS AND PROPOSED INTERVENTION MEASURES

Table 7. Problems Encountered by Clinical Instructors During COVID -19 Pandemic

Problems Encountered	f	%
Emotional and Mental Struggles		
1. Anxiety and fear of the unknown related to the pandemic's impact on personal and professional life.	100	100%
2. Feelings of isolation and loneliness due to remote work and limited social interactions.	70	70%
3. Burnout from managing increased workloads and adapting to new teaching methods and technologies	90	90%
4. Feelings of inadequacy or self-doubt in delivering quality education in a virtual environment.	80	80%
5. Emotional distress from witnessing the impact of the pandemic on students' well-being and learning.	100	100%
Problems Encountered	f	%
Professional and Educational Challenges		
1. Less number of professional trainings and seminars	65	65%
2. Spend personal cash for internet subscription	100	100%
3. Less administrative support	75	75%
4. Overloaded teaching schedule	85	85%
5. Too much paperwork and teaching preparations	90	90%
Personal Loss and Grief		
1. Loss of a family member or loved one due to COVID-19.	70	70%
2. Emotional distress from being separated from family members due to quarantine or travel restrictions.	100	100%
3. Grief from missing significant life events or milestones during the pandemic.	100	100%
4. Mental anguish from witnessing the suffering of students or colleagues.	100	100%
5. Difficulty coping with the rapid changes and adapting to the "new normal" imposed by the pandemic.	90	90%
Leadership and Pressure		
1. Difficulty in making critical decisions amidst rapidly changing information and guidelines.	90	90%
2. Managing and guiding a team remotely, ensuring productivity and morale.	100	100%
3. Pressure to innovate and adapt teaching methods to online platforms effectively.	100	100%
4. Dealing with the strain of leading during a crisis without sufficient training or resources.	80	80%
5. Managing conflicts and disagreements among team members, especially in high-stress situations.	100	100%

Commitment and Resilience		
1. Maintaining motivation and dedication to teaching despite the challenges and uncertainties brought by the pandemic.	70	70%
2. Adapting to new teaching methods and technologies to meet the needs of students in a virtual environment.	100	100%
3. Demonstrating adaptability and flexibility in adjusting to changing circumstances and requirements in the educational sector.	100	100%
4. Overcoming setbacks and failures in online teaching and finding ways to improve and excel.	80	80%
5. Overcoming feelings of disillusionment and burnout to continue providing quality education.	90	90%

The table presents a comprehensive overview of the problems encountered by educators during the COVID-19 pandemic, segmented into five major categories. Emotional and mental struggles were universally experienced, with anxiety and fear related to the pandemic's impact being the most prevalent issue, followed by feelings of isolation and burnout from increased workloads and adapting to new technologies.

Professionally, educators grappled with limited professional training opportunities, personal financial burdens for internet subscriptions, and insufficient administrative support.

Additionally, personal loss and grief were significant, with many experiencing the loss of a loved one due to COVID-19 and emotional distress from separation and missing life events. Leadership challenges included decision-making amidst changing guidelines and managing remote teams effectively, while commitment and resilience involved maintaining motivation, adapting to new teaching methods, and overcoming feelings of burnout. Overall, educators faced multifaceted challenges, from emotional struggles to professional and leadership pressures, highlighting the profound impact of the pandemic on the educational sector. These problems encountered by clinical instructors were further substantiated by Kaveh et al. (2023), which revealed that the COVID-19 pandemic had exposed the participants to new conditions, described as a combination of threats and opportunities.

Table 8. Intervention Measures

Problem	Intervention
Emotional and Mental Struggles	<ul style="list-style-type: none"> • Provide counseling services and mental health support to help individuals cope with anxiety, depression, and emotional distress. • Conduct workshops on stress management techniques and coping mechanisms to help individuals navigate the emotional and mental challenges.
Professional and Educational Challenges	<ul style="list-style-type: none"> • Offer training and skill development programs to equip instructors with the necessary skills and knowledge to effectively deliver online teaching. • Implement flexible teaching methods and resources to accommodate the diverse learning needs of students and facilitate a smoother transition to online learning.
Personal Loss and Grief	<ul style="list-style-type: none"> • Organize grief counseling sessions and support groups to help individuals cope with personal loss and grief. • Provide flexible work arrangements and support to allow individuals to prioritize their emotional well-being while maintaining professional responsibilities.
Leadership and Pressure	<ul style="list-style-type: none"> • Offer leadership training and support to help leaders manage their responsibilities effectively and make informed decisions during uncertain and challenging times. • Implement effective workload distribution and delegation strategies to reduce pressure on leaders and ensure a balanced workload among team members.
Commitment and Resilience	<ul style="list-style-type: none"> • Recognize and appreciate the commitment and resilience of frontliners and healthcare workers to boost morale and motivation. • Provide professional development and growth opportunities to encourage continuous learning and maintain high standards of work performance.

IV. CONCLUSION

Based on the findings, the following conclusions were drawn:

1. Clinical instructors are resilient, as they strongly faced the impact of covid- 19 pandemic to their personal and professional life.
2. Flexibility and adaptability was evident in how they were able to adjust and coped towards the transition from face to face classes to online teaching and to some problems that were encountered.

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