

Coping Mechanisms and Experiences of Clinical Instructors in Legazpi City

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ABSTRACT

This study examined the stressors, coping mechanisms, and professional experiences of clinical instructors in Legazpi City and developed a resiliency guide responsive to their needs. A descriptive-quantitative design was used. Data were gathered from 98 clinical instructors from five colleges of nursing through a researcher-developed questionnaire supported by informal interviews. Frequency counts, percentages, weighted means, and chi-square tests were used for analysis. Results showed that stress frequently affected psychological well-being and emotional health ($M = 4.17$), teaching effectiveness and confidence ($M = 4.12$), collaboration and interpersonal relationships ($M = 4.08$), and work-life balance and occupational stress management ($M = 3.89$). The leading stressors were handling students' academic concerns ($M = 4.18$), administrative reports

and documentation ($M = 4.16$), and limited teaching resources ($M = 4.15$). Problem-focused coping was the most frequently used coping approach ($M = 4.05$), followed by emotion-focused coping ($M = 3.72$), while avoidance or flexible coping ($M = 3.12$) and professional development strategies ($M = 3.27$) were used sometimes. Age, educational attainment, and teaching experience were significantly related to the assessed stress-related domains, while sex, civil status, religion, and employment status were not. Based on the findings, a resiliency guide was proposed to strengthen stress management, peer mentoring, self-care, professional development, and institutional support. The study concludes that sustainable nursing education requires both individual coping strategies and responsive institutional systems.

Keywords: *clinical instructors, coping mechanisms, occupational stress, nursing education, resilience, work-life balance*

INTRODUCTION

Clinical instructors occupy a critical position in nursing education because they connect classroom knowledge with the demands of clinical practice. They supervise students in actual healthcare settings, model professional judgment, facilitate the development of clinical competencies, and help shape the attitudes and values expected of future nurses. Their responsibilities often extend to curriculum-related work, mentoring, documentation, research, and administrative tasks. These overlapping expectations can generate occupational stress that affects both educators and the quality of the learning environment.

The work of clinical instructors is especially demanding because it is situated at the intersection of education and healthcare. They must respond to students' academic and clinical concerns while ensuring that instruction remains aligned with professional standards and institutional requirements. The Philippine Nursing Act of 2002 and the policies and standards governing the Bachelor of Science in Nursing program emphasize the importance of appropriate nursing education and clinical preparation. Within this context, clinical instructors serve as important gatekeepers who help students translate theory into safe and effective practice.

Stress becomes a concern when demands exceed an individual's perceived capacity to cope. Persistent workplace pressure can lead to fatigue, emotional strain, reduced confidence, interpersonal tension, and difficulty maintaining work-life balance. In nursing education, the effects may extend beyond the instructors themselves because sustained stress can influence teaching quality, student supervision, decision-making, and professional relationships. Zangaro et al. (2023) reported burnout among academic nursing faculty, while Labrague (2024) highlighted the continuing need to understand stress sources and coping mechanisms in nursing-related contexts.

Coping mechanisms refer to the strategies individuals use to manage stressful situations and protect their well-being. These strategies may be problem-focused, emotion-focused, avoidance-oriented, professionally oriented, or supported by institutional resources. Studies have underscored the value of self-care, resilience-building, mentoring, and supportive work environments for nurse educators (Apsay, 2023; Matahela & van Rensburg, 2023; Matahela et al., 2024). Examining how clinical instructors cope is therefore essential for developing interventions that are responsive to the realities of their work.

This study investigated the demographic profile, stress-related experiences, coping mechanisms, and perceptions of support systems among clinical instructors in selected colleges of nursing in Legazpi City. It also examined whether selected profile variables were related to stress-related domains and developed a resiliency guide designed to strengthen individual and institutional responses to occupational stress.

Literature Review

Occupational Stress Among Clinical Instructors

Occupational stress is associated with conditions that challenge an employee's capacity to function effectively. Within academic and healthcare environments, stress may arise from excessive workload, role conflict, inadequate resources, interpersonal strain, limited organizational support, and the pressure to fulfill multiple responsibilities. For clinical instructors, these conditions are intensified by the need to supervise students while maintaining competence in clinical practice and responding to institutional expectations.

The transition from clinical practice to academic work can be particularly demanding. Laari et al. (2023) identified challenges experienced by novice nurse educators, including inadequate orientation, insufficient mentorship, limited pedagogical preparation, and workload concerns. These pressures can create uncertainty and contribute to emotional fatigue. Zangaro et al. (2023) similarly documented burnout among academic nursing faculty, reinforcing the need for interventions that recognize the distinctive demands of nursing education.

Clinical teaching also requires instructors to maintain effective communication and provide timely feedback. Nuuyoma et al. (2025) emphasized the importance of feedback in clinical practice as a means of connecting theoretical education with practical learning. When instructors are burdened by stress, their capacity to sustain constructive relationships and guide students effectively may be compromised.

Coping Mechanisms, Self-Care, and Resilience

Coping strategies may involve directly addressing a stressor, regulating emotional responses, taking temporary distance from stressful situations, seeking support, or building professional competence. Effective coping is not limited to one approach. Clinical instructors may use different strategies depending on the immediacy of the stressor, available resources, personal preferences, and the level of institutional support.

Self-care is an important component of resilience. Apsay (2023) emphasized the need to foster self-care among Filipino nurse educators, while O'Malley et al. (2023) explored self-care practices among mental health nurses as a search for equilibrium. Faith-based and relational forms of coping may also be relevant in the Philippine context. Del Castillo et al. (2023) reported associations between prayer and mental health among Christian youth in the Philippines, suggesting the broader importance of culturally meaningful sources of support.

Resilience can also be strengthened through structured interventions. Matahela et al. (2024) proposed self-leadership and resource mobilization as ways to enhance nurse-faculty resilience. Alanazi et al. (2025) evaluated resilience training among nursing professionals, while Menard et al. (2025) explored simulation-based resilience

training. These studies support the development of practical programs that combine individual coping techniques with organizational support.

Institutional Support and Adaptive Frameworks

Supportive organizations help employees manage stress through clear workload arrangements, access to resources, collegial relationships, professional-development opportunities, and attention to mental health. Matahela and van Rensburg (2023) associated self-reflection and self-leadership with the professional growth of nurse educators. Strout et al. (2023) likewise presented a wellness-oriented approach to nursing education, reflecting the importance of institutional structures that sustain educator well-being.

The present study was guided by Betty Neuman's Systems Model and Sister Callista Roy's Adaptation Model. Neuman's model views individuals as open systems exposed to stressors that may affect stability. Roy's model emphasizes adaptation to focal, contextual, and residual stimuli through adaptive responses. Together, these perspectives provide a useful lens for understanding how clinical instructors encounter occupational stress, activate coping strategies, and seek equilibrium in their professional and personal lives.

The use of an adaptive framework is especially relevant in nursing education because stressors are not isolated events. Workload, student concerns, documentation requirements, limited resources, and competing personal responsibilities can interact. A resiliency guide grounded in the actual experiences of clinical instructors can therefore provide practical strategies for strengthening well-being, competence, and professional sustainability.

METHODS

Research Design

The study employed a descriptive-quantitative research design. This approach was appropriate because it enabled the researcher to describe the respondents' profile, measure the extent of stress-related experiences and coping mechanisms, and examine relationships between selected profile variables and stress-related domains. A survey questionnaire served as the primary data-gathering instrument, and informal interviews were used to countercheck and contextualize the responses.

Research Locale

The study was conducted among colleges of nursing in Legazpi City, Philippines. The selected institutions were Ago Medical and Educational Center, Divine Word College, Tanchuling College, the University of Santo Tomas, and Bicol University. These settings provided access to clinical instructors engaged in nursing education and clinical supervision.

Participants and Sampling Technique

The respondents were 98 clinical instructors from the selected colleges of nursing. The source dissertation reported the following distribution: Ago Medical and Educational Center (15), Divine Word College (16), Tanchuling College (20), University of Santo Tomas (20), and Bicol University (27). Eligible respondents were currently employed as clinical instructors and had clinical-teaching experience. Their responses served as the primary basis for analyzing stressors, coping mechanisms, and professional experiences.

Research Instrument

The researcher used a self-developed questionnaire based on the study objectives and related literature. Part I gathered socio-demographic and professional-background information. Part II assessed stressors, coping mechanisms, professional experiences, and perceptions of support systems. A five-point scale was used, with response options ranging from never to always or from strongly disagree to strongly agree, depending on the item. Before administration, the questionnaire underwent a dry run with 10 clinical instructors who were not included in the final sample. Comments and recommendations from the validation process were incorporated into the revised instrument.

Data Gathering Procedure

The researcher requested permission from the Dean of the School of Graduate Studies and Research of the University of Saint Anthony and from the deans of the selected colleges of nursing. After approval, questionnaires were personally distributed to the respondents. The purpose of the study and the importance of complete and honest responses were explained. Completed questionnaires were personally retrieved, checked for completeness and consistency, encoded, and prepared for analysis. Informal interviews were conducted to countercheck the information obtained from the survey.

Data Analysis

Frequency counts and percentages were used to summarize the respondents' demographic and professional profiles. Weighted means were computed to determine the extent of stress-related experiences, coping mechanisms, and perceived support systems. Chi-square tests were used at the 0.05 level of significance to examine relationships between profile variables and the assessed stress-related domains. The study used the findings as the basis for developing a resiliency guide for clinical instructors.

Ethical Consideration

Institutional permission was secured before data collection. Respondents were informed of the purpose of the study and were invited to participate voluntarily. Confidentiality was observed in the handling of the responses and in the presentation of results. The source dissertation did not state an ethics-clearance reference number; this information should be supplied in the final manuscript when available.

RESULTS AND DISCUSSION

Profile of the Respondents

The study included 98 clinical instructors. The largest age group was 46-50 years old (24.49%). Most respondents were female (61.22%), married (62.24%), and Roman Catholic (80.61%). Nearly half held a master's degree (47.96%), while the largest group had 6-10 years of teaching experience (35.71%). In terms of employment status, 38.78% were full-time, 35.71% were part-time, and 25.51% were under contract of service. The profile indicates a predominantly experienced and academically prepared group of nursing educators.

Table 1. *Profile of the Respondents*

Profile variable	Largest category	Frequency	Percentage
Age	46-50 years old	24	24.49%
Sex	Female	60	61.22%
Civil status	Married	61	62.24%
Religion	Roman Catholic	79	80.61%
Highest educational attainment	Master's degree	47	47.96%
Teaching experience	6-10 years	35	35.71%
Employment status	Full-time	38	38.78%

Extent of the Effects of Stressors

Stress frequently affected several dimensions of the clinical instructors' professional and personal lives. Psychological well-being and emotional health obtained the highest average weighted mean (4.17), followed by teaching effectiveness and confidence (4.12), collaboration and interpersonal relationships with colleagues (4.08), and work-life balance and occupational stress management (3.89). Motivation and commitment to continuous professional development received a lower mean (3.33), interpreted as sometimes. The pattern indicates that the strongest effects of stress were emotional and instructional, while its influence on professional-development motivation was moderate.

Table 2. *Extent of the Effects of Stressors on Clinical Instructors*

Domain	Weighted mean	Interpretation	Rank
Psychological well-being and emotional health	4.17	Often	1
Teaching effectiveness and confidence	4.12	Often	2
Collaboration and interpersonal relationships	4.08	Often	3
Work-life balance and occupational stress management	3.89	Often	4
Motivation and commitment to professional development	3.33	Sometimes	5

Relationship Between Profile Variables and Stress-Related Domains

Chi-square tests indicated that age, educational attainment, and teaching experience were significantly related to all five assessed stress-related domains. In contrast, sex, civil status, religion, and employment status were not significantly related to the domains. These findings suggest that accumulated experience and educational preparation may shape how clinical instructors experience and manage professional demands. The results do not imply causality, but they support the value of differentiated support strategies for educators at different career stages.

Table 3. *Summary of Significant Relationships Between Profile Variables and Stress-Related Domains*

Profile variable	Summary	Computed chi-square range	Decision
Age	Significant across all five domains	24.631-30.812	Reject Ho
Sex	Not significant across the five domains	2.005-4.621	Accept Ho
Civil status	Not significant across the five domains	8.034-10.831	Accept Ho
Religion	Not significant across the five domains	6.361-10.931	Accept Ho
Educational attainment	Significant across all five domains	20.935-25.764	Reject Ho
Teaching experience	Significant across all five domains	13.624-20.561	Reject Ho
Employment status	Not significant across the five domains	4.126-7.362	Accept Ho

Note. The chi-square tests were evaluated at the 0.05 level of significance.

Coping Mechanisms Used by Clinical Instructors

Problem-focused coping was the most frequently used approach ($M = 4.05$). Seeking help or clarification from colleagues ($M = 4.16$) and managing schedules to reduce workload pressure ($M = 4.10$) were prominent strategies. Emotion-focused coping was also used often ($M = 3.72$), particularly talking to friends or family about feelings ($M = 4.18$). Avoidance or flexible coping was used sometimes ($M = 3.12$), while professional-development-oriented coping was likewise used sometimes ($M = 3.27$). The findings show that instructors rely most strongly on practical organization and social support.

Table 4. *Coping Mechanisms Used by Clinical Instructors*

Coping approach	Average mean	Interpretation	Highest-rated indicator
Problem-focused coping	4.05	Often	Seeking help or clarification from colleagues (4.16)
Emotion-focused coping	3.72	Often	Talking to friends or family about feelings (4.18)
Avoidance or flexible coping	3.12	Sometimes	Taking breaks to refresh the mind (3.20)
Professional coping strategies	3.27	Sometimes	Asking for feedback to improve teaching (3.38)

Perceptions of Support Systems

Respondents perceived support systems at a moderate-to-high level, with an overall mean of 3.73. The availability of resources to help educators manage stress received the highest mean (4.10), followed by the administration's responsiveness to faculty concerns (4.06). Peer support (3.30) and the effectiveness of stress-reduction training programs (3.20) received comparatively lower means. These findings indicate that institutions already provide some support, but peer networks and the practical effectiveness of wellness initiatives require strengthening.

Table 5. *Perceptions of Support Systems*

Indicator	Weighted mean	Interpretation	Rank
Enough resources are available to help educators manage stress	4.10	Often	1
The administration listens to faculty concerns about stress	4.06	Often	2
The institution provides adequate mental-health support	3.90	Often	3
I feel supported in managing workload	3.80	Often	4
Peer support in the workplace is strong and helpful	3.30	Sometimes	5
Training programs are effective in reducing stress	3.20	Sometimes	6
Overall mean	3.73	Often	

Stress Experiences of Clinical Instructors

Handling students' academic concerns emerged as the leading source of stress ($M = 4.18$), followed by administrative tasks such as reports and documentation ($M = 4.16$) and limited teaching resources ($M = 4.15$). Managing students with behavioral issues ($M = 3.50$) was also rated as a concern. Large class sizes ($M = 3.39$) and lack of institutional support ($M = 3.20$) received neutral ratings but remained relevant. The overall mean of 3.73 indicates that clinical instructors generally agreed that these conditions contributed to their stress.

Table 6. *Stress Experiences of Clinical Instructors*

Indicator	Weighted mean	Interpretation	Rank
Handling students' academic concerns causes stress	4.18	Agree	1
Administrative reports and documentation create stress	4.16	Agree	2
Limited teaching resources make work difficult	4.15	Agree	3
Managing students with behavioral issues is challenging	3.50	Agree	4
Managing large class sizes is stressful	3.39	Neutral	5
Lack of institutional support contributes to stress	3.20	Neutral	6
Overall mean	3.73	Agree	

Proposed Resiliency Guide

Based on the findings, a resiliency guide was developed to help clinical instructors manage occupational stress and strengthen adaptive responses. The guide combines personal and institutional strategies. It recognizes that resilience is not solely an individual responsibility; it also requires responsive workload policies, adequate resources, and supportive professional relationships.

Table 7. *Proposed Resiliency Guide for Clinical Instructors*

Component	Recommended strategies	Expected contribution
Stress management	Time management, mindfulness, relaxation techniques, and cognitive reframing	Improved emotional regulation and daily stress management
Peer mentoring	Mentoring arrangements, peer discussions, and shared reflective sessions	Stronger collegial support and reduced professional isolation
Self-care	Exercise, adequate rest, healthy routines, and meaningful personal activities	Sustained physical, emotional, and psychological well-being
Professional development	Workshops, skills enhancement, feedback, and continuing-learning opportunities	Improved confidence, competence, and professional growth
Institutional support	Workload distribution, administrative assistance, mental-health resources, and work-life-balance policies	More supportive and sustainable teaching conditions

CONCLUSION

Clinical instructors in Legazpi City experienced occupational stress across emotional, instructional, interpersonal, and work-life-balance dimensions. The strongest stressors were student academic concerns, documentation requirements, and limited teaching resources. Respondents relied most frequently on problem-

focused coping, particularly collegial assistance and schedule management, while emotional support from friends and family also remained important. Age, educational attainment, and teaching experience were significantly related to the assessed stress-related domains, suggesting that career stage and preparation shape how professional demands are experienced. The findings demonstrate that effective coping requires both personal strategies and institutional conditions that support educator well-being. The proposed resiliency guide provides a structured response that can help clinical instructors strengthen adaptation, maintain professional effectiveness, and contribute to the quality of nursing education.

Recommendation

Clinical instructors should strengthen problem-focused coping through realistic workload planning, time management, peer consultation, and regular self-care practices. Colleges of nursing should institutionalize mental-health and wellness initiatives, including resilience-building workshops, counseling referral pathways, peer-mentoring systems, and protected opportunities for professional development. Administrators should review documentation requirements, workload distribution, and the adequacy of teaching resources because these conditions were among the most strongly reported sources of stress. The proposed resiliency guide may be adopted, pilot-tested, and refined through periodic feedback from clinical instructors. Future studies may examine larger and more diverse samples, apply qualitative or mixed-method approaches, and evaluate the effectiveness of specific resilience interventions over time.

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