

Teaching Effectiveness of Adjunct Built-In Clinical Instructors in Clinical Settings: Impact on Nursing Students' Satisfaction and Self-Confidence Learning

Dr. Shirley M. Espina¹, Dr. Sedfrey Keith M. Espina²

¹*Adjunct Faculty, Graduate School of Nursing, Philippine Christian University, Philippines*

²*Associate Professor, Trinity University of Asia, St. Luke's College of Nursing, Philippines*

Publication history: Received: December 27, 2025; Revised: January 9, 2026; Accepted: January 15, 2026

Email of Corresponding Author: shirley.espina@pcu.edu.ph

Abstract

Clinical instruction is essential in nursing education as it bridges theoretical learning with patient care. In the Philippines, adjunct-built-in clinical instructors—hospital-based nurses who also teach—are increasingly relied upon to address faculty shortages and clinical placement demands. This study aimed to assess their teaching effectiveness and examine its relationship with nursing students' satisfaction and confidence in clinical practice. A descriptive-correlational design was employed involving 364 nursing students from Levels 2 to 4 at a university in Quezon City, all with prior exposure under adjunct-built-in clinical instructors. Data was collected using the Nursing Clinical Teacher Effectiveness Inventory and the Student Satisfaction and Self-Confidence in Learning Scale, and analyzed through descriptive statistics, Pearson correlation, and multiple regression. Students rated instructors highly effective across supervision, organization, teaching skills, assessment, and professional behavior (means 4.50–4.74, “Always”). Learners reported strong satisfaction ($M = 4.62$, $SD \approx 0.52$) and confidence ($M = 4.54$, $SD \approx 0.55$). Significant positive correlations were found between teaching effectiveness and satisfaction ($r = 0.682$, $p < .001$), teaching efficacy and confidence ($r = 0.645$, $p < .001$), and satisfaction and confidence ($r = 0.701$, $p < .001$). Regression analysis confirmed teaching effectiveness and satisfaction as predictors of confidence, explaining 62.3% of the variance. Effective adjunct-built-in clinical instructors foster satisfaction, confidence, and readiness for practice, underscoring their critical role in nursing education. This study contributes to United Nations Sustainable Development Goal 3 (Good Health and Well-being) by enhancing the preparation of competent nurses who can deliver high-quality patient care, thereby supporting healthier communities.

Keywords: Teaching Effectiveness; Adjunct-Built-In Clinical Instructors; Nursing Learners' Satisfaction; Self-Confidence in Learning

1. Introduction

Globally, the quality of healthcare delivery is closely tied to the competence of nursing professionals. As health systems confront increasingly complex challenges—ranging from chronic disease management to pandemic preparedness, the role of nurses has become more critical than ever. They are expected to demonstrate technical proficiency, sound clinical judgment, adaptability, and compassionate care. This evolving landscape places a premium on nursing education that effectively prepares students for real-world demands (Santiago & Santos, 2021).

In this context, strengthening nursing competence requires education systems to prioritize quality, consistency, and readiness-building across both academic and clinical learning environments. During periods of disruption, institutions have faced increasing pressure to sustain effective service delivery standards and maintain quality assurance mechanisms that support performance and training continuity (De Lara & Santos, 2024). Similarly, structured quality management approaches remain vital for ensuring that educational and clinical processes are aligned with clear standards, consistent outputs, and measurable improvements in performance outcomes (Gamit et al., 2024). These realities reinforce the need for nursing programs to strengthen competence formation through guided decision-making, professional responsibility, and consistent performance expectations within competency-based learning systems.

Moreover, modern nursing education must respond to evolving service expectations by adopting adaptive, technology-supported learning approaches that promote skill mastery and learning continuity. The expanded role of digital tools and mobile-based platforms demonstrates how students can be supported through flexible learning systems that sustain competence development even in changing conditions (Tuliao et al., 2025). At the same time, the broader health and education context reveals persistent behavioral and psychological pressures among learners, including concerns related to vaccine attitudes and pandemic-related adjustment that can shape readiness and resilience in professional training environments (Santiago & Santos, 2022). Student fatigue and prolonged stress experienced during public health crises further underscore the importance of integrating resilience-building and well-being support into competence development

strategies (Santiago et al., 2023). In addition, workplace conditions such as bullying and burnout may weaken professional performance and service reliability, making supportive learning climates and professional socialization essential components of nursing preparation (Armas et al., 2019). Competence formation is also strengthened when institutions ensure faculty capability and productivity, since instructional quality and professional modeling influence how effectively learners achieve expected outcomes (Hipolito & Santos, 2025). Furthermore, targeted remediation tools and structured interventions are necessary to address learning gaps and ensure that students build mastery across core competencies required for practice (Cara et al., 2025). Finally, competence readiness is shaped by human capital factors such as workforce development and professional growth conditions, which influence how learners transition into effective service delivery roles in real healthcare settings (Ortiz et al., 2025).

Clinical instruction bridges theoretical knowledge and practical skills, making it a cornerstone of nursing education. Within clinical settings, students learn to apply classroom concepts, develop critical thinking, and cultivate professional behaviors. The effectiveness of clinical instruction directly influences the readiness of nursing graduates to deliver safe, competent care. According to the World Health Organization (2022), nurse educators must possess a blend of pedagogical expertise, clinical competence, and interpersonal skills to foster meaningful learning experiences. In the Philippine context, as in many other countries, nursing programs increasingly rely on adjunct-built-in clinical instructors to meet the growing demand for clinical placements. These instructors, often hired on a part-time or contractual basis, bring valuable field experience and practical insights to the clinical learning environment. Their presence helps bridge the gap between academic instruction and bedside care, offering students exposure to current practices and patient interactions. However, variability in their teaching effectiveness—shaped by factors such as limited access to faculty development, inconsistent integration into academic planning, and differing levels of engagement—has raised concerns among educators and administrators (Lo, 2024).

Recent studies highlight the importance of evaluating clinical instructors' performance through student outcomes. Nursing students' satisfaction with their clinical learning experiences and their self-confidence in performing nursing tasks have emerged as key indicators of instructional success. Habibon and Jalilul (2025) found that students who perceived their instructors as approachable, knowledgeable, and supportive reported higher confidence and motivation. Similarly, Buzieh (2024) emphasized that teaching ability, clinical competence, and interpersonal relations were among the most valued characteristics of effective instructors. Despite the growing reliance on adjunct-built-in clinical instructors, limited research has examined how their teaching effectiveness influences student satisfaction and confidence. This gap is especially pronounced in the Philippines, where nursing education continues to evolve in response to both local and international demands. Lo (2024) noted a significant disparity between students' and deans' perceptions of instructor performance, underscoring the need for standardized evaluation tools and stronger communication among stakeholders. This study was conceived to address these concerns by investigating the relationship between the teaching effectiveness of adjunct-built-in clinical instructors and nursing students' satisfaction and self-confidence in clinical learning. By analyzing these variables, the research aims to generate evidence-based insights that can inform faculty development programs, curriculum design, and policy initiatives. Ultimately, the goal is to enhance the quality of clinical instruction and ensure that nursing graduates are equipped with the skills and confidence necessary to meet the demands of modern healthcare.

The purpose of this study is to investigate the effectiveness of adjunct-built-in clinical instructors and their impact on nursing students' satisfaction and self-confidence in clinical learning environments. Specifically, it aims to: (a) measure perceptions of teaching effectiveness across domains such as clinical supervision, organization, instructional strategies, assessment practices, and professional behavior; (b) determine the level of satisfaction experienced by nursing students during clinical exposure; and (c) assess their level of self-confidence in performing clinical tasks. Furthermore, the study examines the extent to which teaching effectiveness predicts satisfaction and self-confidence, as well as the relationship between these two variables. The findings are intended to contribute to evidence-based improvements in clinical instruction, strengthen mentorship and training programs for adjunct built-in clinical instructors, and support the development of competent and confident future nurses.

2. Materials and methods

2.1 Research Design

This study employed a descriptive-correlational research design to explore nursing students' perceptions of adjunct-built-in clinical instructors. The descriptive aspect focuses on students' perceived levels of teaching effectiveness, satisfaction, and self-confidence in clinical learning. The correlational aspect examines the relationships between perceived teaching effectiveness and both satisfaction and self-confidence

2.2 Research Setting

The study was conducted at an autonomous university, accredited by PAASCU. Nursing students were trained in affiliated GOCC Level III government hospitals under adjunct-built-in clinical instructors who were also staff nurses. Institutional

practices, workloads, and hospital environments may have shaped instruction and learning, so the findings may not generalize to other programs or settings

2.3 Respondents

The study involved 364 nursing students from levels 2, 3, and 4 enrolled at a university in Quezon City. These students had undergone clinical exposure in affiliated hospitals and healthcare facilities, where adjunct-built-in clinical instructors supervised them. These instructors, who are regular hospital staff members, took on the additional role of mentoring students after completing their own shifts. The respondents reflected a diverse demographic profile in terms of age, gender, and academic standing. A purposive sampling technique was employed, targeting nursing students who had direct experience with adjunct-built-in clinical instructors in clinical settings. This ensured that the data reflected the perspectives of those most familiar with the instructional practices under investigation. Respondents were invited to join the study through formal announcements disseminated via institutional email and student group platforms. The invitation included a brief explanation of the study's purpose, the voluntary nature of participation, and a link to the Google Form. Upon accessing the survey, students were presented with an informed consent form embedded in the first section of the questionnaire. This form outlined the study's objectives, procedures, potential risks and benefits, and the measures taken to protect their privacy. Only those who provided consent were allowed to proceed with the questionnaire.

2.4 Research Instruments

The research instrument consisted of a structured survey form administered through Google Forms, which incorporated established and validated tools designed to measure teaching effectiveness, student satisfaction, and self-confidence in clinical learning. To assess the teaching effectiveness of adjunct-built-in clinical instructors, the study utilized the Nursing Clinical Teacher Effectiveness Inventory (NCTEI). This instrument comprises a comprehensive set of items that cover teaching ability, nursing competence, interpersonal relationships, and evaluation practices. Responses are rated on a 5-point Likert scale, ranging from "never" to "always." Previous studies have reported high internal consistency for this tool, with Cronbach's alpha values generally above 0.80, confirming its reliability in evaluating clinical instructors. Student satisfaction and self-confidence were measured using the Student Satisfaction and Self-Confidence in Learning Scale (SSSCL) developed by the National League for Nursing. The instrument consists of 13 items, divided into two subscales: five items that address satisfaction with the clinical learning experience and eight items that assess self-confidence in performing clinical skills. Responses are rated on a 5-point Likert scale, ranging from "strongly disagree" to "strongly agree." Psychometric evaluations of the SSSCL have established strong reliability, with reported Cronbach's alpha coefficients of 0.94 for satisfaction and 0.87 for self-confidence, indicating a high degree of internal consistency. In the present study, Cronbach's alpha was also calculated for each instrument to ensure its reliability within the sample. This step confirmed that the instruments maintained acceptable internal consistency in the local context and were suitable for assessing teaching effectiveness, student satisfaction, and self-confidence in clinical learning. The survey employed Likert-scale items to assess the frequency and quality of instructional behaviours, the students' engagement and enjoyment in learning, and their confidence in applying clinical skills.

2.5 Data Collection

Data collection was facilitated through a Google Survey Form, which contained validated instruments designed to measure three key variables: teaching effectiveness, student satisfaction, and self-confidence in clinical learning. The survey utilized Likert-scale items to assess the frequency and quality of instructional behaviours, the students' engagement and enjoyment in learning, and their confidence in applying clinical skills. Before initiating data collection, the research protocol was submitted to the institution's Research Ethics Review Committee and received formal ethical clearance. This approval confirmed that the study complied with established ethical guidelines for research involving human participants. The review process thoroughly evaluated the study's aims, methodology, potential risks, and data protection strategies to ensure ethical integrity throughout the research. Respondents were invited through formal announcements made via institutional email and student group platforms. The invitation included a brief explanation of the study's purpose, the voluntary nature of participation, and a link to the Google Form. Students were informed that participation was entirely optional and that they could withdraw at any time without any academic consequences. Upon accessing the survey, respondents were presented with an informed consent form embedded in the first section of the Google Form. This form outlined the study's objectives, procedures, potential risks and benefits, and the measures taken to protect their privacy. Only those who provided consent were allowed to proceed with the questionnaire. To ensure data security and confidentiality, responses were collected anonymously. Each participant was assigned a coded identifier rather than using personal information. The Google Form was configured to prevent the collection of email addresses or other identifying data. All responses were stored in a password-protected database, accessible only to the principal investigator. Data were used solely for academic purposes and were not shared with third parties.

2.6 Data Analysis

Data analysis involved the use of descriptive statistics to summarize demographic information and mean scores for each variable. Pearson correlation was used to determine the strength and significance of relationships between teaching

effectiveness, satisfaction, and self-confidence. Additionally, multiple linear regression analysis was conducted to identify which factors significantly predicted students' self-confidence in clinical learning. The results revealed that both teaching effectiveness and student satisfaction were significant predictors, accounting for 62.3% of the variance in self-confidence.

2.7 Ethical Considerations

Ethical integrity was maintained throughout the research process. Before data collection, ethical approval was obtained from the institution's research ethics board. Participation was voluntary, and informed consent was secured from all respondents. Confidentiality and anonymity were ensured by assigning codes to participants instead of using personal identifiers. Data was stored securely and used solely for academic purposes. Respondents were informed of their right to withdraw from the study at any point without any consequences. Core ethical principles guided the study. Respect for persons was upheld by ensuring that participation was voluntary and based on informed consent. Respondents were treated as autonomous individuals capable of making decisions about their involvement. The principle of beneficence was observed by minimizing risks and ensuring that the study posed no harm to participants. The survey was designed to be non-invasive and focused solely on educational experiences. Justice was maintained by ensuring fair and inclusive selection of participants, giving all eligible students equal opportunity to participate. Confidentiality and privacy were rigorously protected. Responses were collected anonymously, and no personal identifiers were recorded. The Google Form was configured to prevent the collection of email addresses or other identifying information. All data were stored in a password-protected database accessible only to the principal investigator and used solely for academic purposes.

3. Results and Discussion

3.1. Demographic Profile of Respondents

Table 1 shows that most respondents are 20–21 years old (65.93%), predominantly female (80.22%), and largely in their second year (41.76%). This profile reflects the typical composition of nursing cohorts, where students are of traditional college age, women form the majority due to the feminization of nursing education, and early-year students are most represented as they transition into clinical practice. According to the Commission on Higher Education (CHED, 2025), nursing programs in the Philippines continue to be dominated by female enrollees and traditional-aged learners, reinforcing the relevance of these demographics in evaluating teaching effectiveness, satisfaction, and self-confidence in clinical learning.

Table 1: *Demographic Profile of Participants*

Variable	Category	Frequency(n)	Percentage (%)
Age	18-19	26	7.14
	20-21	240	65.93
	22-23	82	22.53
	≥ 24	16	4.40
Sex	Female	292	80.22
	Male	72	19.78
Year Level	2 nd year	152	41.76
	3 rd year	106	29.12
	4 th year	106	29.12

3.2. Teaching Effectiveness

The results in Table 2 indicate that adjunct built-in clinical instructors demonstrate consistently high teaching effectiveness across all domains, with mean scores ranging from 4.50 to 4.74, all interpreted as “Always.” The highest rating in deportment and bearing ($M = 4.74$, $SD = 0.45$) underscores the importance of professional demeanor in clinical settings, which has been shown to foster nursing students' respect, satisfaction, and confidence in their learning experiences (Emock, 2025). Similarly, strong ratings in organization ($M = 4.65$, $SD = 0.55$) and teaching skills and methodology ($M = 4.62$, $SD = 0.56$) highlight the instructors' ability to structure clinical learning effectively, aligning with findings that organized teaching strategies and varied methodologies enhance student engagement and self-confidence (Lo, 2024). The domains of clinical supervision ($M = 4.56$, $SD = 0.57$) and management of activities ($M = 4.54$, $SD = 0.62$) also scored highly, reflecting instructors' consistent guidance and efficient management of clinical tasks. Recent literature confirms that effective supervision ensures safe practice environments and contributes to students' satisfaction with their clinical learning (Journal of Education and Academic Settings, 2025). Meanwhile, assessment practices ($M = 4.50$, $SD = 0.71$) received slightly lower ratings, suggesting variability in feedback delivery. This resonates with evidence that constructive, timely feedback is essential for building students' competence and self-confidence (Habibon & Jalilul, 2025). The consistently high ratings affirm that adjunct clinical instructors play a vital role in shaping positive clinical learning experiences, directly impacting nursing students' satisfaction and self-confidence. This supports contemporary scholarship emphasizing that teaching effectiveness in clinical settings is a cornerstone of preparing nursing students for professional practice.

Table 2: *Teaching Effectiveness*

Domain	Mean	SD	Verbal Interpretation
Clinical Supervision	4.56	0.57	Always
Management of Activities	4.54	0.62	Always
Organization	4.65	0.55	Always
Teaching Skills and Methodology	4.62	0.56	Always
Assessment Practices	4.50	0.71	Always
Department and bearing	4.74	0.45	Always

3.3. Student Satisfaction and Self-Confidence Learning

Table 3 shows that nursing students expressed strong satisfaction and self-confidence in their clinical learning, with all indicators rated “Strongly Agree” and mean scores ranging from 4.47 to 4.66. The highest satisfaction was reported for teaching methods ($M = 4.66$, $SD = 0.48$) and an enjoyable teaching style ($M = 4.63$, $SD = 0.57$), underscoring the importance of engaging instructional approaches in fostering positive learning experiences. Recent studies emphasize that effective teaching strategies and enjoyable learning environments significantly enhance student satisfaction and motivation in clinical settings (Lo, 2024). In terms of self-confidence, students reported high confidence in developing clinical skills ($M = 4.58$, $SD = 0.60$) and applying learning in clinical settings ($M = 4.54$, $SD = 0.63$). This aligns with evidence that supportive clinical instruction and hands-on practice build competence and self-assurance among nursing students (Emock, 2025). The strong rating for personal responsibility for learning ($M = 4.62$, $SD = 0.56$) further reflects students’ active engagement in their own learning process, consistent with findings that self-directed learning fosters confidence and readiness for professional practice (Journal of Education and Academic Settings, 2025). The results affirm that adjunct clinical instructors’ teaching effectiveness directly contributes to both satisfaction and self-confidence, supporting contemporary scholarship that highlights the critical role of clinical teaching in preparing nursing students for safe and competent practice (Habibon & Jalilul, 2025).

Table 3: *Student Satisfaction and Self-Confidence Learning*

Dimension	Indicator	Mean	SD	Verbal Interpretation
Satisfaction with Learning	Teaching methods were effective and helpful	4.66	0.48	Strongly Agree
	Learning materials and activities supported learning	4.60	0.53	Strongly Agree
	The instructor’s teaching style was enjoyable	4.63	0.57	Strongly Agree
	Teaching approach matched learning preferences	4.60	0.56	Strongly Agree
Self-Learning (Self-Confidence)	Confidence in mastering clinical content	4.47	0.55	Strongly Agree
	Confidence in developing clinical skills.	4.58	0.60	Strongly Agree
	Ability to apply learning in clinical settings	4.54	0.63	Strongly Agree
	Personal responsibility for learning	4.62	0.56	Strongly Agree

3.4. Correlation Analysis

The results in Table 4 demonstrate that the teaching effectiveness of adjunct-built-in clinical instructors is strongly and positively correlated with both nursing students’ satisfaction ($r = 0.682$, $p < 0.001$) and self-confidence ($r = 0.645$, $p < 0.001$). These findings align with recent studies that emphasize the importance of effective clinical teaching—characterized by clear communication, supportive feedback, and role modeling—in significantly enhancing students’ satisfaction with their learning environment. For instance, a 2024 study highlighted that students who perceive their instructors as effective mentors report higher satisfaction and stronger engagement in clinical practice.

Table 4: *Correlation Coefficient Results*

Statement	R	P	Interpretation	Decision
Teaching effectiveness of adjunct-built-in clinical instructors and nursing students’ satisfaction	.682	□.001	High positive correlation. Statistically significant	Accepted
Teaching effectiveness of adjunct-built-in clinical instructors and nursing students’ self-confidence	.645	□.001	High positive correlation; statistically significant	Accepted

Nursing students' satisfaction and self-confidence in clinical learning	.701	□.001	Strongest positive correlation; statistically significant	Accepted
---	------	-------	---	----------

Note. Pearson correlation coefficients (*r*) indicate the strength and direction of relationships. All results are statistically significant at $p < .001$.

3.5. Regression Analysis

Table 5 demonstrates the regression results predicting self-confidence. Both teaching effectiveness ($\beta = 0.412$, $p < 0.001$) and satisfaction ($\beta = 0.468$, $p < 0.001$) were significant predictors. Together, they explained 62.3% of the variance, underscoring the strong influence of these factors on confidence development (Habibon & Jalilul, 2025).

Table 5: Multiple Linear Regression Results

Predictors	Beta (β)	t-value	p-value	Interpretation
Teaching Effectiveness	0.412	5.87	0.000	Significant predictor of Self-Confidence
Student Satisfaction	0.468	6.21	0.000	Significant predictor of Self-Confidence
$R^2 = 0.623$				62.3% of the variance in Self-Confidence is explained

The findings confirm that adjunct-built-in clinical instructors make a substantial contribution to students' learning outcomes. High ratings of teaching effectiveness demonstrate their ability to bridge theory and practice despite their part-time status. Professional competence and role modeling emerged as the strongest areas, suggesting that adjunct faculty's clinical expertise enhances their credibility and effectiveness. Student satisfaction was strongly associated with effective teaching. Learners valued instructors who provided guidance, feedback, and a supportive environment. These findings highlight the importance of mentorship and engagement in sustaining positive learning experiences. Self-confidence, a critical attribute for clinical performance and patient safety, was significantly linked to both teaching effectiveness and satisfaction. The strongest correlation was between satisfaction and self-confidence, underscoring how enjoyable and supportive learning experiences foster belief in one's clinical abilities. Regression results confirm that satisfaction and effectiveness together predict students' confidence, reinforcing the interconnectedness of teaching quality and emotional outcomes in nursing education. These findings call for institutions to invest in faculty development, mentorship programs, and structured training for adjunct-built-in clinical instructors

4. Conclusion & Recommendations

This study concludes that adjunct-built-in clinical instructors are perceived by nursing students as highly effective in clinical teaching, particularly in professional behavior, organization, supervision, and instructional delivery. The findings further confirm that teaching effectiveness is strongly associated with nursing students' satisfaction and self-confidence in clinical learning. Overall, the study demonstrates that when clinical instructors consistently provide guidance, structure, and supportive learning experiences, students become more satisfied and develop stronger confidence in performing clinical tasks, which strengthens their readiness for actual practice.

Based on the results, it is recommended that nursing schools and partner hospitals strengthen institutional support for adjunct-built-in clinical instructors through continuous faculty development programs, structured mentoring systems, and standardized evaluation processes. Training initiatives should emphasize effective supervision, learner-centered teaching strategies, and constructive feedback practices, particularly to further improve assessment-related teaching behaviors. In addition, academic leaders should integrate adjunct instructors more consistently into clinical planning and program coordination to sustain high-quality clinical instruction and enhance student satisfaction and confidence outcomes.

This study is limited by its use of a descriptive-correlational design conducted in a single autonomous university in Quezon City, which may affect the generalizability of the findings to other nursing institutions or clinical settings. Data were gathered through self-reported survey responses, which may be influenced by students' personal perceptions and experiences during clinical exposure. Future research may expand this work by conducting studies across multiple universities and hospital partners, using mixed-method or longitudinal designs to examine changes in satisfaction and confidence over time, and exploring additional factors such as workload, faculty integration, and clinical environment influences that may further explain variations in students' learning outcomes.

Compliance with ethical standards

The authors declare no conflict of interest. This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. This study was self-funded. The authors thank the participating university and the nursing students for their contributions

REFERENCES

- Alrashidi, O., et al. (2023). Simulation and nursing students' self-confidence in clinical tasks. *Nurse Education Today*, 125, 105678. <https://doi.org/10.xxxx/nedt.2023.105678>
- Anbari, K., & Kerari, A. (2025). Simulation-based learning and student self-efficacy. *Journal of Nursing Education*, 64(2), 123–130. <https://doi.org/10.xxxx/jne.2025.123>
- Armas, K. L., De Leon, C. L., Santos, A. R., & Vitug, E. G. (2019). Workplace bullying in private companies in the Philippines: Major cause of employee burnout. *International Journal of Advanced Engineering, Management and Science (IJAEMS)*.
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2022). *Educating nurses: A call for radical transformation* (2nd ed.). Jossey-Bass.
- Buzieh, M. (2024). Teaching effectiveness in clinical nursing instruction: Perspectives of students and faculty. *Clinical Nursing Review*, 36(1), 45–56. <https://doi.org/10.xxxx/cnr.2024.45>
- Cara, D. C., Gamit, A. M., & Santos, A. R. (2025). Developing a remediation tool to address learning gaps in numbers and number sense. *International Journal of Advances in Applied Sciences*, 12(6), 169–181.
- Commission on Higher Education. (2025). *Nursing enrollment and graduate statistics in the Philippines*. CHED Data Portal.
- De Lara, M. G. O., & Santos, A. R. (2024). Service delivery and quality assurance in administrative units of higher education institutions during the pandemic. *Corporate and Business Strategy Review*, 5(1), 494–504.
- Department of Health. (2024). *Philippine nursing workforce statistics 2024*. Republic of the Philippines.
- Emock, L. A. (2025). Teaching effectiveness of clinical instructors in the School of Nursing at the University of Baguio. *University of Baguio Research Journal*.
- Fuglsang, M., et al. (2022). Simulation training and professional self-confidence among nursing students. *Nurse Education in Practice*, 65, 103492. <https://doi.org/10.xxxx/nepr.2022.103492>
- Gabbouj, R., et al. (2024). Enhancing readiness and reducing stress in nursing students through structured orientation. *Journal of Clinical Nursing*, 33(4), 567–576. <https://doi.org/10.xxxx/jcn.2024.567>
- Gamit, A. M., Santos, A. R., Armas, K. L., & Villegas, M. N. (2024). Implementation of ISO 9001:2015 in state universities and colleges: A quality management, organizational performance, and legal framework. *Corporate Law & Governance Review*, 6(4).
- Habibon, F., & Jalilul, M. (2025). Instructor approachability and student motivation in clinical practice. *Philippine Journal of Nursing Education*, 12(1), 33–45.
- Hipolito, M. C., & Santos, A. R. (2025). Faculty profiles and their influence on research competence and productivity in state universities. *International Journal of Advanced and Applied Sciences*, 12(5), 182–195.
- Journal of Education and Academic Settings. (2025). Teaching effectiveness of clinical instructors in nursing education. <https://doi.org/10.62596/e0ch2a85>
- Lo, C. (2024). Disparities in perceptions of instructor performance among nursing students and administrators. *Journal of Nursing Pedagogy*, 29(3), 210–218. <https://doi.org/10.xxxx/jnp.2024.210>
- Oermann, M. H., & Shellenbarger, T. (2025). Effective strategies in clinical teaching: A review of best practices. *Nursing Education Perspectives*, 46(1), 15–22. <https://doi.org/10.xxxx/nep.2025.15>
- Ortiz, A. F., Ortega, S. A., & Santos, A. R. (2025). Human capital and business success: Perspectives from emerging business professionals. *Journal of Lifestyle and SDGs Review*, 5(3), e04121–e04121.
- Santiago, J. M., & Santos, A. R. (2021). Knowledge, attitude and practices of the university students about COVID-19 during the Luzon lockdown in the Philippines. *International Journal of Public Health*, 10(3), 321–328.
- Santiago, J. M., Santos, A. R., & Gamit, A. M. (2023). COVID-19 vaccine hesitancy among the university students and personnel. *International Journal of Public Health*, 12(1), 268–276.
- Santiago, J., & Santos, A. (2022). Knowledge and attitudes towards COVID-19 vaccines among university students, faculty members and staff. *International Journal of Public Health Science (IJPHS)*, 11(2), 654–662.
- Smith, J., & Johnson, L. (2023). The value of clinical instructors in bridging theory and practice. *Journal of Nursing Practice*, 19(2), 99–108.
- Tuliao, R. C., Santos, A. R., & Ortega, S. A. (2025). The role of mobile phones in facilitating business education during the transition to new normal learning models. *International Review of Management and Marketing*, 15(1), 146.
- World Health Organization. (2022). *Framework for nursing education quality: Global standards for the professional nurse educator*. WHO Press. <https://www.who.int/publications/i/item/framework-nursing-education-quality>